How to commission for personalisation
Guidance for commissioners and others in children and young people’s services
Making it Personal

How to commission for personalisation – guidance for commissioners and others in children and young people’s services

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# Contents

## Introduction
- Who is the guidance for? P6
- Why use the guidance? P7
- How to use the guidance P9
- Executive summary P10
- Executive summary P11

## Understanding commissioning for personalisation
- Key points P16
- What is Commissioning? P17
- What do we mean by personalisation? P17
- Co-production P18
- Policy drivers P22
- Key concepts & definitions P23
- Culture change P27
- Impact evidence P29
- Personalisation in the round P31

## Understand — stage 1 of the commissioning process
- Understanding needs P36
- Understanding the present system and what is available P36
- Joint strategic needs assessments (JSNA) P37
- Mapping provision including Community Wealth and Social Capital P42
- Understanding cost and value P45
- Benchmarking information P47
- Understanding outcomes P48

## Plan — stage 2 of the commissioning process
- Key points P52
- Levels of Commissioning P52
- Individual level commissioning P53
- Operational level commissioning P53
- Strategic level commissioning including joint P55
- Joint commissioning P59
- Strategic plans P63
- ‘Must do’ standards for whole system – or commissioning principles P64
- Annual budgets and plans P65
### Do – stage 3 of the commissioning process

<table>
<thead>
<tr>
<th>Key points</th>
<th>P67</th>
</tr>
</thead>
<tbody>
<tr>
<td>The change process</td>
<td>P67</td>
</tr>
<tr>
<td>Changing skills, culture and behaviour - workforce planning and development</td>
<td>P69</td>
</tr>
<tr>
<td>New systems and processes</td>
<td>P73</td>
</tr>
<tr>
<td>Transparency of resource allocation</td>
<td>P74</td>
</tr>
<tr>
<td>Developing the market</td>
<td>P76</td>
</tr>
<tr>
<td>Supporting individual choice – information</td>
<td>P81</td>
</tr>
<tr>
<td>Support planning</td>
<td>P84</td>
</tr>
<tr>
<td>Procurement techniques</td>
<td>P87</td>
</tr>
<tr>
<td>Managing Risk</td>
<td>P104</td>
</tr>
</tbody>
</table>

### Review – stage 4 of the commissioning process

<table>
<thead>
<tr>
<th>Key points</th>
<th>P107</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance management</td>
<td>P108</td>
</tr>
<tr>
<td>Taking a proportionate approach</td>
<td>P112</td>
</tr>
</tbody>
</table>

### List of Appendices

| P113 |
Introduction

This guidance is an update to the 2012 commissioners’ guidance and forms part of a suite of new guidance commissioned by the Department for Education (DfE) to support the personalisation agenda and the implementation of the Children and Families Act 2014.

The suite includes guidance for parents/carers and providers, case studies, e-learning for schools and guidance for Family Information Services. All can be accessed via the KIDS\(^1\) website.
Personalisation is most commonly associated with the provision of personal budgets (also termed ‘individual budgets’) that children, young people and families can use to purchase services and support to improve outcomes. Personalisation, however, requires much more fundamental change: a focus on whole lives rather than one or two aspects and on outcomes rather than services; understanding what families and communities do, and could do, to achieve outcomes and remodelling universal and targeted services and community activities to support them (see Figure 1).¹

A new Group, the ‘Making It Personal Group’ has been established on the Local Government Association’s Knowledge² Hub. Commissioners and others interested in extending personalisation are actively encouraged to join the group; share practice and speed up change. This guidance, together with some frequently asked questions and answers relating to commissioning for personalisation has been uploaded on to the Knowledge Hub. We encourage you to use the Group to ask questions, share evolving practice and provide challenge.

We are indebted to the many commissioners, providers and other colleagues in children and young people’s services as well as families for working with us to update the guidance. Many have generously given their time to critique earlier iterations of this update and write exemplars as well as agreeing that their contact details might be included.

This guidance has been produced at a time of huge change. The world of commissioning is evolving. The direction of travel for public sector commissioners is away from directly commissioning services to one of place shaping. This is partly in response to personalisation where we are seeing more choice and control being given to parents/carers, children and young people and frontline workers. It is also as a result of austerity measures, smaller, leaner local authorities and the need for commissioners to commission even more efficiently in order to meet the needs of their local population.

We are seeing many more jointly appointed commissioners working across children and adult services and across health and local authorities; we anticipate that this will be an increasing trend. There is a stronger legislative commitment to joint and collaborative commissioning across local authorities, the NHS and other partners including the new joint commissioning duties on local authorities and health in the Children and Families Act 2014. There is a strengthened legislative commitment to co-production with local citizens and increased evidence of commissioners, providers and families working together to co-produce solutions.

**Who is the guidance for?**

There are two key audiences for this guidance:

- Strategic commissioners, lead members, health and wellbeing boards, children’s strategic partnership boards, directors of children’s services, strategic and operational commissioning teams, public health and clinical commissioning groups to support them to personalise the system

- Other strategic partners central to personalising universal services including schools, colleges, leisure services, training, employment providers and housing - all are key to tailoring services to support the development of community capacity and inclusive and supportive communities.

It will also be useful to the following groups, who need to work closely with commissioners in order to improve services for all children and young people:-

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¹ [http://www.kids.org.uk/mip2](http://www.kids.org.uk/mip2)
² [https://knowledgehub.local.gov.uk](https://knowledgehub.local.gov.uk)
• Parents/carers and young people who want to co-produce the system as active citizens, advocates and experts as well as make better use of and further develop their own and their communities assets
• Service providers, including schools
• Practitioners working as care coordinators/lead professionals/brokers/keyworkers or carrying out key working functions
• Practitioners working in mainstream services and specialist services including children’s centres, schools, colleges and training providers who need to know how to work with children and young people with personal budgets and how best to work as part of a personalised system.

The guidance draws particularly on experience and knowledge gained from the personalisation of services for disabled children, young people and adults over the last decade and will be of particular interest to commissioners as they plan and begin to introduce new systems and processes in response to the Children and Families Act.

**Why use the guidance?**

Personalisation does not just happen. It requires commissioners to think and work differently in order to change systems at all levels. Commissioners need to understand how to commission for personalisation.

Extending personalisation is, we believe, exciting, empowering and right and will lead to improved outcomes for children, young people, families and their communities. The challenge is that a personalised approach is far from the norm in many places.

This guidance is designed to support the sector to ensure that personalisation remains or moves towards the top of the agenda.

We know that the system is not working effectively for many children, young people and families. DfE’s Advice for Local Authorities implementing the new 0-25 system, April 2014 includes a reminder of some of the known current life outcomes for looked after children and children and young people with Special Educational Needs (SEN) and/or who are disabled (SEND). See Box 1 and Appendix 2 on page 118

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**Box 1**

**Current Life outcome for looked after children and young people with SEN and/or who are disabled SEND:**

- 71.5% of children and young people in the school population looked after for at least a year at 31st March 2012 had SEN
- Looked after children are 3.5% more likely to have SEN and over 10 times more likely to have statements of SEN than children who are not looked after
- 18.7% of pupils in England have been identified as having SEN
- Young people with SEN are more than twice as likely not to be in education, employment or training (NEET).
Health and Wellbeing Boards, and any separate overarching children and young people’s board, need to understand and agree that a personalised approach is what they want to achieve and that this will mean fundamental change to systems, culture and behaviour. They need to ensure the governance including leadership for personalising the system.

Understanding personalisation enables commissioners to:-

- Redesign systems and structures so that there is a real focus on desired outcomes for children, young people and families rather than on professional interests, services or structures
- Address outcomes differently, considering what is important to people at a very individual level and responding appropriately
- Focus on extending the reach of universal services, community assets and capacity
- Support practitioners through training and development to change the way they work with children, young people and families. Doing with rather than doing to means working appreciatively with families to find out and build on their strengths and to identify how their needs can be best addressed. These solutions may include family, friends and universal services.
- Concentrate on cultural change – working in a truly personalised way and co-producing outcomes is new and challenging for many
- Analyse needs and strengths; be clear about what works to improve outcomes in order to inform decisions about how to organise or re-organise services
- Procure new services or goods from existing or new providers or de-commission services that are no longer fit for purpose
- Use and develop co-ordinated assessment processes aggregate information about what is needed for children, young people and their families and what is most likely to work to improve their lives. Co-ordinated assessments⁴ can significantly reduce the strain on families of being subject to a multiplicity of assessments and referral pathways
- Introduce performance management techniques focused clearly on outcomes and on feedback from children, young people and families.

Commissioning is all about change – there is little point in spending time understanding the current system if commissioners are not aiming to use that information to create a vision for a better system.

Above all we draw attention to the need for parents/carers, young people and all agencies to work together across the system in order to achieve change. Experience shows that unless there is widespread understanding of personalisation and what it can achieve and people across the system are committed to it – including providing leadership for it - then change will be impeded, slow and difficult.

We believe that a personalised system is about all children and young people, their families and communities; it is about working in a fundamentally different way.

How to use the guidance?

There is no set way to use this guidance. It has been designed as a resource that can be dipped into, read in its entirety, used to support self-review and action plan. We suggest you do not read it all in one go.

The document starts with a chapter on understanding personalisation and then follows with colour-coded chapters structured around the commissioning cycle: understand, plan, do and review. Each chapter begins with a summary of the areas covered (also listed in the contents page) and a summary of key points.

We have included a significant number of exemplars to demonstrate interesting practice happening across the country to develop and extend personalisation. We have added contact names to all exemplars.

We have also included an executive summary and index.

Box 2

Examples of the ways in which the original Guidance has been used:-

- With health and wellbeing boards to develop a corporate commitment to personalisation
- With strategic commissioning groups to support the development of policy and practice around the whole system changes required to support personalisation
- To initiate and support discussions about joint commissioning
- As a self-review tool to support thinking about what the whole system would look like if it were all focused on extending personalisation
- By commissioners to extend their knowledge of the history and current policy surrounding personalisation
- By commissioners using the exemplars to review how they could do things better or differently
- With frontline staff and parents/carers to extend their awareness of the commissioning process and how it can embed and extend personalisation
- To support the introduction of personal budgets
- To bring commissioners, providers and families together to look at the steps needed to extend the local market at both a local and sub-regional or regional level
- By commissioners and procurement colleagues interested in encouraging new providers into their area committed to personalisation
- By providers thinking about the steps they need to take to be ‘personal budgets ready’
Executive summary

Background

Commissioned by the DfE to support the personalisation agenda and the implementation of the Children and Families Act 2014, this is an update of the 2012 commissioners’ guidance. It is focused on personalisation for children with additional and complex needs including SEN and children in or on the edge of care. A new ‘Making It Personal’ Group has been established on the Local Government Association’s Knowledge Hub in order to encourage dialogue and further sharing of practice going forward.

Personalisation in the round

Personalisation is most commonly associated with the provision of personal budgets (also termed ‘individual budgets’) that children, young people and families can use to purchase services and support to improve outcomes. However personalisation also requires much more fundamental change: a focus on whole lives rather than one or two aspects and on outcomes rather than services; understanding what families and communities do, and could do, to achieve outcomes and remodelling universal and targeted services and community activities to support them (see Figure 1).

Figure 1 Personalisation in the round

Choice and control, self-directed support – underpinning the whole of personalisation is the recognition that services do not produce outcomes; rather they are co-produced by what families and communities do for themselves supported or not by services. Currently much of the energy of families is diverted into dealing with multiple processes and systems that are designed around the worlds of practitioners and service provision. Personalisation aims to enable far more effective co-production of outcomes by moving away from consultation and practitioner prescription to co-design and decision-making that treats families as equals and makes active use of their complementary expertise and resources.

The self-directed support process based around integrated education, health and care plans enables families to be in the driving seat in deciding how best to make use of their personal and community assets as well as mainstream services and community activities. This may be supported by personal budgets spanning education, health and social care managed in a range of ways from direct payments through to budget holding by lead professionals.
**Targeted support** – some of the targeted services on which children, young people and their families draw, for example in health, housing, employment and leisure, will be purchased via personal budgets, others will be commissioned outside of any funding provided for personal budgets. Regardless of how they are commissioned it is essential to ensure they effectively support the co-production of outcomes. Some providers will require help to remodel their services. In a personalised system processes are integrated and family centred and supported by integrated services to enable the holistic needs of families to be met.

**Mainstream and universal services** – whether publically funded e.g. buses, leisure centres, primary health care and schools or commercially provided e.g. shops and cafes services are often designed for the ‘average customer’. Many people find these inaccessible or inappropriate and, therefore, either go without or have to rely on expensive targeted services. Personalisation goes beyond accessibility to address this inequity by redesigning these services for use by all e.g. in Newcastle ‘Get Connected’ ensures that mainstream dance, sports and other activities are inclusive and are only a phone call away. See exemplar on Page 32.

**Social and community capital** – ‘self-directed support’ helps people to make best use of their own and community resources. However many child and family community activities are not inclusive. Redesigning activities and opening up new opportunities is key to enabling all children to make best use of the resources available and to contribute to their local communities. For example, CSV and In Control train peer mentors to enable children and young people with care and support needs to engage in volunteer activity. See exemplar on Page 24.

**Effective commissioning**

Personalising in the round to make best use of all resources is part of the wider public sector shift from directly commissioning services to place shaping. The guidance describes each part of the commissioning cycle from understanding needs and resources, through planning, doing and onto review and demonstrates their role in this transformation. Change will be needed at each of the three levels of commissioning: individual; operational; and strategic.

**Understanding needs and resources**

The Health and Social Care Act 2012 requires Health and Wellbeing Boards (HWBs) to prepare Joint Strategic Needs Assessments (JSNAs). They aim to improve health and wellbeing and reduce inequalities for all ages by: analysing the needs and strengths of families and communities; identifying what works and the costs of improving outcomes. They complement hard data with experience data from service users e.g. Pass it On Parents a network of parents with disabled children who support one another and feedback information to the Local Authority funded Family Information Service in Newcastle. See exemplar on Page 41.

**Individual level**

Adopt an asset focused, person-centred thinking and planning approach to understand families’ skills and knowledge, resilience, finances, social networks and involvement in community activities.

Aggregate information from the new Education, Health and Care plans about needs, strengths and unmet needs and measure outcomes in the round e.g. using the Personal Outcomes Evaluation Tool (POET). See Page 29.
Operational level

Extend the Local Offer to include: all relevant provision, regardless of commissioner or provider; understand how they are used, the outcomes they achieve; and include feedback from service users.

Understand the real cost of in-house and externally provided services, the outcomes they achieve and the contractual costs and opportunities to change or decommission services.

Strategic level

Provide the leadership capacity and strategic drive required for whole system change.

Co-develop the JSNA and co-design, with children, young people with SEND, their families and providers, an agreed vision for personalisation within the Health and Wellbeing Board (HWB) strategy focused on: whole lives; and strengths as well as needs.

Be clear about what are the powers to be delegated to operational level commissioners; the target outcomes for children and young people; and performance information.

Plan

HWBs are also tasked to develop and implement Joint Health and Wellbeing Strategies (JHWSs) which should inform all other plans and strategies including those at operational and individual levels.

Individual level

Include what individual families, alongside support from communities and from targeted services and any personal budget need so that children and young people can fully realise their potential.

Operational level

Agree the ‘must do’ outcomes you are expecting to be delivered by providers. Use the levers provided by the Children and Families Act 2014.

Strategic level

Recast the Children and Young People’s Strategy and Action Plan to focus on personalisation, co-production and self-directed support for children and young people with SEND and their families and the intended outcomes.

Agree the roles that each of the three levels of commissioning should play in enabling personalisation.

Develop a timetabled and costed workforce strategy which includes awareness raising sessions involving parents/carers and young people, practitioners and managers.

Do

Experience shows that personal budget holders will demand a choice of both alternative and also far more flexible services including those that enable them to use mainstream services and participate in community activities alongside their peers. For example: help for young disabled people to use public transport and support workers able to accompany young disabled people to socialise at weekends e.g. going clubbing or to watch a football match.

This may lead to the creation of new services, and providers and the decommissioning of some
existing provision. See exemplars in the ‘do’ section beginning on page 66.

**Individual level**

- Develop an outcomes focused, co-ordinated assessment and referral pathway based on the principles of self-directed support for children with special educational needs and disabilities (SEND)
- Actively enable practitioners from every profession to change the way they work with children, young people and families: doing with rather than doing to; and focusing on personalisation in the round
- Support effective networking between personal budget holders to help them get best value for money from their budgets e.g. via group purchasing using pooled budgets
- Enable peer to peer support for children, young people and their families and the exchange of experiences of making different uses of their personal budgets.

**Operational**

- Involve potential providers and budget holders in a continuing dialogue so providers understand what children, young people and families want.
- Enable providers to learn from those at the leading edge e.g. how to remodel their services to enable children and young people to make use of universal services and community activities.
- Work with targeted service providers on the move from block contracts to a retail model by using different procurement techniques for example ensuring contracts for umbrella voluntary organisations require them to enable community arts, leisure and sports groups to be inclusive and promote parents’ knowledge and confidence in inclusive activities in meeting the needs of their children
- Influence the design of universal services and community activities that are critical to the lives of families, and also adults, by developing strong links with commissioners of both publically funded and commercially provided services and community groups,

**Strategic**

- Design changes in procurement techniques in active dialogue with children, families and providers
- Scope the range of support that providers and community groups will need to remodel services e.g. use *Support and Aspiration Introducing Personal Budgets* as a planning tool
- Remove restrictions from budget streams and the de-commissioning of contracted services to enable best use to be made of existing funding.
- Supply providers with regular information about: trends in volume and type of services requested and gaps; and about how providers market and budget holders learn about services.
- Work with commissioners in neighbouring authorities to look at opportunities to jointly stimulate the market e.g. through the use of market position statements

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**Review**

- Review should be geared to taking action. This might include:
  - Maintenance – ensuring continuity of service provision, price and quality
  - Renegotiation - improving performance
  - Remodelling - negotiating changes to the service specification with an existing provider to ensure they align with needs
  - Disinvestment or decommissioning - planning and managing the cessation or reduction of service activity or investment in services in line with commissioning objectives
  - Commissioning new services - securing services to meet new or changed needs.

Review processes should: draw on the experience of services users; be affordable; and proportionate to the risks involved.

**Individual**

- Devise appropriate, outcome focused review paperwork.
- Ensure that reviews are sensitive enough to address risk and safeguarding issues
- Introduce performance management techniques focussed clearly on outcomes and on feedback from children, young people and families.

**Operational**

- Use self-assessment and provider performance indicators backed up by random sampling, unannounced visits and ‘mystery shopping’ by local user groups
- Benchmark services in order to provide further challenge and make use of the what works evidence

**Strategic**

- Introduce a coherent system of review focused on outcomes that is robust, simple, transparent, consistent, proportionate and appropriately staffed
- Publicise performance against standards to all stakeholders, especially children, young people and their families
- Ensure regular feedback to Strategic Commissioning Teams and the Health and Wellbeing Board.
Understanding commissioning for personalisation

This Chapter covers the following areas:

• Key points
• What we mean by the term ‘personalisation’
• What we mean by ‘commissioning’
• Co-production
• Other policy drivers, key concepts & definitions
• Culture change
• Impact evidence
• Personalisation in the round
Key points:-

1. Personalisation requires cultural change – see table 2, Page 28

2. It requires a focus on the child, young person and family’s whole life rather than one aspect of it as well as the key outcomes to be achieved

3. Health and Wellbeing Boards must provide leadership and the strategic drive for personalisation including a commitment to an assets based whole life focus. They also need to be actively committed to tackling blockages in the system

4. Underpinning personalisation is the recognition that services by themselves do not produce outcomes. It is what people do for themselves along with their families, friends and neighbours, supported or otherwise by services, that co-produce outcomes (see figure 3 below)

5. Parents/carers and children and young people must be co-producers of the new system and integral to decision making about their own care and support. They must be in the driving seat in terms of making decisions about what will work for them

6. Families may need to be enabled to make active use of their own resources and capacities as well as drawing on service support as required. Enabling families to meet and be supported by other families is a hugely effective way of supporting change and empowering families to take control of their lives

7. Unless universal and targeted services funded outside of personal budgets are also personalised and all of those services are redesigned to enable people to make best use, and further develop, their individual capacity and social capital the full impact will not be realised

8. Children, young people, families and the workforce need training and support to understand and think about personalisation; this needs to be followed up with supervision, challenge, coaching and sharing experiences.
What is Commissioning?

The Commissioning Support Programme’s definition of commissioning is widely accepted as the universal definition of commissioning - the process for deciding how to use the total resource available in order to improve outcomes in the most efficient, effective, equitable and sustainable way.

Figure 2 The Commissioning Cycle

Commissioning supports personalisation because it is:

- Objective and transparent
- Provides opportunities for new ways of thinking
- Encourages diversity in provision by helping to open up and develop the market
- Engages all levels from leaders and politicians to service deliverers and users
- Works at all levels from whole system reorganisation to just one service

In all systems there are three levels of commissioning which need to be considered: strategic, operational and individual (including personal budgets).

Following the first chapter on personalisation, the subsequent chapters of the guide beginning on page 35 explore how each element of the commissioning cycle – understand, plan, do and review has a vital role to play in extending personalisation.

What do we mean by personalisation?

This section covers

- What we mean by personalisation
- The history of personalisation
- Legislation and key concepts associated with the term.

The term Personalisation was first used by Charles Leadbeater to describe the move from a previous ‘consumerist’ approach to designing and delivering services to one that is empowering and led by the people who require some form of support.

In a health context he contrasted the two approaches as follows:

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6 http://www.commissioningsupport.org.uk/
**Consumerist** – (service) users are patients in need of timely and effective services from the NHS that are personalised to their needs. The professionals – medical practitioners – must deploy their knowledge and skills in a timely and effective way to solve a problem for the user. The more that is done in a personalised, considerate and responsive manner the better.

**Personalisation** – the users are co-producers of the goods in question. They are active participants in the process – deciding to manage their lives in a different way – rather than dependent users. The key is to build up the knowledge and confidence of the users to take action themselves, to self-manage their health without turning to the professionals. The professionals deploy their knowledge to help the users devise their own solutions – smoking cessation programmes, exercise regimes – which suit their needs.

The consumerist approach to public service delivery with its focus on the individual as a customer was a great step forward from the previous focus on delivering services as the end in itself.

Personalisation built on and transformed this development through a number of key shifts in practice:

**Customer service to outcomes and living a life** – consumerism focuses on delivering more user-friendly services. Personalisation starts from how people wish to lead their lives, focuses on outcomes, and then enables people to determine what assets they and their local communities have, how they can be further developed and how services can best support them to achieve their goals.

**Passive consumer to active co-producer** – the term customer assumes that people should be served and that the service they receive will deliver the outcomes they desire. This neglects the role that people themselves play in delivering outcomes; for example, children as active learners, parents as supporters and nurturers. Personalisation explicitly recognises the role that people play in achieving the outcomes they desire and recognises that most outcomes are co-produced by what people do for themselves and others as well as the support they receive from services.

**Professionally determined to supported decision making** – with the recognition of people as active co-producers comes a shift in the relationship between people and professionals. The consumerist approach was based on the process of people having their needs assessed by a practitioner who then decided which services would best meet them.

Personalisation recognises the expertise of both people and practitioners and enables people, to use their own assets, those of their communities and organisation to decide what will work best for them.

**Co-production**

Underpinning personalisation is the recognition that services do not produce outcomes. It is what people do for themselves along with their families, friends and neighbours, supported or otherwise by services, that co-produce outcomes (see figure 3 below). Where activities and outcomes are co-produced in this way, both services and neighbourhoods become far more effective agents of change.

The challenge to commissioners and to services is to acknowledge the power and reach of community wealth to allow it to work its magic by drawing strength from what matters to people; and to decide when and how to add to it where necessary. The intention is to build resilience from the ground up, rather than create dependency from the top-down.

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Figure 3 The co-production of outcomes

Co-production isn’t something new that needs to be invented it has always existed but has largely gone unrecognised in most service delivery practice and design. This has led to less effective and efficient use of the resources of both people and organisations. For example:

- A child has to be taken to three different places for appointments with different services – this wastes parental time, incurs extra travel costs and disrupts the child’s education. It is also a barrier to accessing services, can lead to missed appointments and the consequential underutilisation of service delivery capacity. They would much rather be part of a planned team around the child or young person meeting designed to ensure that their child or young person is supported holistically and coherently across home, school and when out and about in the community.

- A family with a child who has a disability needs a short break – in some areas, and particularly before Aiming High, the only type of break available was a residential weekend placement for the child. Both the child and the family find the separation stressful which undermines the intended impact of providing the break. They would much rather go away together to a hotel or an adapted caravan for a weekend which would also be cheaper and potentially lead to better outcomes. However the way the short breaks budget was structured did not allow for this option.

In the past, the focus has been on the left hand side of figure 3, the organisational resources used to achieve outcomes. This has sometimes been quite narrow for example, we have tended to focus on a single public service whilst neglecting the crucial role that the voluntary and private sector can play in making universal services such as clothing and financial services available to people. Meanwhile the right side of figure 3 – the potential resources of service users and the social capital on which they draw – has largely been neglected.

When the personal resources of service users are taken into account for example, in community work and in personal services such as health and social care, our tendency has been to focus on people’s personal deficits and to try to fill these gaps with services. It is hardly surprising that little is, therefore, known about people’s capabilities and their social capital.

In Control’s graphic, figure 4 of the ‘whole’ system is now being widely used to change the conversation to one of co-identifying with families the resources available across the system. There are an increasing number of examples of families taking the lead on thinking about redesigning services to better meet the outcomes they and their children and young people are seeking.

The tool is also being used at operational and strategic levels to challenge commissioning practice by looking holistically at resources including the resources families and communities themselves bring.


See Fig 7 below (Page 43) for a more detailed look at the four quadrants.

NHS England is developing a toolkit of information including tools and resources to support person-centred coordinated care and how this can be effectively commissioned.

The House of Care Model (Fig 5) has been developed in response to the need to change the way health services have traditionally been provided for people with long term conditions. The Model supports the paradigm shift required in moving away from the ‘medical model’ of illness towards a model of care which takes into account the expertise and resources of people with long term conditions themselves and their communities in order to provide an holistic approach to their lives and help them achieve the best possible outcomes.


See also:-

- Co-production of health and wellbeing outcomes: the new paradigm for effective health and social care.
- Personal Health Budgets pilots, Shared decision making, Year of Care and Expert Patients and NESTA’s People Powered Health project.

Co-production requires a new relationship between citizens and the state. Historically citizens have had little control over the resources that the government provides and are rarely encouraged to commit their own resources. Co-production allows for ‘a new relationship between citizens and government that mobilises more of the resources necessary to achieving better outcomes.’

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12 http://coalitionforcollaborativecare.org.uk/house-of-care/
15 http://www.health.org.uk/areas-of-work/programmes/shared-decision-making/
17 http://www.nesta.org.uk/project/people-powered-health
### Table 1: The resources of government and citizens

<table>
<thead>
<tr>
<th>Citizens’ own resources</th>
<th>Government’s resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge, skills and understanding</td>
<td>Money</td>
</tr>
<tr>
<td>Energy, time effort</td>
<td>Rules and regulation</td>
</tr>
<tr>
<td>Will power and personal agency</td>
<td>Expert knowledge and skills</td>
</tr>
<tr>
<td>Motivations and aspirations</td>
<td>Energy, time and the labour of public service professionals</td>
</tr>
<tr>
<td>Social relationships with families and communities</td>
<td>Leadership, expectations and aspirations</td>
</tr>
</tbody>
</table>

### Policy drivers

In the UK personalisation has traditionally been associated with the use of personal budgets in adult social care.

In Children’s services, Central Government has funded Individual budget pilots\(^{19}\) personal budgets pilots\(^{20}\) and most recently, the SEND pathfinders\(^{21}\) who have been testing the use of personal budgets across education, health and social care.

The Children and Families Act, 2014\(^{22}\) sees the biggest change in policy and practice with regard to children and young people with SEND since the 1981 Education Act.

The Children and Families Act (’the Act’) includes new duties on local authorities and health to jointly plan and commission services for all children and young people with SEND and opens up exciting new opportunities to extend personalisation.

There are particular aspects of the Act that strengthen the drive towards personalisation:-

- The new duty on Health and local authorities:
  - To cooperate at both the strategic and operational levels
  - To include and work with users – users at the centre of developments\(^{23}\) – “no decision about me without me”
  - To carry out co-ordinated assessments and where necessary co-produce Education, Health and Care plans with young people and their parents/carers
  - To co-produce a Local Offer
- A renewed focus on planning for holistic outcomes including higher aspirations for young people
- A focus on resilience and local services

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\(^{19}\) [http://php.york.ac.uk/inst/spru/pubs/ipp.php?id=1119](http://php.york.ac.uk/inst/spru/pubs/ipp.php?id=1119)


\(^{21}\) [http://www.sendpathfinder.co.uk/](http://www.sendpathfinder.co.uk/)


• Duties extending from 0-25 years thus providing opportunities for creative responses to transition particularly transition into adulthood
• New duties on further education and training providers
• A much greater focus on co-production and transparency
• An extension of young people’s rights to independent information, advice and guidance
• The right to ask for and to have personal budgets for parents/carers and young people who have an education, health and care plan
• The requirement of a highly skilled and flexible workforce
• The focus on acting early and intervening at the right time
• The need to secure best value
• The absolute need to safeguard vulnerable children, young people and adults

Please see Appendix 3 page 119 for more information about policy drivers and initiatives relating to personalisation.

Key concepts and definitions

Care management

In 1990, as part of the development of community care for adults, front line care managers were enabled to assess people’s needs and then purchase packages of care to best meet them. Whilst this did not acknowledge the role that people play in meeting their own desired outcomes or put them in the driving seat, it was a radical attempt to fit services to people rather than vice versa.

However the use of block contracting to secure best value for money led to significant resources still being tied up in pre-purchased services leaving most practitioners and managers in the position of gate keeping access to a limited menu of services.

The challenge of block contracts is one now faced by many in children and young people’s services. In the procurement section in the ‘Do’ chapter we explore some of these challenges further and give examples of interesting and innovative ways in which some commissioners, together with families, are re-commissioning or ceasing block contracts in order to extend choice.

The Budget Holding Lead Professional (BHLP) pilots24 2006-2008, demonstrated the impact of personalising support to meet agreed outcomes for children and young people on the edge of care. The pilots led to a shift in relationships between practitioners and the child, young person and family - ‘working with, rather than doing to’ enabling an holistic focus on life. As a result children and young people made far greater use of universal services and a different range of existing targeted services. Family issues which may have been inhibiting the parents’ ability to parent effectively were also more likely to be identified and support provided.

BHLPs enabled the child, young person and family to be in the driving seat in terms of deciding what would work for them, supporting them to make active use of their own resources and capacities as well as drawing on service support as required.

Self directed support, Individual Budgets, Personal Budgets and Direct payments,

In 1996 as a result of campaigning by disability lobby groups, and work by some innovative local authorities, it became possible for adults to receive a sum of money in the form of a ‘direct payment’ to enable them to purchase the services they deemed would best meet their assessed social care needs. These were cash payments made to individuals who had been assessed as needing services, in lieu of social services provision.

Whilst these payments led to some major differences in people’s lives and in the support they purchased their overall impact was lessened by low take up. At the time, this was partly due to lack of positive promotion by social services departments and partly due to many potential recipients being put off by having to become employers of support workers.

In 2003 In Control, a not-for-profit organisation established in collaboration with Valuing People and some leading edge local authorities, began to develop ways in which adults with learning difficulties could decide the support they required to live their lives including the help they needed to manage their own direct payments.

Whilst the budgets provided to people via direct payments were essential to this development even more important was the underlying process of what became known as ‘self directed support’ (SDS).

**Self directed support** is a seven step process developed by In Control which enables anybody, either unaided or with varying degrees of support, to (within a given budget) plan how they wish to live; agree the plan with their local authority; and identify and secure the support required to do so. Whilst the process of self directed support that underpins the use of personal budgets can vary most are built on the seven step process in both adult and children’s services. The 7-step process is detailed in Appendix 7, page 133. It is also explored further in the ‘do’ chapter when we discuss the importance of support planning.

**Contribution through volunteering – developing a new programme for citizens and communities**

CSV and In Control have been working across the sector to develop a programme to enable local councils and the NHS to support individuals with care and support needs to engage in volunteer activity in ways that mean they learn, grow and ultimately take control of their own lives. Disabled volunteers are supported and coached by non-disabled peer mentors enabling people to make informed positive life choices that build upon their real wealth and enable them to engage in the life of their local community, developing connections with others – both to give support and to make their own contribution.

Contact: Andrew Tyson andrew.shirley61@btinternet.com or Mandy James MJames@csv.org.uk

**Individual budgets (IB)** – the term originally used to describe an arrangement whereby a service user gained direct control over the funding allocated to them following an assessment process or processes, and where funding was sourced from a number of income streams held by local statutory bodies.

25  http://www.in-control.org.uk/
The intention was that by bringing different funding streams together it would provide a more holistic and joined up package of support. With IBs, the service user was also offered the support of a broker to help manage the budget.

‘Personal budget’ – the term originally used to describe an amount of money allocated to meet the outcomes identified through a person’s self or supported assessment funded by social care.

It is now often used interchangeably with the term ‘individual budget’ to refer to funding that could come from a number of sources, including social care, health and education.

A personal social care budget is a sum of money that is made available if it is clear that an eligible child or young person needs additional and individual support at home and when out and about in the local and wider community.

Many local authorities used the injection of additional funding through the Aiming High initiative to test out giving disabled children, young people and families personal budgets as direct payments to purchase short breaks for social care. As a result, many children, young people and families were able to have greater choice and control by influencing the selection of staff, providers and activities. Many also used the opportunity to recruit their own carers. See MIP case studies.

Since April 2014, anyone in receipt of NHS Continuing Healthcare, including children and young people, has had the right to ask for a personal health budget and will have the right to have one from October. DH has signalled its intention to extend this right to children and young people with long term health conditions by April 2015.

In addition, the Children and Families Act 2014 includes the commitment that parents in receipt of Education, Health & Care Plans will be able to request a personal SEN budget when the local authority has completed an education, health and care assessment and confirmed that it will prepare an EHC Plan. They may also request a personal budget during a statutory review of an existing EHC plan. A personal budget may be made up of SEN funding only or incorporate funding from social care and/or health also depending on the needs of the child or young person.

A personal budget is a sum of funding available for children and young people where it is clear that they need additional provision above that available to most children and young people through local services. It is not the sum total of all the resources that are available to support a child or young person.

A personal SEN budget is a sum of money made available by a local authority because it is clear that without this additional (top-up) funding it will not be possible to meet the child or young person’s learning support needs. Schools, colleges and training providers already have funding for learning support and in some circumstances the head teacher, college principal or training provider may choose to offer some funding towards a personal SEN budget; this will always be the decision of the head teacher, college principal or training provide.

Potential funding available to be included in a personal budget will vary depending on how services are commissioned locally and what schools and colleges are expected to provide as part of the Local Offer.

27 http://kids.ridnns.com/making-it-personal-case-studies
The importance of having early conversations with parents and young people about options for Personal Budgets and “how these may differ depending on the type of educational institution for which the parents or young person express a preference” is highlighted in the SEND Code of Practice. As part of their core provision, special schools and colleges make some specialist provision available that is not normally available at mainstream schools and colleges. The particular choice of a special school, with integrated specialist provision, might reduce the scope for a personal budget, whereas the choice of a place in a mainstream school that does not make that particular provision should increase the opportunity for a personal budget."

The SEND Pathfinders have been testing the use of personal SEN, health and care budgets. See Personal Budgets Information Packs for examples of ways in which personal budgets have been used to better meet outcomes for children and young people.

**Management of Personal Budgets**

Personal budgets can be taken in one of four ways:-

- **Direct payments** – where individuals receive the cash to contract, purchase and manage services themselves
- **An arrangement** – whereby the local authority, health authority, school or college holds the funds and commissions the support specified in the plan (these are sometimes called notional arrangements)
- **Third party arrangements** – where funds (direct payments) are paid to and managed by an individual or organisation on behalf of the parent or young person. See use of Individual Service Funds (ISFs) on page 77 and exemplar on page 80.
- **A combination of the above**

Both DH and DfE are committed to extending the use of personal budgets. The SEND Code of Practice includes the statement that: “partners should identify how the new joint commissioning strategies will support greater choice and control year-on-year as the market is developed and funding streams are freed from existing contractual arrangements.”

“Local authority commissioners and their partners should seek to align funding streams for inclusion in Personal Budgets and are encouraged to establish arrangements that will allow the development of a single integrated fund from which a single personal budget covering all three areas of additional and individual support can be available.”

Further information about Personal Budgets and the use of direct payments in relation to education, health and care plans can be found in the SEND Code of Practice and the SEN Personal Budgets Regulations 2014.

See also The Community Care, Services for Carers and Children’s Services (Direct Payments) (England) Regulations 2009 & NHS (Direct Payment) Regulations 2013.

See page 25 and Appendix 6 for more information about personal budgets.
Culture change

The BHLP Pilots demonstrated that success was not down to how the funds were used, ‘it’s not the money’ rather it was the change in practice, culture and relationships between the lead practitioners and children, young people and families that made the real difference.

Some practitioners, managers and families easily understand and embrace new ways of working whilst for others it involves a more gradual change. The BHLP pilots demonstrated that raising awareness about the pilots and new ways of working was useful but for most practitioners did not result in behaviour/cultural change. The use of group supervision, following on from training, where people could compare practice, challenge one another and be coached in the new ways of working was found to be most effective. The Pilots demonstrated that enabling families to meet and be supported by other families was a hugely effective way of supporting change and empowering families to more effectively take control of their lives.

Extending personalisation requires cultural change at all levels of the system from focusing on outcomes through to action planning and changed conversations.

**Top Tip**

Local areas may find table 2 a useful audit tool to assess progress towards the culture change required for a personalised system and to action plan.
<table>
<thead>
<tr>
<th>Aspect of practice</th>
<th>‘Under developed’ practice</th>
<th>The BHLP model</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcomes focus</strong></td>
<td>Services are often confused with outcomes or outcomes are described in general terms</td>
<td>Specific, measurable achievable, realistic and time based (SMART) outcomes are identified</td>
</tr>
<tr>
<td><strong>Child, young person and parent engagement</strong></td>
<td>Engagement takes the form of consultation. The child, young person and parent are not the prime movers in identifying their needs, capacity, outcomes and the support they require</td>
<td>The child, young person and parent is central to all stages of the formulation of the action plan which is written in an easy to understand format. Tasks that the child, young person and parent agree to undertake make use of their capacity and are made explicit in the action plan</td>
</tr>
<tr>
<td><strong>Use of cash funds</strong></td>
<td>Practitioners do not have funds allocated for them as individuals to spend</td>
<td>BHLPs have individually allocated funds</td>
</tr>
<tr>
<td></td>
<td>Cash budgets held and gate kept by managers.</td>
<td>Funds can be held by a manager but not gate kept but BHLP must follow the BHLP process</td>
</tr>
<tr>
<td></td>
<td>Practitioners have to justify the use of funds</td>
<td>Funds used as leverage to assemble an outcome-focused package of support agreed by the child, young person and parent</td>
</tr>
<tr>
<td></td>
<td>Funds are typically targeted on single needs</td>
<td>Full range of cash funds explored</td>
</tr>
<tr>
<td></td>
<td>A restricted range of funds is tapped</td>
<td>Sustainable activities or change, not ‘top up’ funding</td>
</tr>
<tr>
<td></td>
<td>Sustainability is not necessarily a major criterion for budget allocation</td>
<td></td>
</tr>
<tr>
<td><strong>Coordination of action plan and its delivery</strong></td>
<td>Only some practitioners are in a position to act as coordinators</td>
<td>Whoever is best placed takes on the full lead professional role</td>
</tr>
<tr>
<td><strong>Team around the child (TAC)</strong></td>
<td>Practitioner obtains agreement from the other service providers who mostly work independently with the child or young person and relate ‘radially’ to the practitioner</td>
<td>The Team Around (TAC) the Child or young person proactively collaborates in the delivery and review of the care plan; BHLP coordinates</td>
</tr>
<tr>
<td></td>
<td>Weak or no holistic overview of the needs of the child, young person and their family</td>
<td>TAC has strong collective responsibility for ensuring the desired outcomes for the child, young person and family are delivered</td>
</tr>
</tbody>
</table>
Stories, such as Lucy’s story Page 31 illustrate the impact that personal budgets and self directed support can have on the lives of children, young people and families.

BHLPs and individual budgets pilots\(^34\) demonstrated that personal budgets had a positive impact on people’s lives and delivered good value for money whilst also throwing up challenges.

Evidence from parents and practitioners testing the use of personal budgets in Newham\(^35\) for example found that personal budgets:

- Improved outcomes for children, young people and families.
- Enabled families to use their own and other resources, including personal budgets, to support their sons and daughters to live full lives.
- Ensured families were at the heart of developments, supported by other families.
- Gave families clarity about how much money they would have to buy support
- Enabled children and young people to become more involved in activities in their local community with support as appropriate.
- Gave families greater choice about how they used their budgets and over services
- Resulted in better partnership working between practitioners and families in a user-led approach.

‘Personalisation, Children, young people and families’\(^36\) discusses learning from work with more than 30 disabled children and young people’s services over a four year period.

DfE has commissioned In Control to develop a Personal Outcomes and Evaluation Tool (POET)\(^37\) to capture the views of parents/carer, children and young people and practitioners of the process as well as the outcomes of having an Health Education and Care plan including in some cases a personal budget.

Evidence from the first trial of the new tool is already providing information for commissioners and others as they consider the system wide changes required by the Children and Families Act. This includes the vital importance of appropriate support mechanisms being in place as well as not over bureaucratising new systems.

POET is being tested further with children, young people, parent/carers and practitioners from 16 demonstrator sites and will be ready for national use by spring 2015.

The tool will provide a tool to support local areas to benchmark themselves against national evidence. It also encourages young people to be involved and, as they grow older, to increasingly take responsibility for reporting on their own experiences.

The development of the children’s POET builds on experience of developing a tool for use in adult’s services and a tool for people with personal health budgets. In adult services the two national surveys completed to date have shown that it is the choice and control people have as a result of an allocation of a budget, the individual (and in some cases their carer) co-producing plans and outcomes and the ability to purchase services that the individual wants that are of most significance in terms of improved outcomes.

Evidence from POET is that making funding contingent on the development of an agreed outcomes-focused support plan (with support as necessary) is key to achieving successful outcomes. Early findings from testing the children and young people’s POET echo this evidence. See: Measuring the Outcomes of EHC plans and Personal Budgets, Summer 14.

The Audit Commission’s 2010 survey on personal budgets found that Councils should not expect to achieve large cost savings from personal budgets, but self directed support may allow savings in individual, high-cost cases where commissioning has previously been poor. See also Personal Health Budgets – challenges for commissioners and policy makers, August 2013 research summary.

BHLP, the Individual budgets and personal health budget pilots and POET, have all demonstrated that devolution of funding is a critical component leading to improved outcomes. It is the tangible way of signalling that all support options are open and can be explored; allocating a budget around the individual enables holistic commissioning.

SQW is publishing a schematic review on personal budgets later this year.

39 http://www.in-control.org.uk/media/138254/poetphbreportfinal.pdf
40 http://www.in-control.org.uk/media/154591/poetnationaleport.pdf
41 www.in-control.org.uk/etcpoetreport
44 www.sqw.co.uk
Use of a personal budget — Lucy’s story

Lucy is in Year 10 of a mainstream school, with targeted funding for support throughout the school day. When she and her family were choosing her options for GCSE at the end of Year 9, they wanted to help her to pursue her love of music and support her real talent in composing. It was clear that a GCSE syllabus would not offer the best opportunity for Lucy to demonstrate her skills in music—she doesn’t use many words to speak and her writing skills are limited.

The school knew that Lucy already had private keyboard lessons from David on a Saturday, and suggested that his skills might be used in school. After some careful planning, it was agreed that school would use some of Lucy’s targeted funding to pay for David to come into school for 2 hours a week to work with Lucy and her teaching assistant on a BTEC course, with the remaining hour of study being supported directly by school.

This arrangement has been incredibly successful as most of Lucy’s achievements are recorded through video and photographic evidence—at Christmas she gave a keyboard performance to the whole of the GCSE music group. She is about to move into Year 11 and is set to get a level one qualification.

Contact: Tricia Nicoll tricia@tricianicoll.com

Personalisation in the round

Whilst personalisation can deliver definite gains in terms of improved outcomes by devolving budgets down to, or close to individual children and families, it has much wider ramifications.

We need to overcome the problems of universal services that are not open to disabled children, young people and others, and streets that are actually or felt to be dangerous as they inhibit the development of effective social networks and reinforce social isolation. This is not a task that children’s services can or ought to tackle on their own. Others are far better placed but require the active collaboration of children’s services to ensure the desired outcomes.

Unless services that are funded outside of personal budgets are also personalised and all of those services are redesigned to enable people to make best use, and further develop, their individual capacity and social capital the full impact will not be realised.

Universal services and prevention — All children and their families, not just those children with additional and complex needs, can benefit from personalisation. Personalisation supports primary prevention through ensuring that all universal services are designed to fit the widest possible range of needs, actively working with children, young people and families as co-producers of outcomes.

Universal services are often designed for the ‘average customer’. This means special arrangements have to be made for many children, young people and adults to be able to access these services. Personalisation seeks to address this inequity by opening up universal services to all and ensuring they cater for a range of needs.
There are positive examples of universal services responding to the personalisation agenda but seldom is it all brought together in one place and implemented as part of a cross-sector approach to personalisation.

**Developing inclusive mainstream services – Gloucestershire County Council**

Gloucestershire County Council are learning from Asset Based Community Development as an approach, and developing commissioning at locality level between families, multi-agency locality teams and providers.

This is intended to encourage the development of partnerships between professionals and families, to promote the role of disabled young people and families in finding ordinary solutions and to create opportunities to promote a recognition of disabled people as active and contributing citizens.

Contact: Alison Cathles, Lead Commissioner for Disabled Children and Young People
alison.cathles@gloucestershire.gov.uk

**Developing inclusive mainstream services – Newcastle City Council**

The City Council used the early intervention grant to support short breaks for disabled children by developing an inclusive network of cultural and sports providers.

The Council funded hubs in dance, sports, music, and art and a social inclusion club for children with autism. They call this programme ‘Get Connected’. In practice, it means that a connection to a community activity for a family is just a phone call away. If the family phone their dance hub Jambalaya for example, staff at Jambalaya will find a low cost dance class for the child or young person which will take into account their disability and help them be successfully introduced to the class, there will also be an opportunity to join the integrated dance troupe Inclusive theatre.

If a child or young person is interested in music the Sage Gateshead will either invite the child to join their integrated band or link them to a community musical activity. This approach works by funding staff within the cultural or sporting hub to connect children or young people to inclusion. Last year 100 disabled children and young people became connected to ongoing inclusive community activities.


Contact: Martin Donkin, Project Manager martin.donkin@newcastle.gov.uk

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Schools, in common with other organisations, have either an implicit or explicit (e.g. home-school contracts) contract between themselves and the children who are their pupils and their families (see Table 3).

**Table 3 Primary school: partial example of the home–school implied co-production contract**

<table>
<thead>
<tr>
<th>School</th>
<th>Pupil</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide a full day of stimulating education</td>
<td>Be alert and engaged throughout the day</td>
<td>Ensure your child has a good night’s sleep</td>
</tr>
<tr>
<td>Enable children to become functionally literate</td>
<td>Be able to communicate verbally and in English</td>
<td>Talk and read to your child in English</td>
</tr>
<tr>
<td>Provide affordable lunch time meals</td>
<td>Not be distracted from learning because of hunger</td>
<td>Ensure your child has a good breakfast</td>
</tr>
<tr>
<td>Maintain an orderly and collaborative working environment</td>
<td>Be aware of own behaviour and its impact on others; have and use collaborative skills</td>
<td>Set boundaries for behaviour and encourage collaboration</td>
</tr>
<tr>
<td>Require pupils to wear school uniform</td>
<td>Wear clean and presentable uniform</td>
<td>Buy uniform and clean it regularly</td>
</tr>
</tbody>
</table>

Whilst many children and their families are able to fulfil their part of the contract others who through poverty, lack of suitable accommodation or homelessness, disability or illness cannot. It is here that schools can differentiate the curriculum and provide a range of support through extended schools programmes to reshape their universal offer to meet the full range of children’s and families’ needs. This is the approach now enshrined in the concept of the 21st Century School⁴⁶ (see table 4 below).

**The 21st century school**

- Excellent personalised education
- Contributes to all aspects of well being
- At heart of preventative system
- Committed to multi agency working
- Collaborates with other schools and colleges
- Seeks active partnership with parents through initiatives such as Achievement for All⁴⁷
- Resource for families and the community
- Engaged with the Children’s Trust

**Table 4 The 21st century school**

⁴⁷ http://www.afa3as.org.uk/
The targeted mental health\(^{48}\) in schools pathfinders demonstrated that boosting the capacity of schools and other universal services\(^{49}\) to meet children’s needs was a more effective way of delivering outcomes than direct work with children and their families.

We are beginning to see more examples of schools and colleges creatively working with pupils, students and their families to personalise support. In some cases this involves schools or colleges giving some of their budgets to a young person or their family to support work experience or community activities. The Personal Budgets SEND Pathfinder Pack\(^{50}\) and Preparation for Adulthood\(^{51}\) website includes examples of ways in which schools, colleges and other providers have personalised approaches. This needs to be applied in an ongoing way in all schools and colleges as well as other public and commercial services on which children and their families rely.

**Targeted services** – Many of the targeted services on which children and their families draw, for example in health, housing, employment and leisure are provided outside of children’s services and lie outside of any funding provided for personal budgets.

Personal budgets can be used to greatest effect where parallel work is being carried out on personalising universal and targeted services so that all services are designed to make best use of, and build on the capacities of children, young people and their families and their social networks.

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**Maintaining Citizenship Darlington Borough Council’s Learning Disability Strategy 2012–15.**

The main outcome of the strategy is to support those in need of social care to maintain their “citizenship” rather than statutory services replacing individual support networks.

The Community Strategy plays an intrinsic role in supporting the idea of citizenship, in particular of ensuring the quality of this citizenship.

Contact Mark Humble, Strategic Commissioning Manager, Mark.Humble@darlington.gov.uk

See: [http://www.darlington.gov.uk/PublicMinutes/Cabinet/November%206%202012/Item%207a%20-%20Appendix%201.pdf](http://www.darlington.gov.uk/PublicMinutes/Cabinet/November%206%202012/Item%207a%20-%20Appendix%201.pdf)

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50  [http://www.sendpathfinder.co.uk/infopacks/pb/](http://www.sendpathfinder.co.uk/infopacks/pb/)

51  [http://www.preparingforadulthood.org.uk/resources](http://www.preparingforadulthood.org.uk/resources)
1. Understand – stage one of the commissioning process

This section covers the following areas:

• Key points
• Understanding the present system and what is available
• Joint Strategic Needs Assessments
• Mapping provision including community wealth and social capital
• Understanding cost and value
• Benchmarking information
• Understanding outcomes
Key points:

1. Maintain a focus on personalisation and outcomes through each stage of the commissioning process
2. Health and Wellbeing Boards are responsible for undertaking the joint strategic needs assessment (JSNA) and using evidence from it to understand the needs of the whole community, as well as agreeing collective action to address these needs
3. Ensure your local JSNA includes detailed information about the needs and unmet needs of children and young people with SEND and their families and that it is co-produced with children, young people, families and providers
4. Adopt an asset focused, person centred thinking and planning approach to ensure the ‘real wealth’ of families is acknowledged and included in planning
5. Aggregate information from Education, Health and Care plans about needs including unmet needs
6. Map all provision within the local service system, regardless of provider; understand how they are used and the outcomes they achieve; include reliable feedback on outcomes from service users
7. Use the Local Offer duty in the Children and Families Act 2014 to extend mapping beyond existing services
8. Understand the real cost of in-house and externally commissioned services and the outcomes they achieve
9. Benchmark in order to provide further challenge
10. Future proof – consider future demand
11. Use evidence of what works to inform commissioning decisions

Understanding the present system and what is available

The first key stage in the commissioning process is ‘understand.’

‘Understanding’ applies to all levels of commissioning – individual, operational and strategic.

The more comprehensive the ‘needs’ assessment is, the more likely that commissioning practices can:

• Be outcomes focused
• Deliver services that actually work for children, young people and their families.
• Improve information sharing and communication across children and adults services
• Improve relationships between commissioners and providers
• Support service planning including the use of resources for population groups
• Address frustration and misunderstandings
Joint strategic needs assessment (JSNA)

At the strategic level, good Joint Strategic Needs Assessments (JSNAs) are a key tool for commissioners to use to ensure a focus on children and young people with SEND, prevention, early intervention, personalisation and the whole life course.

Each upper tier local authority (county council or unitary authority) has a Health and Wellbeing Board. The Board is a strategic forum providing leadership across the health, public health and social care system. Boards are responsible for producing JSNAs and Joint Health and Wellbeing Strategies (JHWSs). Boards must have regard to guidance\(^{52}\) issued by the Secretary of State when preparing JSNAs and JHWSs.

The purpose of JSNAs is to improve the health and wellbeing of the local community and reduce inequalities for all ages. The evidence and analysis of needs, together with work to agree priorities, are a vital way for Health and Wellbeing Boards to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.

JSNAs should not be an end in themselves, but a continuous process of strategic assessment and planning. DH’s JSNA and joint health and wellbeing strategies explained,\(^{53}\) includes a helpful explanation of how the commissioning cycle, JSNA and joint health and wellbeing strategy fit together.

Clinical Commissioning Groups (CCGs), Commissioning Support Units (CSUs), Public Health and local providers all have roles to play in ensuring that comprehensive JSNAs are produced. Directors of Public Health should, for example, ensure a rigorous focus on local priorities and action across the life course to ensure a preventive approach is embedded in the local system. See the new Public Health role\(^{54}\) of local authorities and Commissioning factsheet for CCGs.\(^{55}\) More information about the NHS Commissioning system can be found in Appendix 4 page 124.

In order to complete a JSNA, Health and Wellbeing Boards need to:-

- Identify and agree data sources, then investigate and interrogate the data
- Identify and map all provision within the local service system, regardless of provider – see mapping provision below Page 42
- Understand current services, how they are used and the outcomes they achieve
- Obtain and analyse reliable feedback on outcomes from service users about the current system – see for example Pass it On Parents Page 41 and POET Page 29
- Understand the demographics of the area and needs of people of all ages of the life course including how needs vary for people at different ages\(^{56}\)
- Understand how needs may be harder to meet for those in disadvantaged areas or vulnerable groups who experience inequalities, analysis should include a focus on the needs of vulnerable groups such as children and young people with SEND, those needing palliative care and looked after children – the SEND Code of Practice: 0-25 includes a helpful list of data-sets which might be considered\(^{57}\)

\(^{52}\) http://healthandcare.dh.gov.uk/jsnas-jhwss-guidance-published/
\(^{56}\) http://www.chimat.org.uk/jsnanavigator
• Consider what assets local communities can offer – see top tip below
• Consider wider social, environmental and economic factors that impact on health and wellbeing – such as access to green space, the impact of climate change, air quality, housing, community safety, transport, economic circumstances, employment
• Consider what health and social care information the local community needs, including how they access it and what support they may need to understand it
• Use other types of intelligence including from providers
• Consider future needs of the local population not only current needs

**Top Tip**

The Child and Maternal Intelligence Health Network (ChiMat) – http://www.chimat.org.uk/tools/atlasofvariation – has developed a range of intelligence to support mapping need including:

• A summary of demand, provision and outcomes for services in a particular area, combining data from ChiMat and the Children’s Services Mapping programme
• Evidence-based information on prevalence, incidence and risk factors affecting children’s health and the provision of healthcare services; and
• Tools to assess progress against standards.

**Top Tip**

When undertaking JSNAs, Health and Wellbeing boards should consider what assets local communities can offer in terms of skills, experience, expertise and resources that could help local authorities and the NHS to address identified needs and impact on the wider determinants of health.

This could include formal or informal resources, social networks, community cohesion, capacity or skills in organisations or the community. It could also include the ability of groups to take greater control of their own health or manage long-term conditions. Local partners, especially in the voluntary sector, can help boards understand the strengths and assets within local communities.

See Community Wealth and Social Capital Page 42.

See also the NHS atlas^58 of risk.

The Commissioning Support Programme’s (CSP’s)^59 publication commissioning for outcomes and efficiency delivering better outcomes for disabled children includes top tips from commissioners on completing JSNAs.

CSP also developed tools and guidance to support local areas to understand the need for and to commission speech and language therapy services.

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58  http://www.chimat.org.uk/tools/atlasofvariation
59  http://www.commissioningsupport.org.uk
The Balanced System™ framework also includes a suite of templates to map speech and language provision, the workforce which delivers provision, funding sources and the contribution of the provision to outcomes for children, at universal, targeted and specialist tiers. There are specific templates to map training and advice provided to parents, carers and the wider workforce.

JSNAs and JHWSs should be an integral part of Clinical Commissioning Groups (CCGs) and local authority commissioning cycles. Boards need to decide for themselves when to update or refresh them and when outputs will be published.

Some local areas, for example Central Bedfordshire, have a Children and Young People’s JSNA. Other areas have one JSNA which incorporates children and young people.

The SEND Code of Practice: 0-25 years includes the helpful graphic – see Fig 6 to show how there should be a clear relationship between population needs, what is procured for children and young people with SEND, and individual EHC plans.

### Strengthening the JSNA

NHS North of England Commissioning Support have been working together with the Tees local authorities and NHS Hartlepool and Stockton-on-Tees and South Tees CCG’s to develop the mechanisms to support meeting the joint commissioning duties contained within Part 3 of the Children and Families Act 2014.

An essential part of this work will be strengthening the Joint Strategic Needs Assessment (JSNA). They have begun gathering data in accordance with the data-set described in 3.28 of the SEN Code of Practice and will further enhance this with consultation with Children, Young People and Families.

Contact: Emma Thomas, Joint Commissioning Manager (Children), North of England Commissioning Support (NECS) emma.thomas1@nhs.net

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60 See: [www.mgaconsulting.org.uk/the-balanced-system](http://www.mgaconsulting.org.uk/the-balanced-system).
Joint understanding: Joint Strategic Needs Assessments

3.20 There is a clear relationship between population needs, what is procured for children and young people with SEND and disabilities, and individual EHC plans.

**Figure 6** SEND Code of Practice: 0-25 Relationship between population needs, what is procured for children and young people with SEND, and individual EHC plans.
Obtaining feedback from families — Pass It On Parents — Newcastle

This project evolved out of the authority’s Family Information Service (FIS).

The aim was to develop the website so that it became the place of choice for information and advice for parents and carers – an aim they feel they have now achieved.

So how did they get there? In order to understand families’ perception of FIS, Kate Fulton from Paradigm was employed to talk to families about what kind of advice they were looking for and the best way for them to receive it. Families were asked their views, using a standard questionnaire. The questionnaires were circulated via the disabled children’s register and Survey Monkey; additionally Kate went to all the places families go including mainstream and special schools, mother and toddler groups, early year’s services, physiotherapy groups, fun days etc distributing the questionnaires as she went.

One of the questions parents were asked was ‘what is the best bit of advice anyone has given you?’ Answers to this question indicated that families particularly valued advice and support which helped them to realise they were not alone, to see the positives in their child and that supported them to stay strong. They also particularly valued and trusted the information and advice that was given by other parents rather than professionals.

In response to this finding parents were subsequently asked an additional question – would you be willing to help one other family if they thought it would be helpful? Not one family said no to this question. The Pass It on Network was born.

In the beginning 12-15 parents, who previously didn’t know each other became involved - parents who had stated in response to the questionnaire that being in contact with another family would have made a significant difference to them. The group of parents set about developing a mechanism of pass it on parent which enabled parents to help each other without requiring them to join the group. Parents volunteered to help one other family and to stay connected to other groups such as special schools, baby and toddler groups etc they were already involved with. They also committed to passing on relevant, useful information to FIS. Families have become passionate about information, and feedback information about both specialist and universal community services.

Pass it on has developed now to a point where it is part of Newcastle’s families united forum and has three workers who are parents who provide advice and support around individual budgets and encourage parents to support each other in using budgets together.

They have a very active and informative Facebook page and twitter and share information and experiences with hundreds of families every day. On average, they respond to 3 enquiries on Facebook every day. They attend and participate in all of the parent networks such as coffee mornings at local schools, events and places of fun for children and young people. As a result of their presence in so many places, they come into contact with approximately 20 new families per month.

Contact: Nick Ball at Skills for People nick.ball@skillsforpeople.org
Mapping provision including Community Wealth and Social Capital

For provision to be mapped effectively, it is important to consider community and personal assets and universal services and to broaden this analysis beyond services commissioned or provided by health and social care.

The Children and Families Act places a new duty on local authorities and their partners to publish a local offer. The local offer must include information about all the areas specified in the SEN and Disability Local Offer Regulations63 2014 including:-

- Special educational, health and social care provision for children and young people with SEN or disabilities
- Arrangements for identifying and assessing children and young people’s needs – this should include arrangements for education, health and care needs assessments
- Other educational provision, for example leisure, sports or arts provision
- Post-16 education and training provision
- Apprenticeships, traineeships and supported internships
- Information about provision to assist in preparing children and young people for adulthood
- Arrangements for travel to and from schools, post 16 institutions and early years providers;
- Support to help children and young people move between phases of education
- Sources of information, advice and support in the local authority’s area relating to SEND
- Arrangements for resolving disagreements and for mediation and details about making complaints
- The local authority’s accessibility strategy

The Local Offer should cover support available to all children and young people with SEND – universal, targeted and specialist.

In many areas, practitioners and families are using In Control’s four quadrants Figure 7 to support the development of the local offer. The tool helps to open up discussions about how to personalise universal and targeted services that children and young people would like to access; it’s also useful as it supports conversations about assets at the individual family, community and wider society levels. It can be applied to services such as employment, housing, shops, transport and personal finance also.

**Figure 7 In Control’s quadrants**

**The quadrants explained:**

**Mainstream opportunities and universal services** – These are public facilities and services that are available to all children and young people or which children and young people may access. Examples include: leisure centres, universities, GP surgeries, A and E departments, apprenticeships, banks and finance services, parks, nurseries, town centres, pubs, cafes, markets, schools and colleges. In some places the management of public facilities is being transferred from local government to community groups and they may need to be reminded of the importance of an inclusive and personalised approach to service delivery.

Especially at the early stages of diagnosis much of the advice and guidance for parents of children or young people with SEND comes from universal services. Staff in universal settings will need support to ensure they are providing the best possible environments for early diagnosis and advice and thinking in a personalised way from their first contact with families.
Targeted services and support - These are services for children who may have a particular need for specific services over and above the universal offer. Examples include: youth clubs, teenage pregnancy services, Macmillan nurses, special schools, health services commissioned to support a specific diagnosis, school transport, short break services, activity days and summer play schemes. Children and young people requiring targeted services will continue to benefit from universal services so it will be important to ensure good pathways.

Community wealth and social capital - In referring to community wealth we are referring to all the resources combined within local communities. There are three key factors which explain this:

People – the members of a community

Environment – the surroundings, rural or urban; the local political environment; attitudes, particularly openness to diversity and difference.

Assets – community buildings, space, and other resources; buildings which are a focus for a community, for example a community centre; or a church or temple or buildings with an activity focus, like a gym or arts centre; the accessibility of these community resources; community budgets; local council tax.

Communities of people whether a faith, geographic, interest or age related community have a wealth of resources which can be both supported through commissioning activity and recognised in itself as a source of support and opportunity which adds to people lives.

The concept of ‘real wealth’\(^64\) was first described in A Whole Life Approach to Personalisation. The concept has been developed further in partnership with families, organisations and children’s services and has become a way of exploring all the resources that the child, young person or family have and can be used to self-direct their lives.

The five elements of real wealth are:-

- People: the people they know e.g. close friends, extended family, work colleagues, social friends and neighbours
- Access: the place they live, local resources, shops, health services, schools, leisure facilities and community activities they are part of
- Assets: the money they have control over, their income, benefits, savings and, if they have one a personal budget
- Skills and knowledge: their strengths, abilities, knowledge and decision making skills
- Resilience: their well-being, the inner strength that keeps them going when times get tough, their physical, emotional and mental health, and for some, their faith, belief system or religion.

Exploring a child’s, young person’s and family’s real wealth as well as community wealth can help support to be planned more effectively. Additional support can then build on strengths and address gaps. Where a personal budget has been allocated this can be used alongside other sources of support to ensure the best use is made of the child, young person’s and family’s real wealth.

See also the development of integrated service pathways that are person rather than service centred; the role of Expert patient\(^65\) and People Powered\(^66\) in Health.

\(^{64}\) http://www.in-control.org.uk/media/83027/whole%20life%20approach%20to%20personalisation.pdf
\(^{65}\) http://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/expert-patients-programme.aspx
\(^{66}\) http://www.nesta.org.uk/project/people-powered-health
See also Think Local Act Personal’s (TLAP) work on community capacity building. TLAP’s toolkit ‘Are We There Yet?’ uses a series of ‘I’ statements to describe, from the point of view of an individual, the gold standard in terms of social capital. The focus: building social support networks; encouraging membership of community groups; nurturing an inclusive community; and enabling everyone to make a contribution. Developed for use with adults who have social care needs it can be modified to fit the requirements of children, young people and their families.

**Choice and control** – self-directed support: some people need more support to participate in the wider world and universal services in their own way. The offer of personal budgets and personalised support/funding fits in to a comprehensive local offer of support and sets out for commissioners what activities they can do in partnership with local people to support and to increase inclusive opportunities. Key to this is ensuring choice and control.

Given the wider scope of goods and services that people with personal budgets may want to choose from, mapping should extend beyond existing services. Mapping should also include services that are easily accessible to children and young people but which are not currently procured by the local authority or NHS as well as provision available in neighbouring areas.

It should describe the nature of the commissioning and contracting arrangements for each service. Where in-house services are commissioned their scope and an indication of the time it would take to change, increase or decrease them should be included. Contracts with external organisations should be mapped highlighting any penalties that might arise as a result of variation.

Many commissioners are reviewing existing block contracts in order to increase their ability to personalise the system and to support existing and potential providers to be personal budgets ready.

See the ‘Do’ chapter which discusses different procurement techniques commissioners are using to develop personalisation. Page 87.

See also the *Making it Personal Providers* Guide.

### Understanding cost and value

Commissioners need to understand the cost and value of services which support children and young people. It may be necessary to analyse costs from all three of the following perspectives:-

- **Top down costing** of the whole system – to understand where resources are currently being used, for example the amounts of money being used by particular groups of children and young people at different ages or with different levels of need.
- **Bottom up costing** – case by case – to calculate the total cost of a service or a group of services for one child or young person.
- **Service or system costing** – for example work to understand the full cost of support for disabled children and young people across a local authority area by developing resource allocation systems. See Page 74

Precise measures which will be useful will be locally determined but the following measures may be helpful to consider (not all will be appropriate across all tiers of services):

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67 http://www.thinklocalactpersonal.org.uk/BCC/About_BCC
68 http://www.thinklocalactpersonal.org.uk/BCC/EvidenceAndEvaluation/AreWeThereYet
69 http://www.kids.org.uk/mip
70 See Costs of Short Break Provision 2010, Holmes et al https://dspace.lboro.ac.uk/dspace-jspui/handle/2134/11981
71 Unit Costs: not exactly child’s play Beecham, Jennifer, 2000 http://www.pssru.ac.uk/pdf/B062.pdf
• Outcomes for children, young people and families including different elements of services
• Access arrangements, for example, open access, by referral only
• Numbers of children, young people or families accessing services
• Age, gender, ethnicity and location of those accessing services
• Referral and/or access source/s to the service if appropriate
• Referral numbers to services by the source of referral where it is a referred service
• Average waiting times for services where appropriate
• Rate of non-attendance
• Relative costs e.g. per hour/overnight
• Use made of the skills and time of children, young people parents and other local people
• User evaluation measure/s for services
• Unmet need
• Information about the children, young people and families who are not accessing the mapped services in terms of both numbers and demographic information.

All data needs to relate to the same timeframe (for instance, the same financial year).

Assessing value is much more difficult. It should be based on outcomes data, include user feedback and relate to individual elements of a service. More expensive services do not necessarily provide the worst value for money if they result in better outcomes.

Where various services contribute to an outcome, it may not be feasible or even meaningful to disentangle the contribution of individual services. It may be possible, however to make value for money comparisons where different elements in the service are providing the same outcome in different ways. Alliance Contracting72 is an approach being used in adult services to measure everyone’s contribution towards an outcome.

Box 3

Centre for Understanding Behaviour Change state that evidence-based decision making appears likely to be facilitated by:-

• Leaders who value evidence
• An organisational learning culture and outcomes focus
• Data being analysed to provide ‘intelligence’
• High quality, easy access research summaries
• Interaction between researchers and decision makers to increase relevance and timeliness
• Commissioners having good critical appraisal skills – and time to use them
• Use of evidence embedded in the planning, delivery, evaluation cycle.

The use of evidence in commissioning children’s services: a rapid review73

72 http://www.kingsfund.org.uk/sites/files/kf/media/linda-hutchinson-alliance-contracting-27.03.14_0.pdf
73 The use of evidence in commissioning children’s services: a rapid review http://www.bristol.ac.uk/cubec/portal/pr8.pdf
Commissioners, at all levels of the system, should use research evidence about what works. The Early Intervention Foundation, building on Graham Allan’s reports,\(^74\) is assessing the best early intervention programmes available and their relative value for money.\(^75\)

See other research evidence including ‘What Works’: Interventions for children and young people with speech, language and communication needs,\(^76\) The Centre for Excellence and Outcomes (C4EO’s) Improving the wellbeing of disabled children through early interventions (age 0–8)\(^77\) and the School for Social Care Research’s work\(^78\) on the cost benefit of community capacity building.

The National Endowment for Science, Technology and the Arts (Nesta), together with the Economic and Social Research Council and the Big Lottery Fund has created the Alliance\(^79\) for Useful Evidence.

See also international evidence from the Campbell Collaboration, an international research network that produces systematic reviews of the effects of social interventions.\(^80\)

Please also see the ‘review’ chapter below.

In places where co-ordinated assessments, key working and co-ordinated planning is fully established anecdotal evidence from commissioners is that they have much more accessible and useful data sets at the end of each year on which to base their future plans for commissioning existing and new services.

Once the system has been transformed into one where personalisation and personal budgets are the norm the system for gathering information together to find out what provision and services people find effective and are using should be much improved.

**Benchmarking information**

In order to understand how a system is performing in comparison to others it is important to benchmark data with other places. This can be done by:-

- Reference to benchmarking club information such as CIPFA’s\(^81\) or published performance information
- Reference to robust published research such as that collated and published by C4EO\(^82\) and the audit commission’s national benchmark and assurance\(^83\) portal
- Discussion with other local authorities and organisations including through peer review
- Feedback from service users, parents/carers and others using for example In Control’s Personal Outcomes Evaluation Tool,\(^84\) POET
- Surveys and analysis of user experience and opinion about services received

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75 [http://www.earlyinterventionfoundation.org.uk](http://www.earlyinterventionfoundation.org.uk)
77 [https://archive.c4eo.org.uk/themes/disabledchildren/increasingquality/](https://archive.c4eo.org.uk/themes/disabledchildren/increasingquality/)
80 [http://www.campbellcollaboration.org/](http://www.campbellcollaboration.org/)
81 [http://www.cipfa.org/services/benchmarking](http://www.cipfa.org/services/benchmarking)
82 [http://archive.c4eo.org.uk/](http://archive.c4eo.org.uk/)
Additional sources of feedback may include interviews and focus groups with children, young people and their families, together with additional information derived for example, from:

- Case file reviews to explore the impact of services on the needs and outcomes for children, young people and their families
- Data from ongoing user surveys, exit interviews, complaints, comments and compliments system
- Analysis of performance indicators or recent service inspections or reviews
- Discussion with practitioners and advocates working with service users on their views of the service user experience
- Children, young people and their families quality assuring services.

**Understanding outcomes**

All decisions should be based on improving outcomes for children, young people and their families and have a clear rationale based on robust analysis and evidence. Commissioners need to help create a culture which nurtures innovation and self-learning across the children and young people’s system.

Local authorities and their partners including young people and families need to agree the key strategic outcomes they wish to achieve.

Outcomes can be defined as the benefit or difference made to an individual as a result of an intervention. It should be personal and not expressed from a service perspective; it should be something that those involved have control and influence over, and while it does not always have to be formal or accredited, it should be specific, measurable, achievable, realistic and time bound (SMART).

The SE7 Pathfinder agreed to focus on achieving three outcomes - that all young people are safe, as healthy as they can be and achieve. The Children and Young People’s Outcomes Forum identified the outcomes and indicators that matter most for children and young people.

Many areas are adopting the Preparing for Adulthood life outcomes: employment, independent living, community inclusion and health to inform their strategic planning. See Figure 8 below.

Commissioners should work with adult services to agree outcomes that work across the life span.

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86 http://www.se7pathfinder.co.uk/se7-documents
88 http://www.preparingforadulthood.org.uk/resources/pfa-resources
Figure 8 The Preparing for Adulthood (NDTi/CDC) life outcomes

Top tip

The SEND Code of Practice: 0-25 years emphasises the need to focus on education and training, health and care outcomes that will enable children and young people to progress in their learning and, as they get older, to be well prepared for adulthood. EHC plans can also include wider outcomes such as positive social relationships and emotional resilience and stability. Outcomes should always enable children and young people to move towards the long-term aspirations of employment or higher education, independent living and community participation.

EHC plans should include a range of outcomes over varying timescales.

An increasing number of case studies are demonstrating how children, young people and families are thinking creatively about how to achieve agreed outcomes, often at a considerably lower cost than traditional services. Successfully achieving agreed life outcomes can result in reduced dependence in adult life.

See examples from Preparing for adulthood,89 the SEND Pathfinders,90 Making It Personal,91 and Personal Health Budgets92 hearing real stories. See also POET evidence page 29.

89 http://www.preparingforadulthood.org.uk/resources/stories
90 http://www.sendpathfinder.co.uk/infopacks/pb/
91 http://www.kids.org.uk/mip
92 http://www.personalhealthbudgets.england.nhs.uk/Topics/Toolkit/HowPHBswork/Stories/
The Outcomes Star

The Outcomes Star is a suite of tools for supporting and measuring change when working with people developed by Triangle Consulting Social Enterprise http://www.outcomesstar.org.uk

The New Economics Foundation (NEF) recommend that commissioners use outcome indicators and develop intermediate indicators or indicators that measure the “distance travelled” towards an outcome such as the ‘Outcomes Star’ to calculate the social return on investment.

Action For Children are using the outcomes stars including the family star and star for young people on the autistic spectrum to set and review holistic outcomes with young people and families. Contact Clare Gent Clare.Gent@actionforchildren.org.uk

The Council for Disabled Children has developed an outcomes planning pyramid[^93] to support practitioners and families think about outcomes in terms of the Children and Families Act. Due to be published in September it will form part of a suite of resources funded by NHS England.

Commissioners should ensure that their procurement colleagues are included in discussions about personalisation in order that they too understand it and how outcomes focussed procurement is a key enabling tool for personalisation. See Page 87.

2. Plan – stage two of the commissioning process

This section covers the following areas:

- Key points
- Levels of commissioning – individual, operational and strategic
- Strategic commissioning – basic roles and responsibilities
- ‘Must do’ standards for whole system – or commissioning principles
- Commissioning strategy
- Strategic plans
- Annual budgets and plans
Key points:

1. Ensure the Health and Wellbeing Board has discussed and agreed a strategy for personalisation.
2. Use the joint commissioning levers provided by the Children and Families Act.
3. Understand the three levels of commissioning – strategic, operational and individual because each has different responsibility for enabling personalisation.
4. Develop a strategy which includes a commitment to extending personalisation, co-production and self-directed support for children and young people with SEND and their families as well as adults and which clarifies the intended outcomes and benefits of doing so.
5. Ensure the Health and Wellbeing Board is clear about what powers – particularly for operational level commissioning are being delegated to commissioners and what they expect from them in terms of outcomes for children and young people as well as performance information.
6. Recast the Children and Young People’s Strategy and Action Plan to focus on personalisation, co-production and self-directed support for children and young people with SEND and their families and the intended outcomes.
7. Agree the roles that each of the three levels of commissioning should play in enabling personalisation.
8. Agree the ‘must do’ outcomes you are expecting delivered by providers.
9. Develop a timetabled and costed workforce strategy which includes awareness raising sessions involving parents/carers and young people, front line staff and managers.

Levels of Commissioning

In order to understand stage 2 of the commissioning cycle, there is a need to understand the three levels of commissioning: individual, operational and strategic.

Each requires different sorts of plans and inputs into policy and system standards, each has different governance and involvement of stakeholders including service users and their families.

Personalisation, including the use of personal budgets, enables control over the use of resources to be devolved to children, young people families and front line practitioners and for them to operate as commissioners. This requires a change in the way commissioning is conceived and practised from a top down strategic level activity to one where commissioning is driven directly by and with children, young people and their families enabled by strategic commissioning.

There is a need for a relentless commitment to the vision of personalisation at all levels of the system.
Figure 9 Multi level commissioning

**Individual level commissioning**

When children, young people, families and lead practitioners become personal budget holders they become commissioners. Individual level commissioning includes support for children, young people and families to make best use of and further develop their existing resources and social networks as well as opportunities for these to be extended further, for example through peer support. See Support Planning page 84.

**Top Tip**

The culture and practice changes required to facilitate self directed support will not occur overnight.

Training and support needs to be planned to ensure children, young people, families, practitioners and service providers are enabled to work together in a new way.

Self-directed support needs to be understood at the individual, operational and strategic commissioning levels so that there is a relentless commitment to transformation.

**Operational level commissioning**

Much of the personalisation of universal and targeted services can be achieved through operational level changes within existing contracts and service level agreements. See Procurement techniques Page 87.

Operational level commissioning includes:-

- Developing the capacity of the multi-agency workforce to support children, young people and their families or carers to use their own resources, devolved budgets and existing targeted and universal services in creative and flexible ways;
• Ensuring flexible funding options are in place so that the children, young people and families can make best use of funding to access the support they require;
• Enabling local communities to develop informal systems of support and services to link with and support them;
• Enabling local providers to review their current service delivery practice; challenging and supporting them to develop a wider, more personalised offer based on an equal relationship between practitioners and children, young people and their families;
• Devolving commissioning powers to groups of children, young people and families who wish to collectively commission support through pooling some of their budgets as well as to local teams and networks to reshape and personalise some local services, taking into account the needs of specific populations or geographic situations.

In Scotland, following The same as you? Review of Learning Disability services, 94 health boards and local authorities were encouraged to appoint local area co-ordinators95 with a specific brief to work alongside communities to support them to become more welcoming and inclusive.

**Involving young people in developing services — Leaving Care Accommodation and Support Services, West Sussex County Council (WSCC)**

In 2011, WSCC decided to undertake a consultation exercise to inform an options appraisal in respect of commissioning an accommodation and support service for young people aged 16yrs+ who were preparing to leave care.

As well as consulting widely with the existing and potential provider market, WSCC included work undertaken by the National Youth Reference Group as an example of what a good service might look like as a presentation at a whole day consultation event.

Representatives from the Children in Care Council and young people involved in the local Participation, Advocacy and Rights group were also consulted and involved. This involvement included the drafting of a Method Statement question, and the positive/negative points to look for in a response. The Method Statement response was then evaluated by a team of trained young people and the score incorporated into the overall tender score for each bidder.

Additionally, the panel of young people agreed a set question to be asked at the interview stage and again provided examples of positive and negative points to assess (the young people were invited to be a part of the interview panel but declined in favour of the approach outlined).

Collecting feedback from young people using the service and evidencing how their feedback informs change and continuous improvement is incorporated into the service specification and KPI’s for the contracts.

The views and experiences of young people are given a high priority and will play an intrinsic part of the annual service review.

**Contact:** Amanda Brewis Contracts and Commissioning Manager CwD/SEN/OLAC amanda.brewis@westsussex.gov.uk

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95 http://www.scld.org.uk/local-area-co-ordination/what-local-area-co-ordination
Derbyshire County Council – provider forum

Derbyshire’s Health and Wellbeing Board has set up a provider forum to ensure that key providers are engaged in the Board’s priority areas see http://www.local.gov.uk/health/-/journal_content/56/10180/3931617/ARTICLE

Strategic level commissioning including joint commissioning

Health and Wellbeing Boards are responsible for developing and implementing strategic plans, policy and standards for the whole system. This includes the development of the Health and Wellbeing Strategy (HWS) which should inform all other plans and strategies including those at operational and individual levels.96 97

See also the NHS Federation’s Good practice in joint health and wellbeing strategies: a self-evaluation tool for Health and Wellbeing boards.98

The strategic commissioning function is shared between partnership members of the Health and Wellbeing Board (and in some areas children and young people’s partnership board) and executive commissioners including the Director of Children’s Services (DCS). See exemplar below on roles and responsibilities for strategic commissioning in Leicestershire County Council.

The Health and Wellbeing Board or children and young people’s partnership board needs to agree a commissioning strategy. Agreeing and reviewing this is part of the board’s annual duties. Some areas call this their commissioning policy or commissioning framework.

A commissioning strategy describes the local authority and its commissioning partners’ policy, which will guide everyone in the system, on how they choose which providers to work with to provide services. It needs to be very clear about what powers are being delegated to operational commissioners99 (many of whom will also be providing services). It also needs to specify what is expected from operational commissioners in terms of outcomes for children, young people and families and the frequency and type of performance information required.

Strategic commissioners need to understand and take leadership for commissioning personalisation.

To align work on personalisation by Health and Wellbeing Boards and partnerships across all age groups, Think Local Act Personal (TLAP) has developed the framework (Figure 10) to support Boards to adopt an asset based approach to personalisation. The framework is currently in draft and is being tested with eight Health and Wellbeing Boards.

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96 http://www.kingsfund.org.uk/publications/health-and-wellbeing-boards-one-year-on
Commissioning strategies provide leadership for personalisation by:

- Supporting prevention, identification, assessment and early intervention and a joined-up approach\(^{100}\)
- Establishing a vision and common principles for personalisation, self-directed support and community development and supporting its implementation at all levels of commissioning
- Determining whether to delegate certain NHS and local authority health-related functions to the other partner(s) if it would lead to improvements in the way those functions are exercised
- Agreeing whether to pool or align budgets across sectors so that personalised options and pathways can be developed including through formal section 75 agreements
- Redesigning children’s services to simplify the system, reduce fragmentation, duplication and internal transaction costs – for example creating operational teams bringing together SEN and disabled children and young people practitioners; setting up integrated locality teams bringing all the additional and targeted services for children and young people together under a single manager; establishing 0-25 and whole life services
- Ensuring that joint commissioning arrangements support schools to deliver positive outcomes for children and young people
- Devolving commissioning powers and empowering operational managers to commission services jointly
- Involving children, young people and families as well as operational level commissioners in all stages of strategic level planning including prioritising and implementing changes in universal services and in targeted services. See for example the South East 7’s Regional Framework for Participation\(^{101}\) of Parent Carers. See also the Alliance for Inclusive Education’s Toolkit Advocacy and Training Toolkit http://www.allfie.org.uk/docs/Advocacy%20%20Training%20Toolkit.pdf

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\(^{101}\) [http://www.se7pathfinder.co.uk/se7-documents](http://www.se7pathfinder.co.uk/se7-documents)
• Involving children, young people and families in developing personalised provision that personal budget holders might wish to purchase (and to reduce or stop providing services that are not wanted)

• Developing and maintaining a dialogue with communities to track and enable inclusion for example making the support of community capacity building activities an integral part of the commissioning process\textsuperscript{102} and a requirement when letting contracts

• Developing a workforce strategy – see Page 69

• Encouraging innovative models of delivery. In some places politicians are clear that services should be outsourced; in others there is a clear political steer to retain services within the local authority whilst ensuring they are better able to demonstrate contestability and run themselves more like separate business units than before

• Agreeing the policy regarding contracting with different sorts of organisations for example a commitment to commission for social value\textsuperscript{103} through contracting with mutual and community based groups

• Applying corporate policies to children’s services such as reducing the carbon footprint, creating and retaining local employment to improve the local economy, sharing the use of public buildings, high customer service standards, expectations around public engagement and an asset based approach.

\textsuperscript{102}  Developing the power of strong, inclusive communities: a draft framework for Health and Wellbeing Boards, TLAP December 2013 http://www.thinklocalactpersonal.org.uk/News/PersonalisationNewsItem/?cid=9530

A 10-year Commissioning strategy for disabled children and young people - Gloucestershire County Council

The County Council developed a commissioning strategy to transform support and outcomes for disabled children and young people back in 2007. The strategy was developed by parent/carers and professionals from a range of services, informed by young people and is regularly reviewed.

The County Council’s overall vision was to ensure that within 10 years (2007-2017):

- Disabled children equal their non-disabled peers in the extent to which they achieve agreed outcomes and reach their potential, and that this is monitored and evidenced
- All disabled children and young people are able to access the same range of opportunities, community activities and mainstream support as their non-disabled brothers, sisters and friends, with additional support being available as necessary, and receive specialist services only where this is the most effective way of meeting identified needs
- All staff in mainstream provision are confident and able to work with all disabled children/young people apart from those with the most complex of needs
- Children/young people and families are in the driving seat in the development of support and removal of barriers for children and young people with disabilities
- Statutory services (and services commissioned by statutory commissioners) build on the strengths and abilities of children and families rather than focusing on what they cannot do and where they are failing to cope
- Young people move smoothly into adulthood with changes in support being planned and known in advance

The impact of this has been/is:

- The importance of the process of putting it together – making sure that all key partners have the opportunity to be transparent about their views and values, without anyone assuming they know what anyone else thinks
- Written with parents/carers in a straightforward way with clear statements
- Well-used and often referred to – it became the basis for Gloucestershire’s commissioning strategy. Evidence that it is a ‘live’ vision is that people have wanted to keep it updated
- It is one of the reasons Gloucestershire was successful in its application to be an Aiming High pathfinder
- It is being used to anchor Gloucestershire’s approach to the SEND reforms, and has now developed into the fundamental principles underlying Gloucestershire’s all age policy for disabled people – Building Better Lives

Contact: Alison Cathles, Lead Commissioner for Disabled Children and Young People alison.cathles@gloucestershire.gov.uk
Joint commissioning

The Children and Families Act, SEN Code of Practice: 0-25, NHS Mandate and Health Outcome Forum provide a unique opportunity for strategic commissioners to work together to improve life outcomes for children and young people with SEND and their families.

Section 25 of the Children and Families Act 2014 places a duty on local authorities to ensure integration between educational provision and training provision with health and social care provision, where this would promote wellbeing and improve the quality of provision for disabled young people and those with SEND. Local partners must co-operate with the local authority in this.

The NHS Mandate 2013-15 includes a duty on NHS England, CCGs and Health and Wellbeing Boards to promote the integration of services.

This commitment has been reinforced by Ministers in letters to local authority and CCG chief executives. Their April 2014 letter includes the statement: “From September 2014, local commissioners will be required to work together in the interests of children and young people with SEND. These arrangements must be robust enough to reach a decision in every case, and regularly reviewed.”

Chapter 3 of The SEN Code of Practice: 0-25 is about establishing effective partnerships across education, health and care and the responsibilities of local authorities and their partners:-

- Joint commissioning arrangements must cover the services for 0-25 year old children and young people with SEND
- Local authorities, NHS England and their partner CCGs must make arrangements for agreeing the education, health and social care provision reasonably required by local children and young people with SEND
- Joint commissioning arrangements must also include arrangements for:-
  ✓ Securing Education, Health and Care assessments
  ✓ Securing the education, health and care provision specified in EHC Plans; and
  ✓ Agreeing Personal Budgets
- Local joint commissioning arrangements must consider:
  ✓ What advice and information is to be provided about education, health and care provision for those who have SEND and by whom it is to be provided
  ✓ How complaints about education, health and social care provision can be made and are dealt with, and
  ✓ Procedures for ensuring that disagreements between local authorities and CCGs (and NHS England for specialist services) are resolved as quickly as possible
- The output of this work must be presented publically in the Local Offer.

The SEN Code of Practice includes a helpful list of the roles and responsibilities\textsuperscript{109} of bodies involved in joint commissioning arrangements – please see Appendix 5, page 127.

The Care Act 2014\textsuperscript{110} requires local authorities to ensure co-operation between children’s and adult’s services to promote the integration of care and support with health services, so that young adults are not left without care and support as they make the transition between children and adult social care.

Preparing For Adulthood’s Factsheet\textsuperscript{111} identifies the key elements in the Children and Families Act and Care Act relating to preparing for adulthood. The factsheet explores how the legislation can be used to create positive outcomes for disabled young people.

\textsuperscript{110} http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
Strategic Commissioning: example of roles and responsibilities from Leicestershire County Council

Strategic commissioning happens at a very high level and requires commitment from all partners. The systems and process developments can be led by one individual who is jointly funded by both organisations, has clear responsibilities and accountability to ensure that the joint commissioning strategy is delivered. This will include having a clear mandate to renegotiate the specifications for services that are to be developed and delivered by statutory services or decommissioned based on local needs or requirements.

Another example is where there are identified leads within each organisation who sit on a project or working group that has been mandated by the Health and Wellbeing Board to design, develop and deliver the commissioning strategy. This multi-agency group will ensure that the views of parents and children and young people are clearly informing the strategy. This is not necessarily to attend lots of meetings, but to have an infrastructure that works to make this happen, using existing groups such as School Councils, local engagement mechanisms, Parent Carer Forum and other local groups.

The leads have strategic roles and are responsible for developing proposals that will be endorsed by the individual organisations that can then be signed off at the Health and Wellbeing Board.

Providers of services voluntary and community, public or private sector will have an essential role to play in developing the strategy if more personalised and localised opportunities are to be developed. This will include ensuring that quality, safety, availability and costs are all included in the specification.

Systems and processes are then developed to be able to have a transparent system for the assessment and resource allocation, including a system for self-assessment where possible. These need to dovetail into adult services departments to ensure a smooth transition for young people.

In addition to strategic commissioning, there are examples of aligned and pooled budgets which are managed by co-located joint team at an operational level. Where the system is personalised and there are personal budgets the information obtained from individual plans and reviews as well as from service providers are used to inform commissioning decisions across the system. This information is relayed to suppliers in order that their services can be redesigned to meet need.

Contact: Julie Drake, Head of Strategy – Commissioning, Children and Young People’s Service julie.drake@leics.gov.uk

Strategic level commissioning also includes agreeing:-

- Resource allocation systems across social care, health and education and into adulthood – see evolving work on an Integrated Education, Health and Care Resource Allocation Questionnaire by the Northern ‘Go Faster, Go Further’ Pilot Group112 page 75.
- Developing and maintaining a common infrastructure, the systems and processes required to co-ordinate assessments and scaling up finance infrastructure to handle significant numbers of small payments

112 Contact In Control for further information admin@in-control.org.uk
• Ensuring a choice of self directed planning and purchasing support is available; this should include money management options including support brokerage.\textsuperscript{113} See also support planning page 84.

• Reviewing and agreeing what information and advice about education, health and care provision is to be provided and by whom. See A new offer: Information, Advice and Guidance/ support for families under a reformed SEND system\textsuperscript{114} and work on Local Offers\textsuperscript{115}

• Involving children, young people and families in identifying quality services and support options using for example You’re Welcome Quality Criteria\textsuperscript{116} for young people’s health services and Transforming Participation\textsuperscript{117} in Health and Care.

Every Disabled Child Matters and the Children’s Trust Tadworth have developed the Disabled Children’s Charter\textsuperscript{118} for Health and Wellbeing Boards. This sets out seven commitments and a vision statement for each Board See Appendix 8, page 135. In addition, they have developed guidance\textsuperscript{119} on why Boards should sign the charter.

\section*{Strategic commitment by Calderdale Health and Wellbeing Board}

Calderdale Health and Wellbeing Board has committed to making life better for disabled children, young people and their families by signing the Disabled Children’s Charter for Health and Wellbeing Boards, developed by Every Disabled Child Matters and The Children’s Trust, Tadworth.

By signing the Charter, Calderdale has pledged to meet specific commitments within one year, including:

• Engaging directly with local disabled children, young people and parent carers and embedding their participation in their work

• Setting strategic outcomes for local partners to meet in relation to disabled children, young people and their families

• Promoting early intervention and smooth transitions between children and local adult services

The Disabled Children’s and Young People’s Strategy Board will support and monitor this work as outlined in their strategy. The Board is also overseeing the Special Education Needs reforms.


\begin{flushright}
\textsuperscript{113} http://www.in-control.org.uk/media/16711/06.%20support%20brokers%202011%20v1b.pdf
\textsuperscript{114} http://www.in-control.org.uk/media/160660/a%20new%20offer%20information%20and%20guidance%20final%20copy.pdf
\textsuperscript{115} http://www.sendpathfinder.co.uk/infopacks/lo/
\textsuperscript{116} 81\% of commissioners recommended that local services implement the guidelines. As part of this local leadership, 64\% involved young people in rating and evaluating experiences of health services. The guidelines can reinforce young people’s social responsibility as life-long users of the NHS and encourage them to share in the decisions made about their health DH Website May 2011 See: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126813
\textsuperscript{118} http://www.edcm.org.uk/campaigns-and-policy/health/disabled-childrens-charter-for-health-and-wellbeing-boards
\textsuperscript{119} http://www.edcm.org.uk/media/141020/hwb-charter_supporter-guide_web.pdf
\end{flushright}
Strategic plans

The DfE no longer requires authorities to produce an agreed children’s plan although many local areas continue to do so. Some authorities have developed a new generation of plans that move beyond a description of needs and a list of priorities to ones that include plans for change (including inevitably for reduced budgets but at least this approach enables consultation on these decisions).

Many local areas are using the impetus of the Children and Families Act to develop plans focussed on personalisation and improved outcomes including:-

- Plans for change – for example system redesign, service change, service growth, service closure – in other words re-commissioning the system and services.
- Closer work with adult care commissioners and providers leading to the development and agreement of a coherent approach to personalisation across the life course
- Inequality and poverty focussed on the universal offer (rights) and on what parents/carers need to do for themselves leading to local policy about the role of the local authority and the best use of reducing public resources
- Knowledge about the allocation of resources across schools and localities and groups of children and an ability to package groups of services more strategically (all youth services rather than the previous plethora of pilots and programmes) and to move resources from one part of the system to another
- Discussion and decisions about the strategic use of the local authority’s high needs block funding and how this will be used to extend personalisation including through the use of personal budgets; discussions with schools and further education providers including training providers about the notional schools and college budget and how this might be used to extend personalisation including through the use of personal budgets
- More awareness of how the system works for different ages and stages and more accountability for early years handing over cohorts of children more or less ready for school, and likewise the primary stage more or less ready for secondary school etc
- Strategic, costed and evidence based decisions for example about prevention and early intervention and reduction of numbers of children in care or in high cost unsuccessful residential schools

The Commissioning Support Programme\textsuperscript{120} supported local authorities and their partners to develop children’s strategic plans. In many places this resulted in redesign of the system, written in the context of the strategic priorities and policies of the children’s partnership.

In the best places this was focussed on the changes needed to embed personalisation and went into some detail about the change plan to enable the system to change from where it was to one driven by personalisation. Parents/carers and children and young people were involved as were service providing teams within the local authority, NHS and voluntary and community sectors. This resulted in plans for change that were understood and ‘owned’ by those who were affected by them.

\textsuperscript{120} http://www.commissioningsupport.org.uk/
‘Must do’ standards for whole system – or commissioning principles

These need to be agreed by the Health and Wellbeing Board and children’s partnership board working with key stakeholders including families. Agreement and review of these is part of the annual calendar for strategic partnership boards.

Many children and young people’s partnership boards have agreed ‘must do’ standards which they require or expect of all those working with children and young people in their area. These form part of the strategic plan and are used as a preamble to contracts and service level agreements and other arrangements including with schools.

Must do’ standards are easier to implement if they are kept short and simple and are enforced as the norm across all children and young people rather than just for a particular group of children or young people.

Typically, ‘must do’ standards include:

- Safeguarding
- Equality of opportunity
- Treating children, young people and families with respect
- Supporting personalisation including through the use of personal budgets
- Providing as much continuity of key relationships as possible including the offer of keyworking functions if chosen by the young person/family
- Working appreciatively and aspirationally and co-producing decisions¹²¹ (no decision about me without me).

See OPM’s publication on integrated commissioning¹²² which contains additional examples of ‘must do’ standards.

In response to the Winterbourne enquiry the Driving Up Quality Alliance has developed The Driving Up Quality Code¹²³ – a code for providers and commissioners. Signing up signals a commitment to driving up quality in services for people with learning disabilities – a commitment by providers to listen to the people they support as well as a commitment to support them to build lives that have meaning for them.

Some local areas are introducing standards such as the requirement to support or to attend co-ordinated assessment and planning meetings to develop an Education, Health and Care Plan.

¹²³ http://www.drivingupquality.org.uk/home
Annual budgets and plans

The last function of the Health and Wellbeing Board and strategic children’s partnership board is to oversee the translation of the strategic plan (usually a three year rolling plan) into business plans for the system and the budgets available.

With regard to services for children and young people with SEND the process could go something like this:

1. Plans for change agreed
2. System redesign (to reduce numbers of projects, programmes and pilots and therefore transaction and management costs) results in repackaging services and a need to allocate budgets in different ways; this may include alignment or pooling of budgets with key partners especially the NHS - joint commissioning is established
3. Resource allocation systems (see Page 74) introduced resulting in apportioning of budgets in a more equitable way based on need and agreed outcomes
4. Budget negotiation and agreement based on different assumptions and different income and expenditure streams
5. Business plans of service teams within the local authority developed and comparable with the business plans of external contractors – all are clear about the contribution they are making to the system and the impact and contribution to outcomes they will achieve for service users
6. DCS/lead commissioner for children and young people with SEND presents summary budget and business plan to children’s partnership board for agreement (particularly to check they are in line with the change plans agreed earlier) before sign off at the full Health and Wellbeing Board.
3. Do – stage three of the commissioning process

This section focuses on the ‘doing’ part of the commissioning cycle – the changes that must be made to systems, processes skills, culture and behaviours in order to embed a personalised system.

It covers the following areas:

- Key points
- The change process
- Changing skills, culture and behaviour
- Workforce planning and development
- New systems and processes
- Transparency of resource allocation
- Developing the market
- Supporting individual choice – information
- Support planning
- Procurement techniques
- Managing Risk
Key points:

1. Create sufficient leadership capacity to ensure whole system change can happen
2. Ensure the Health and Wellbeing Board’s overarching vision for personalisation is widely understood
3. Develop a timetabled and costed workforce strategy which includes awareness raising sessions involving parents/carers and young people, practitioners and managers
4. Enable commissioners and procurement colleagues to work with families and providers to explore how different procurement techniques might be used to improve efficiency, ensure user involvement, extend personalisation and improve outcomes
5. Develop the provider market by building on techniques used in other areas; talk particularly to providers with a track record of extending personalisation through enabling access to universal services
6. Involve potential providers and budget holders in on-going activity so that providers grow their understanding about what children, young people and families want and how personal budgets will impact on their offer
7. Work with commissioners in neighbouring authorities to look at opportunities to stimulate the market including through the use of market position statements
8. Supply providers with regular information about: trends in volume and type of services requested; known gaps and how providers market and budget holders learn about services
9. Work with providers to support them to make the transition from block contracts to a retail model; share the goal of enabling access to universal services and opportunities
11. Maximise opportunities for budget holders to secure value for money including through pooling budgets, by supporting effective networking and communications
12. Provide training in and provision of peer to peer support for children, young people and their families including opportunities for young people and families to hear from other families how personal budgets are being used to extend personalisation

The Change process

Personalisation requires cultural change. People who have been used to having power within a tightly defined system will need to relate differently to service users and their families sharing power and information with them; they will need to rediscover or learn to trust their professional judgement more.

Personalisation requires that parents/carers, children and young people and practitioners work together to co-produce new efficient processes including decision-making processes.

Some practitioners, strategic managers and families struggle at times to change the ways they have traditionally worked. In order to ensure that change can happen there is a need to be aware that change can be difficult and can be met with resistance.
It can be helpful to be aware of some of the theories around the change process. The following diagram adapted from Kotter’s work on change, shows the key elements needed to start an effective change programme and what happens if any of the four components are missing. It highlights for example, the importance of having capacity for change – a key challenge during a period of austerity.

In a related field, the Munro report also emphasises the importance of cultural change.

![Figure 11 An overview of the change process – OPM model](image)

In terms of personalising the system, the pressure for change and the shared vision should be laid out in the overarching Health and Wellbeing Strategy and strategic plan.

A clear coherent plan of action is needed. There needs to be an identifiable lead for change, someone within the system with some authority – for example the lead commissioner for children and young people with SEND. S/he will need the support of a small team and a wider network of change agents across the system. See for example the structure and processes set up by the SE7 SEND Pathfinder to ensure they were able to respond coherently to the systemic changes required by the SEND Reforms.

Extending personalisation, including introducing personal budgets, requires change at all levels in the system as shown in the diagram below.

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126  [http://www.se7pathfinder.co.uk/what-who-is-se7/regional-steering-group](http://www.se7pathfinder.co.uk/what-who-is-se7/regional-steering-group)
The Commissioning Support Programme\(^{127}\) developed training materials to support local areas to implement whole system change.

As systems are changed to increase personalisation, it is helpful to keep in mind models of change including resistance to change and the stages most people go through when faced with change.

**Changing skills, culture and behaviours - workforce planning and development**

In order to ensure that personalisation is embedded across the system there is a need for a clear workforce strategy which addresses all levels of the system from the Health and Wellbeing board, through to strategic and operational managers, practitioners, parents/carers and children and young people.

It needs to cover the workforce be they in schools, colleges, local authority or health in-house or externally commissioned services and should include parents/carers and children and young people. It should include providing time for people to really understand new ways of working - co-production, person centred planning and the opportunities and improved outcomes that can result from greater personalisation.

The Children and Families Act provides a great opportunity for local authorities and their partners together with parents/carers and children and young people to transform workforce planning and development. There are many examples now from the SEND Pathfinders and others of parents/carers and practitioners being trained together and co-delivering training. See for example, Working Together – views on co-production from family members and practitioners involved with some of the Pathfinders.\(^{128}\)

Introducing and embedding cultural change such as personalisation across the system is no small task, particularly at a time of restricted resources.

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\(^{127}\) [http://www.commissioningsupport.org.uk/](http://www.commissioningsupport.org.uk/)

\(^{128}\) [https://www.youtube.com/watch?v=Z9e-qFlpKFW](https://www.youtube.com/watch?v=Z9e-qFlpKFW)
**Top Tips**

Appoint leaders and managers with a clear brief to lead change

Develop new job descriptions and person specifications to include the expectation that all practitioners will take on keyworking functions

Provide training and development programmes including on the job training

Include young people, families and providers in workforce training

Support and empower children, young people and families to jointly organise and co-deliver training events

Involve finance, procurement and legal colleagues so they understand the ways in which their roles can support and enable personalisation

Use different approaches to supervision, appraisal and the setting of personal objectives/training plans and reward and recognise people who are doing well in the new system

Change attitudes to risk and risk sharing

Challenge unacceptable behaviours, encourage peer challenge and sometimes, in extreme situations, whistle blowing and use of disciplinary procedures

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**Additional tips:**

- Recruit different sorts of people
- Move people into new locations and/or new organisations under new leadership
- Learn from and visit other places where cultures and behaviours are different
- Publish good feedback from service users widely
- Develop a clear and transparent resource allocation system.
- Ensure procurement and commissioning colleagues are skilled to decommission as well as commission
**Action Learning Sets to support change**

In Control organised Learning sets for London colleagues working in adult social care provider organisations to support staff to change their thinking and behaviour and transform cultures.

The aim was:

- To develop work practices that reduce process layers and bureaucracy;
- To inspire service managers to develop services around the stated aspirations of individuals;
- To publicise, promote and reinforce existing good practice in the organisation;
- To work with staff in a particular long-established service to build on the positive aspects of the ‘family-atmosphere’ and seek to eliminate the negative aspects;
- To develop service use participation and co-production within the organisation; and to change staff culture so that responses to the people supported are ‘more human’ and less ‘programmed.’

Contact Andrew Tyson andrew.tyson@in-control.org.uk

The Children’s Workforce Development Council (CWDC’s) designed One Children’s Workforce Tool\(^\text{129}\) to help local areas to establish the progress they had made in developing a reformed and integrated workforce and culture able to make the best contribution.

CSP\(^\text{130}\) developed a training module to support usage of the tool.

**Workforce training strategies**

Essex County Council has trained all their social workers in person centred planning including work on values and behaviours.

Contact: Georgina Parkin Personalisation for Disabled Children - Individual Budgets georgina.parkin@essex.gov.uk

Many local authorities and their partners are considering how to support children, young people and families through the use of keyworking and keyworkers as well as work centred around families only having to tell their stories once.

See Key Working: Improving Outcomes for All evidence, provision, systems and structures\(^\text{131}\) which discusses the systems and structures that underpin a key working approach and SQW’s thematic report on keyworking and workforce development\(^\text{132}\).

Early Support has developed key working training to support multi-agency staff including parents and young people.\(^\text{133}\)

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130  http://www.commissioningsupport.org.uk
133  http://www.ncb.org.uk/early-support/resources
Hertfordshire’s SEND Pathfinder workforce transition programme

This programme ran throughout the academic year 2013-2014 to coincide with the roll out of the Education, Health and Care plan pathway as an alternative to the statutory assessment pathway across the authority’s ten district council areas.

The specification for the training involved designing specific events to support the different groups of professionals to embrace person centred approaches when supporting families. This included those based in educational settings (early years and schools/academies).

Hertfordshire’s SEND Pathfinder worked with In-Control, Herts Parents and Carers Involvement and Herts for Learning Ltd as the delivery partners.

The tailored programme included the following courses:-

**Introducing Education, Health and Care Plans (including Personal Budgets):**

- A one day event specifically designed for school SENCOs and Early Years Settings

*Feedback from SENCOs has included statements such as “this has really helped to give me tools I can use with families much earlier on in the journey”.*

**An Introduction to Education, Health and Care Plans**

- A one day event for managers wishing to gain an overview

**Outcome focused Planning**

- A two day training session for professionals wishing to develop their skills in person centred approaches

**Common features included:**

- Person centred planning
- Outcome focused deliverables
- What this will look like from the perspective of practitioners and professionals
- Next steps

Contact: Sarah Vize, SEND Pathfinder Implementation Manager
sarah.vize@hertfordshire.gov.uk
New systems and processes

Personalisation requires the introduction of new systems and processes. (See Understanding personalisation,’ (Page 17)

SQW developed a Common Delivery Model (CDM)\textsuperscript{134} to support local areas to address the key systems and processes required to enable the delivery of personal budgets. This has been developed further by SQW and In Control\textsuperscript{135} to cover the systems and processes local areas need to address to respond to the Children and Families Act, particularly personal budgets. See Appendix 9, Page 136.

The CDM covers 4 areas:

- Organisational engagement and cultural change
- Engaging and involving families
- Setting up the infrastructure
- Safeguarding and risk management

It also provides a framework to support thinking around:

- Single assessment and plans
- Lead professional or key working
- Team round the child/family
- Personal budget approach including resource allocation systems (RAS)

\textbf{Top Tip}

Use the CDM as a self review and action planning tool. Appendix 9, Page 136.

Transparency of resource allocation

Box 4

Indicative Budgets, the SEND Code of Practice 0-25:-

“The child’s parent or young person should be given an indication of the level of funding that is required to make the provision specified, or proposed to be specified in the EHC plan.

An indicative figure can be identified through a resource allocation or banded funding system. As part of a person-centred approach to the development of the EHC plan, the local authority should agree the provision to be made in the plan and help the parent or young person to decide whether they want a take a Personal Budget.

Local authorities should be clear that any figure discussed at this stage is indicative and a tool to support the planning process including the development of the draft EHC plan. The final allocation of funding budget must be sufficient to secure the agreed provision specified in the EHC plan and must be set out as part of that provision.”

Paragraph 9.102

Resource allocation systems provide a way of deciding and agreeing what resources the funder can make available to meet identified support needs and to achieve agreed outcomes.

Making information available about all accessible resources, including the allocation of any indicative personal budget, enables families, and those supporting them, to plan and arrange support which meets the child or young person’s support, learning and health needs and agreed outcomes.

Work on resource allocation systems started in adult social care and has been developing more latterly in children’s social care.

Understanding the RAS developing a self-directed support approach to resource allocation for children, young people and families136 sets out what is meant by the terms associated with resource allocation including: allocation questionnaires, analysis spreadsheets, allocation tables and being outcomes focused. It also outlines the process for local areas from starting out through to generating an ‘indicative’ offer for children and young people. See Appendix 7, Page 133 for more background on self-directed support.

A RAS approach can only produce an ‘indicative’ budget. Authorities and CCGs are required to ensure that the level of budget allocated is sufficient137 to meet the child or young person’s needs, which in process terms is generally confirmed on completion of the associated support package planning stage.

SQW in their final evaluation report on individual budgets138 for families with disabled children state that ‘the allocation has to reflect the needs of the individual and the constrained budgets of funders and the RAS acts as a way of balancing these two factors.

136 http://www.in-control.org.uk/media/137728/understanding_the_ras.pdf
137 ‘The judgement of the County of Appeal in R (Sawal) v Kensington and Chelsea makes clear that while RAS schemes may be used as a ‘starting point’ to give an indication of the level of funding which may be required, they cannot dispense with a local authority’s ‘absolute duty’ to meet assessed needs through services or DPs once it has concluded that such services are necessary’ from ‘Cemented to the floor by law;’ Respecting legal duties in a time of cuts Steve Broach, Barrister, Doughty Street Chambers http://www.councilfordisabledchildren.org.uk/resources/our-partners-resources/cemented-to-the-floor-by-law
Personal Health Budgets (PHB) pilot sites, SEND pathfinders and many other local areas have been testing different models of resource allocation and questionnaires that support decision making about indicative budgets. The PHB pilots and SEND pathfinders have demonstrated that the model of resource allocation is transferable to both health and education funding.

The key challenge for local commissioners now is to develop a resource allocation system that can support integrated commissioning and joined up allocations of funding, where appropriate across SEN, social care and health funding in order to improve outcomes in line with the new joint commissioning duties. See information about work in Wigan and the ‘Going Further Faster sites.’

**Wigan Council’s development of a Resource Indication Questionnaire to cover health, education and care**

The Council and partners are working to develop a Resource Indication Questionnaire that covers SEN, social care and health.

Further information about the process and some of the questions arising can be found in Appendix 13, Page 141

Contact Steve Walker S.Walker@wigan.gov.uk

As a result of developing transparent resource allocation processes, many areas are reviewing their traditional decision making processes including looking at alternatives to traditional panel structures.

Wigan have developed Terms of Reference139 for their Education, Health and Care (EHC) Referral Group meeting to support consistent and transparent decision making in response to referrals received by the Local Authority (LA) for an EHC assessment.

See also changing the way in which resource decisions are made in Cambridgeshire, box below.

**‘Going Further Faster’ Pilot Group**

NHS England (NHSE) working with In Control has commissioned four CCGs and children’s services partners to take part in an in-depth support programme to implement PHBs for children with continuing healthcare needs.

East Sussex, Dorset, Nottinghamshire and Trafford were selected because of their experience of either being a SEND Pathfinder site or NHS ‘Going Further Faster’ site. All demonstrated strong commissioning arrangements, leadership support, co-production and had a good number of PHBs for continuing healthcare already in place.

A key outcome from this programme will include an increase in the number of PHBs for children and young people in these sites together with the development of appropriate strategies including commissioning. Learning will be shared on a national level through a series of events, webinars and publications.

In Control is also working in partnership with the Council for Disabled Children (CDC) on the implications of the Children and Families Bill and associated NHS Mandate commitments.

Contact: nic.crosby@in-control.org.uk

139 http://www.sendpathfinder.co.uk/infopacks/jc/
Essex County Council RAS for social care and health

The Council has developed a RAS to cover social care and health and are utilising existing education funding bands for their tri-partite personal budgets.

By facilitating multi-funded personal budgets the Council are making personalisation easier and supporting the person-centred holistic planning approach which is so critical to personalisation.

Contact: Georgina Parkin Personalisation for Disabled Children - Individual Budgets Georgina.Parkin@essex.gov.uk

Changing the way resource decisions are made – Cambridgeshire County Council

The County Council has developed a care package approval process for agreeing funding decisions and levels of delegation without the need to go to a Panel.

See Appendix 10, Page 137

Contact Richard Holland, Head of Children’s Disability Richard.Holland@cambridgeshire.gov.uk

Developing the market

The degree to which personalisation and personal budgets can transform services is limited by how far providers develop personalised services and the support that children and families want to buy.

Some providers have always taken the lead in personalising services. Others are either not aware of the need to do so or need help in transforming their current range and types of services including how they are costed and accessed.

Confronted by this challenge in adult social care commissioners have developed a three pronged approach to market management140 (see figure 13).

140 Contracting for personalised outcomes, DH, 2009 http://www.personalhealthbudgets.england.nhs.uk/Topics/latest/Resource/?cid=6052&excludereferenceid=22896&msg=0
We outline below some of the tools commissioners are using to help develop the market:–

**Personal budgets** – it is essential to signal to the provider market that personal budgets are here to stay and that they will develop to such a volume that there is an overwhelming business case for personalising services and shifting from a wholesale to a retail approach to meeting demand.

**Market Position Statements** – many authorities are developing Market Position Statements to facilitate a dialogue with providers about known and anticipated need. This is one way of communicating to providers the things they need to know about direction of travel. These statements also support business planning, pro-active investment decisions, the opportunities arising from personalisation and reduce provider risk.

See for example Birmingham’s first Market Position Statement for Social Care 2012-14 which extends across children’s and adult services.

See also the South West Regional Improvement and Efficiency Partnership’s document: Developing a market position statement for adult social care: a toolkit for commissioners.

Commissioners working with children, young people and families need to proactively support providers to change the way they have traditionally worked and encourage the emergence of new service providers. We have included in the appendices two examples of local areas where parents/carers have been in the driving seat in terms of conversations with providers.

Appendix 11, Page 138 gives examples of questions parents/carers in Newcastle have drawn up to explore with providers.

Appendix 12, Page 139 describes how Kent County Council supported the development of parent-led childcare provision for disabled children across the county.

**Individual service funds (ISFs)** – we described earlier, see Page 26 that Personal Budgets can be taken in different ways. One way is via third party arrangements – where funds (direct payments) are paid to and managed by an individual or organisation on behalf of the parent or young person.
When someone wants to use their personal budget to buy support from a chosen provider, that provider can use the person’s budget on their behalf in a way that the person specifies.

ISFs have been used extensively in adult services and evidence suggests that this has resulted in a much faster take up of budgets than ever before as they mean that:

- The person being supported has a clear idea of how much resource is available for their care and support
- Whilst the provider is given the funding on the individual’s behalf, the individual decides how to spend the money
- The provider is accountable to the individual
- The provider commits to spend the money only on the individual’s service and the management and support necessary to provide that service.

**Top Tip**

Providers can develop ISFs by:

- Responding to individual commissions from people or their families acting on their behalf, responding to individual commissions from commissioners; or
- Transforming block contract monies that they receive and committing to using that money in a personalised way, ideally in partnership with the commissioner and service user

See exemplar from C-Change below

*Choice and Control for all, the role of ISFs in delivering fully personalised care and support* includes a wealth of information about the history and usage of ISFs to extend personalisation and choice, including across housing and residential care.

**Service personalisation** commissioners can work with existing providers to help them understand how personal budgets and self directed support works and the types of personalised services that people are wanting.

Help can also be provided with staff training and development and the changeover in financial systems to handle the costing and billing of services on a per person basis.

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144 http://www.helensandersonassociates.co.uk/media/70891/choice_and_control_for_all_groundswell_2012%5B1%5D.pdf
Top Tip
Commissioners of services for children and young people on the edge of care and in care have extensive experience of working in creative ways with providers to improve outcomes.

See: Effective strategic commissioning of children’s residential care homes

See also MIP Providers Guidance http://www.kids.org.uk/mip
An example of an Individual Service Fund (ISF) - C- Change

An Individual Service Fund enables people with additional support needs to experience the benefits of a direct payment without the added work and responsibility associated with being a direct employer. C-Change has supported people to manage the money available for their support using ISFs since the organisation’s inception in 2001.

There are many reasons why families with children and young people with additional support needs may choose not to manage a personal budget directly, including the day to day pressures of family life, difficulties with household finances and the perceived complexities of being an employer.

Managing a personal budget using an ISF enables families to retain control over their child or young person’s budget, what it is spent on, how and when direct support is received and who works directly with them.

Families are assisted to design their support arrangement, to recruit the right people and are given quarterly financial statements in order to help them manage their budget.

C-Change provides finance, personnel, training and planning advice and support at an agreed level for a fixed rate, the cost of which is determined on an annual basis.

Example

Heather and her family - Heather is in her mid teens. Attending her mainstream school was very difficult for her and the specialist autism residential school she tried did not work out. The Local Authority agreed to fund her support using an ISF managed by C-Change.

Heather and her family designed the support that she would receive within the family home and in the local community. It was important for her parents that Heather’s direct support enabled them to keep working and was sympathetic to the needs of her siblings and their family life. Social work, health and education worked closely together in support of Heather and her family.

The education department, including her former teachers, worked with C-Change to develop a plan to ensure that Heather could continue her education in a way that made sense for her. The team members working directly with Heather were selected by her and her family. Heather’s support continues to evolve as her needs change.

Names have been changed to protect confidentiality.

For further information contact: Sam Smith, Director, C-Change
Sam.Smith@c-change.org.uk

http://www.c-change.org.uk/
There is extensive learning from adult services about extending the market.

Think Local Act Personal (TLAP) has published a number of great products including:

- Shaping the market for personalisation\textsuperscript{145} diagnostic and action planning tool;
- Commissioning blueprint;\textsuperscript{146}
- Progress for providers, a diagnostic tool\textsuperscript{147} - designed to support providers to evaluate their progress with delivering personalised services and to acquire a 360-degree perspective on market shaping across an area;
- Making It Real markers\textsuperscript{148} which are being signed up to by adult social care commissioners and providers.

In children’s services there is interesting learning about market development as a result of the injection of funding from the Aiming High Programme. Action for Children’s research\textsuperscript{149} showed that whilst local authorities continued to provide overnight residential and foster care short breaks in house, community based short breaks were more likely to be commissioned out. Local authorities suggested this was because commissioning decisions were driven by a combination of a desire for high quality services and a competitive price. Reasons for commissioning externally were cost, added value, better outcomes and specialist expertise.

See also cost comparison of short break services\textsuperscript{150} for disabled children and their families.

Please also see the section below on different procurement techniques to support the development of the market.

**Supporting individual choice - information**

In Community Wealth and Social Capital (Page 42) we discussed the need for families to be able to access up to date, concise information about universal, targeted and specialist support. Information needs to be accessible, explicit about quality assurance and outcomes.

We also discussed the local authority duty under the Children and Families Act 2014 to develop a Local Offer to improve choice and transparency.

The Local Offer will be an important resource for practitioners as well as children, young people and families and is intended to inform joint commissioning by setting out in a single place what is available locally and in neighbouring areas. Local Offers should become an important new tool for commissioners operating at the individual, operational and strategic levels.

The SEND Pathfinders have been testing the development of local offers. See the SEND Pathfinder Information Pack\textsuperscript{151} on Local Offers.

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\item \textsuperscript{145} http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/Shaping_the_market_12.4.11.pdf
\item \textsuperscript{146} http://www.thinklocalactpersonal.org.uk/Browse/marketdevelopment/blueprint/
\item \textsuperscript{147} http://www.thinklocalactpersonal.org.uk/Browse/mir/aboutMIR/
\item \textsuperscript{148} http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/MakingItReal.pdf
\item \textsuperscript{150} Cost comparisons of short break services for disabled children and their families, May 2012, Samantha McDermid and Lisa Holmes, Centre for Child and Family Research, Loughborough University http://www.lboro.ac.uk/media/wwwlboroacuk/content/ccfr/publications/cost-of-short-break-provision.pdf
\item \textsuperscript{151} http://www.sendpathfinder.co.uk/infopacks/lo/
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Box 5

Co-produced information about personal budgets that should be included in the local offer –SEND Code of Practice 0-25:–

- A description of the services across education, health and social care that currently lend themselves to the use of Personal Budgets
- Mechanisms for control of funding available
- Clear and simple statements setting out eligibility criteria and the decision-making processes that underpin them
- Support available to help families manage a Personal Budget
- Arrangements for complaints, mediation, disagreement resolution and appeals

Paragraph 4.58

SE7 and In Control’s 1-page document Thinking about implementing Personal Budgets – implications for the Local Offer is a helpful checklist for local authorities and their partners to use when developing their local policy.

Children, young people and families need to know the real value of any indicative personal budget and the real costs of services and provision in order to make an informed choice about whether to take and how to spend any personal budget. (See resource allocation systems - Page 74).

Top Tip

Cambridgeshire County Council provides information about the costs of both in-house and externally commissioned short breaks services in order to give children, young people and families greater choice and control.

See Cambridgeshire’s Self Directed Support price guide.

Work on the development of Local Offers is raising issues around managing risk. Some Local authorities and their partners are considering introducing filters by service type and any quality assurance. See Trafford Local Offer exemplar below.

Trafford’s Local Offer – clarity about quality assurance

Trafford’s Family Service Directory functionality enables users to filter by service type. In addition, by using the ‘Service Type’ filter, people can identify which services are commissioned by the local authority or are on the Trafford Framework of approved providers. This adds some degree of assurance to the user that Trafford Council has done some quality assurance of the provider of the service.

**Service Types are:**

- **Approved by CYPS** – this means that the service has undergone some quality checks by applying to be on Trafford’s Framework of approved providers / services.

- **Commissioned by CYPS** – this means that the service has been directly commissioned by Trafford, again offering the assurance that the provider has had to meet certain specified criteria and compete for the contract to supply services.

- **Trafford CYPS** – these services are ‘in house’

Logos are being added to records on the Family Service Directory to also give a visual presence to the type of service a person is looking at. Advice and guidance sections are also being compiled to ensure that people understand the relevance of these service types.


Joanne Gibson – SEND Pathfinder Project Manager, Trafford Council
Joanne.gibson@trafford.gov.uk

Sarah Butters – Family Information Service, Trafford Council Sarah.Butters@trafford.gov.uk

SENDirect is a new national online service launching in September 2014. It has been created to support families and practitioners to:-

- See what choices are available to them, how much things cost and what other people think of them
- Access information about rights
- Access guidance on how to tell what impact particular support or activities could have on outcomes for their child
- Influence the development of new and different services that better meet their child’s needs.

**Top Tip**

Paragraph 3.39, SEND Code of Practice: 0-25 states that local areas should indentify how the new joint commissioning strategies will support greater choice and control year-on-year, as the market is developed and funding streams are freed from existing contractual arrangements

Support Planning

Children, young people and their carers may need support to develop appropriate outcome focused plans which deliver the outcomes and meets the needs identified in the assessment process.

They may also need support to manage the plan and any associated budget. See self-directed support Page 24 and Appendix 7.

Support may come from a key worker/lead professional, a social worker, a voluntary organisation or another family.

There are many different approaches to offering this ‘support to plan’.

Examples include:-

- The commissioning of a support planning hub in Newcastle, where Skills for People\(^\text{155}\) provide a buildings based information and planning hub for any and all those involved in developing support plans for disabled children, young people and families
- Re-commissioning a local community based children’s centre run by Barnardo’s\(^\text{156}\) to include the offer of support planning and plan management support in Halton
- A number of parent and family forums taking up this role in Calderdale\(^\text{157}\) and in Bury\(^\text{158}\) also
- Networking families – see example from Partners in Policy Making below
- Commissioning the voluntary and community sector (VCS) to support families to develop and use personal budgets, see example from KIDS below
- Using a number of different organisations who offer ‘account management services’ to families in South Tyneside\(^\text{159}\)
- Budget holding lead professionals (BHLP) where the lead professional manages the personal budget on behalf of the family. See section on BHLP above. Page 23
- Use of Individual Service Funds – see Pages 26 and 77.

\(^{155}\) http://www.skillsforpeople.org.uk
\(^{156}\) http://www.barnardos.org.uk/widerhorizons.htm
\(^{157}\) http://www.parents-and-carers.org.uk
\(^{158}\) http://buryparentsforum.org.uk/index.php
\(^{159}\) http://www.southtyneside.info/article/14343/Direct-Payments-service-providers-and-management-companies
Providing choice for support planning - Newcastle

Newcastle City Council contracted with Skills for People, an advocacy project alongside a family organisation, Pass it on parents, to provide support planning and brokerage during their 3-year personal budgets pilot for children and young people. Skills for people trained social workers in support planning.

Families could then choose to have Pass it on parents, skills for people or social workers to support them plan.

Contact: Martin Donkin, Project Manager Individual Budgets  
Martin.donkin@newcastle.gov.uk

Empowering families – Partners in Policy making

“I did the Partners in Policymaking course 12 years ago. It's an amazing course which really empowers and informs parents who have a disabled child.” Lynne Elwell, who has been delivering Partners courses across the UK and beyond for many years, has an extensive email network of family members, made up of the 2000+ people who have “graduated” from the courses over the years.

From time to time, a parent may have a question about how something works – the law, or best practice or something more practical, like how to get the right wheelchair or communication app. Lynne sends the question out across the network and people respond, always within a day or two, with a range of knowledge, experience and ideas from across the UK.

Sometimes, a parent may need some practical support and, if there is a Partners graduate nearby, they will make contact – meet for a chat, go to a meeting with someone. It’s very much about families helping each other through sharing their vast knowledge and experience. “The Partners network has a great feel to it – the families are bonded through shared values and mutual understanding of the emotional impact of having a disabled child”.

Kate Sibthorpe

For more information about Partners in Policymaking  
http://www.partnersinpolicymaking.co.uk/  
Contact: Lynne Elwell elwellynne@gmail.com
Commissioning the VCS to support families to develop and use personal budgets

KIDS has worked with the local authority and clinical commissioning group in Hull to pilot personal health budgets for families with disabled children.

This was delivered through the KIDS Keyworking service and was unusual in supporting families with children across the age ranges from early years up to age 18.

The KIDS Keyworking team were able to creatively respond to issues the families were facing, and with the support of their public sector partners, were able to help families tailor personal support packages to suit their requirements.

Informal discussions with the families and staff involved indicate that the personal budgets have a lasting legacy as long as the support team in place understands what personal budgets are there to achieve in terms of flexibility and responding to individual need.

Having a supportive senior lead is crucial, but also when new staff come into the support team it is essential that they attend training to understand the ethos of personal budgets, otherwise their approach can be too prescriptive and less outcomes-oriented. Having parents co-train staff can help to avoid this potential issue.

Contact: ndd@kids.org.uk

Many local areas are using the opportunities afforded by the Children and Families Act to review and in some cases re-commission their information, advice and guidance services. See In Control’s think piece A new offer: Information, advice and guidance/support for families under a reformed SEND system.

Top Tip

Some of the most exciting examples of support planning developments involve children, young people and families coming together to share ideas and experiences about support and creative ways of meeting outcomes.

**Individual Parental Supporters**

DfE is spending £30m on the recruitment of individuals to provide advice and support for parents of children with SEN, and young people with SEN, through the statutory assessment and Education, Health and Care Plan (EHCP) process.

Independent Supporters will help to build resilience in families by offering a range of time-limited support such as liaison across different agencies and advice on personal budgets. The level and nature of that support will be tailored to the particular needs of individual families.

See: [http://www.councilfordisabledchildren.org.uk/what-we-do/independent-support](http://www.councilfordisabledchildren.org.uk/what-we-do/independent-support)

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**Procurement techniques**

Commissioning for personalisation and personal budgets requires changes to be made in the way in which services are packaged, planned and procured.

Commissioners will be looking for provision and services that are more flexible than before:

- Universal provision able to meet the needs of all children and young people
- Support workers able to accompany young disabled people to socialise at weekends for example, going clubbing or to watch a football match
- Support workers willing and able to support children and young people in their homes, when out at about in the community and in school
- Short breaks at weekends and after school rather than just in the school holidays
- Clinics that provide specialist advice after school hours and at the weekends
- Services which help young disabled people to get used to using public transport rather than specialised taxi services
- Providers able to cater for young people through transition to adult services
Whilst the degree to which personalisation and personal budgets can transform services is limited by how far providers develop personalised services and the support that children and families want to buy there are many examples already of commissioners, together with procurement colleagues and families, changing the way they procure in order to create personalisation.

Commissioners should actively ensure that internal procedures relating to personalised budgets and contracts can follow the young person into adult life.

DfE’s commercial group\(^{161}\) published a range of documents to help commissioners understand, use and apply commercial and procurement skills.

We discussed earlier the use of Market Position Statements as a way for commissioners to signal to the market their commitment to personalisation and the use of personal budgets as well as the clear business case for providers to personalise their services. See Page 77.

Commissioners need to work with existing providers and potential providers to support them to be personalisation ready. Some providers are already personalising services in order to enable children and families to have greater choice and control. Others are either not aware of the need to do so or need help to transform their current range and type of services, this may include support to work out costs as well as new ways of children, young people and families accessing their services.

Some local authorities are bringing providers together to better understand the personalisation agenda and local demand, to share practice and provide support. Some are including providers in the training that they are providing to in-house staff.

**Block Contracts**

**Reviewing contractual arrangements - Box 6**

Paragraph 3.39 of the SEND Code of Practice: 0-25 states partners should:

"Identify how the new joint commissioning strategies will support greater choice and control year on year, as the market is developed and funding streams are freed from existing contractual arrangements."

Commissioners need to take the lead in reviewing existing block contracts, be they procured by the local authority or CCG(s). They need to consider the length of any existing contracts and form a view, together with users, about whether the contracts should be continued, re-procured in a different way or stopped altogether in order to extend opportunities for greater personalisation.

Services for children and young people with SEND have traditionally been secured using a contractual payment for a fixed set of outputs via block contracts.

Block contracting was regarded as an efficient way of delivering agreed services using economies of scale but has, in many cases, become a barrier to personalising services.

\(^{161}\) http://webarchive.nationalarchives.gov.uk/20130903122738/http://www.education.gov.uk/childrenandyoungpeople/strategy/a0065946/procurementskills
Block contracts – pros and cons

- Enable commissioners to potentially get better value for money via block buying places and negotiating volume discounts
- Enable commissioners to work with young people and parents/carers to determine need and to purchase services on their behalf
- Provide a mechanism for commissioners to hold providers to account for the quality and cost effectiveness of the services they provide
- Can bring new providers in by guaranteeing income and sharing risk
- Provision can be drawn down by children, young people and parents
- Can drive service innovation and transformation
- Funding may be able to be clawed back if the provision is underused
- Can be used as a way to incentivise providers to personalise their services and actively promote them to children and young people and families
- May result in a fixed offer with lack of flexibility to respond to individual children and young people and family’s needs.

In response to the need to personalise services further, including through the use of Personal Budgets, commissioners need to review the way they use in-house or external block contracts.

There is already a great deal of learning from adult services and from children’s social care in this area.

See also Individual service funds Pages 26 and 77 and Making It Personal for everyone162 from block contracts towards individual service funds.

162  Making It Personal for everyone from block contracts towards individual service funds by Steve Scown and Helen Sanderson. 2011
http://www.dimensions-uk.org/about-us/leaflets-and-resources/making-it-personal-for-everyone/
Top Tip

Techniques being used to change block contracting:-

• Reducing the size of block contracts with providers to cover essential core costs with the expectation that individual arrangements are then spot funded through personal budgets

• Tapering the value of block contracts over a period of years to provide an initial ‘safety net’ for providers as they move towards all their services being paid for by personal budgets

• Working with adult services to develop framework rather than block contracts for providers who have been quality assured (whilst allowing families and young people to use their personal budgets to commission other providers as well)

• Working with young people and families to cease a block contract for overnight residential short breaks provision in order to reinvest funding into local community services

• A local authority and CCG working together to develop more targeted personalised speech and language therapy services with a focus on prevention

• Supporting local providers to develop their offer across children and adults services

• Supporting schools to use their notional schools funding to further personalise opportunities for example using a school’s teaching assistant to support a young person to access community facilities.

Moving from block contracts to individual commissioning

Gloucestershire County Council has reduced the number of block contracts they have, and developed contracts that provide an element of block contracting to support business viability, with the remainder of the income coming from individual commissioning on top of the base amount.

The size of the budget supporting personalised and individually commissioned care packages increased from £712k in 2010-2011 to £1,180k in 2012-13, not by increasing the overall budget, but by removing restrictions from budget streams and some decommissioning of contracted services.

They have also successfully individually commissioned a children’s home based residential short break programme for one young person with very complex needs.

Contact: Alison Cathles alison.cathles@gloucestershire.gov.uk
Block contracts – sharing the risk with providers of Leaving Care Accommodation and Support Services, West Sussex County Council (WSCC)

Prior to 2011 WSCC leaving care services were being procured on an individual ad-hoc basis – a “spot-purchase” arrangement. The Council was concerned that this arrangement was not the most effective way to ensure best value or ensure that high quality outcomes were being achieved for young people.

WSCC decided that it needed to take an investor rather than a funder approach, whereby risks were shared and the emphasis was placed on partnership working.

With WSCC taking the decision to procure block contracts, providers were able to invest in securing properties and recruiting a stable, trained and experienced workforce to deliver high quality services into which young people could move and learn independence skills.

With the surety that the block contract brings, providers have been in a position to pro-actively manage and incentivise staff retention, as well as offer competitive prices; this has resulted in improved outcomes for young people and significant savings at a time when housing options for single people are in short supply at affordable rents.

The block contracts have 4 distinct service delivery levels to provide a whole pathway approach of support – as identified by young people during consultation as the preferred method – and this has contributed to young people being able to develop working relationships that have longevity with support workers.

Contact: Amanda Brewis amanda.brewis@westsussex.gov.uk
Trafford – Moving from block contracts to personal budgets.

In Trafford we have commissioned a holiday club since September 2011. The Together Trust have built a reputation for being able to provide support to a large number of children and young people with a wide range of needs. Provision is extremely popular with families because it provides a break when families, children and young people need it the most, during school holidays. The holiday club provides full and half day sessions for children and young people with a range of conditions including Autistic Spectrum Conditions, complex health needs and behaviour that challenges. Based at a permanent venue at Manor School in Sale the club aims to provide a range of fun and stimulating activities for children and young people aged between 5 yrs and 18yrs old.

Activities include; trampolining, sports activities, baking, arts and crafts, sensory play, computer games, group games and some community based activities such as visits to local parks, museums and full day trips. At the club there is exclusive access to two large sports halls, a kitchen and chill out rooms as well as a newly fitted playground for the children to explore.

It was envisaged that with the introduction of personal budgets there would be a direct effect on the need for commissioned services/block contracts and sessions were held with providers to help them adapt and be ready to cater for them. A personal budget gives the family flexibility and choice of what services they would like to purchase to best meet the needs of the child/young person. A large number of families who have moved to a personal budget have chosen to purchase the holiday club with the majority stating that they would like to purchase more places if there was capacity.

We are currently in a transition period with the holiday club with over 50% of places being bought directly by families with their personal budget and the others 50% as commissioned places. There is a structured plan that the commissioned services places will reduce as other families come through the personal budget process and continue to choose this provision. The commissioner and Together Trust have planned that by the end of this financial year the holiday club will be run through families choosing to purchase the holiday club through personal budgets. There will be the option for the authority to purchase places on behalf of families where they cannot manage the budget themselves.

Kaye Hadfield: Commissioning Support Officer Trafford Council
Kaye.Hadfield@trafford.gov.uk
Using Inclusion contracts

Many areas are using inclusion contracts to support providers to expand universal provision to enable access for all children and young people with SEND.

Newcastle City Council – developing inclusive mainstream services

The City Council has used the early intervention grant to support short breaks to disabled children by developing an inclusive network of cultural and sports providers.

They have funded hubs in dance, sports, music, and art and a social inclusion club for children with autism. They call this programme ‘Get Connected’. It means in practice that a connection to a community activity for a family is just a phone call away. If the family phone their dance hub Jambalaya for example, staff at Jambalaya will find a low cost dance class for their child which will take into account their child’s disability and help them be successfully introduced to the class, there will also be an opportunity to join the integrated dance troupe Inclusive theatre.

If a child is interested in music the Sage Gateshead will either invite the child to join their integrated band or link them to a community musical activity. This approach works by funding staff within the cultural or sporting hub to connect children to inclusion. Last year 100 disabled children became connected to ongoing inclusive community activities.

Contact: Martin Donkin, Project Manager Individual Budgets
martin.donkin@newcastle.gov.uk


Gloucestershire County Council - developing inclusive mainstream services

The umbrella organisations support a wide range of providers to expand provision and access for disabled children through training, networking, information and specialist support. They also promote parents’ knowledge and confidence in inclusive activities in meeting the needs of their children. A crucial element of this work is the facilitation of co-production of activities by families, providers and commissioners.

The contracts enable providers to secure additional funding to run inclusive activities above and beyond those resourced by the Council. This approach has resulted in some very creative activities, and a recognition that leisure and sport activities can achieve a wide range of outcomes for disabled children and young people above and beyond short breaks, including independence skills, confidence in being in the wider community, improved ability to be in groups and social situations, interests and abilities that can potentially lead to work experience. This is now being incorporated into the employment strategy for people with learning disabilities.

Contact: Alison Cathles alison.cathles@glocestershire.gov.uk
Darlington Borough Council using Outcomes based accountability to develop service specifications

The Council has been using outcome based accountability as a model to develop service specifications. The model based on the work of Mark Friedman looks to identify the outcomes required for a group of people, for example adults with a mental health problem and then looks to identify those services or solutions that need to be commissioned to meet those outcomes rather than assume that existing or traditional models are needed.

The model also focuses on the measuring of outcomes as a means of quantifying value for money. These outcomes and their measurement form the basis of service level agreements. In Darlington preventative support for adults with a mental health problem had been commissioned through a traditional block contract with a specialist mental health provider. Following an outcome based accountability session the proposal is to now commission a range of low level preventative measures by supporting the local mainstream and universal services to develop a more inclusive model that can support people with a mental health problem. For example a small grant to a local karate club, the condition of which is that they have to undergo mental health first aid training, link with social prescribing and show some evidence of including the whole community.

Contact: Mark Humble, Strategic Commissioning Manager Mark.Humble@darlington.gov.uk

Framework contracts – pros and cons

These fix the price and quality of services but not the quantity to be provided.

- Can be used to require providers to meet certain quality requirements such as supply personalised services
- Can ensure providers on framework contracts are quality assured including around safeguarding thus giving an external stamp of approval
- Can enable the individual with a personal budget to choose the services most likely to meet their desired outcomes
- Can support closer strategic working between commissioners and providers giving providers the opportunity to help shape the market
- Can ensure providers are accountable back to the local authority for the services they provide
- Do not guarantee the volume of services that might be purchased as budget holders are free to buy from contractors on the framework or from others outside of the framework
- Can close down the market for the lifetime of the framework depending on how it is established – see dynamic purchasing below.

Calderdale Council\(^{163}\) uses a framework contract to source high quality and value for money short breaks.

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\(^{163}\) http://www.calderdale.gov.uk/socialcare/family/disabledchildren/short-breaks/index.html
The National Contracts Steering Group has developed national framework contracts\textsuperscript{164} for use by commissioners and providers covering day and residential independent and non-maintained special schools, residential homes and independent fostering.

\begin{boxedtext}
\textbf{Greater Manchester - Local Authority Collaborative Commissioning}

The ten local authorities in Greater Manchester (GM) have been working together since 2010 to share experiences and to agree, where it makes sense, common practices or working arrangements for the commissioning of educational places for those young people 16-25 years old with complex and high needs.

In this last year we have worked collaboratively to develop a standardised application form for local colleges, independent specialist providers and special school sixth forms to use for any student offered a place at their institution and to provide the inputs with costs for each individual programme. This ensures that the objectives, outcomes and progress measures for the student in the coming year are clearly defined and then reviews follow format against these objectives and outcomes.

The GM group of local authorities has adopted the national schools and college contract and agreed collectively additional clauses to strengthen the requirements for payments, attendance and quality. It is next planned to develop a quality framework statement for clarity of purpose and roles. At the Group’s monthly meetings there is a sharing of experiences with commissioning practices; joint working arrangements with health and adult care; relationships with providers; value for money and the costs of support packages across the sector.

There has also been sharing of pathfinder experience on SEND as three local authorities in GM are pathfinders which has been beneficial for other local authorities to learn from the early development work, particularly with education health and care plans, and the transition to adult hood.

Contact: Ruth Wheatley, Chair - Greater Manchester Local Authorities Post 16 HNS Group
\textit{R.Wheatley@bury.gov.uk}
\end{boxedtext}
**Action for Children – Proactive work to personalise services**

Action for Children (AfC) supports over 15,000 disabled children and young people throughout the UK. They deliver over 70 short break services and strive to achieve inclusion in their universal family support, youth and children’s placement services.

Their short break services are primarily block contract funded but they are beginning to see the emergence of framework agreements. To date they have some experience of direct purchasing from young people and their families, particularly where young people with significant support needs have transitioned to adult social care and seek to continue their services, particularly those which enable bespoke access to sport, leisure and cultural activities.

In preparation for the future and in anticipation of increasing numbers of disabled young people and their families seeking to secure support through a personal budget they have started on their journey of organisational and cultural change.

They commissioned independent research which demonstrated that staff already worked in an effective personalised way and that AfC has a positive child-centred approach. Frontline services operate within a personalised culture for example offering choice where possible and social inclusion. Their research and market analysis helped senior managers to consider risks and opportunities, and begin to strategically prepare for the new landscape. See: [http://www.actionforchildren.org.uk/policy-research/research](http://www.actionforchildren.org.uk/policy-research/research). A recent Freedom of Information request about direct payments to all Local Authorities is being analysed and key messages will be published soon.

They are conscious that this is a vital stage as changes will impact on all aspects of their day to day operations, including back office functions where policies and procedures are being revised. They have developed a personalisation toolkit covering health and social care policy developments across the UK; a marketing plan; case studies; models of support and a frequently asked questions section to assist services with developments.

To develop their offer it was first necessary to have an understanding of their unit costs, including the challenge of costing short breaks that are part of a hub model. AFC are responding on a needs-led basis to young people and families who have approached them to purchase support with a direct payment which is enabling them to take a step change approach to testing out key areas, for example:

- Delivering support to develop life skills
- Developing digital solutions for families to book commissioned targeted weekend, evening and holiday short breaks; piloting a short breaks portal
- Investigating how they can be increasingly flexible and responsive to meet young people’s aspirations and testing new services and approaches
- Piloting pooled health budgets for therapy in early year’s settings

Contact: Clare Gent, Strategic Development Manager, Disability Clare.Gent@actionforchildren.org.uk
Dynamic purchasing system (DPS) – pros and cons

This is a completely electronic process for making purchases which is limited in time and open throughout its validity to any provider who satisfies the selection criteria and has submitted an indicative tender that complies with the specification. This is a relatively new technique which is being used by some children’s services particularly to procure services for children in care.

- It can generate efficiencies in the system because it provides reduced timescales for procurement made within it
- It is relatively quick and simple for providers as it is entirely electronic
- It allows more providers to be added during the lifetime of the system
- It allows providers to improve their indicative tenders
- There is no need for providers to be repeatedly asked for the same information.

Using Dynamic Purchasing System (DPS) – West Sussex County Council

West Sussex County Council has actively involved parents/carers in developing a DPS to commission:

- Day and residential placements in special schools (38 - 52 weeks)
- Placements in children’s homes
- Residential short break placements
- Specialist (for CWD) foster care placements

See Appendix 14, Page 143 for more detail. Contact: Amanda Brewis, Amanda.Brewis@westsussex.gov.uk

DPS is being used in Coventry165 to procure domiciliary care.

Spot purchasing including by individual young people and families via Personal Budgets

Spot purchasing services i.e. individual transactional payments has also long been used to procure provisions in children’s services.

- Commissioners can negotiate the services they want from their provider of choice
- Can work well when volumes or budgets are uncertain
- Can mean greater flexibility and choice; providers able to respond in a personalised way to the needs of the child or young person
- Can enable better access to universal services and life opportunities
- May result in a higher unit cost although young people and families can sometimes secure better financial deals than a local authority or CCG
- Can avoid the risk of contract failure when clawing back revenue is not desirable or straightforward
- May result in a lack of provision/ new providers because of an insufficient funding to attract providers.

165 See: http://www.matrix-scm.com/care-services.php
Creative recruitment of young people as Personal Assistants (PAs)

My daughter, Maddy, is now 22. From age 11, she has received direct payments to pay for PA support. It started then because there was no after-school club/provision once she was in secondary school – it only existed in primary school. As I was working part-time and Maddy always needs someone with her, we needed to employ PAs to support her after school, until I got home from work.

From age 11 to 19, I employed around 16 different young people, all aged 16 – 18, to support Maddy. They all came from the local 6th form, which Maddy also attended when we started. There was a natural turnover as the young people left school and went off to university, which all of them did.

We employed two girls each year and they shared the three evenings per week. They were usually friends, so sorted out the evenings between them if for any reason one of them had a problem on a work day.

They were dead easy to recruit – the first PA was the daughter of a local friend, who I’d babysat many years previously, when her mum and I were in the same babysitting circle. This girl had a lovely friend – she introduced us, and the pair of them job-shared for the first two years. When they were leaving school to go on to university, they found me the next two PAs, from the year below – people they knew and trusted, who they thought would get on well with Maddy. This worked throughout Maddy’s secondary school life, until the last year when the PAs couldn’t find anyone to take over for the last year.

But recruiting was still dead easy. I just went and stood outside the high school on the day the GCSE results came out, giving out slips of paper with the advert on.

It was a great job for those PAs – it was better paid than all the other work they could have got and was at a time that didn’t interfere with their social lives or need to be doing homework. Because they were young, they had a great attitude towards Maddy and just got on with what they had to do. I had teachers who refused to help Maddy use the toilet, for example, but these girls just took everything in their stride.

It was also a job that enabled them to demonstrate their honesty, trustworthiness and reliability – all good experience for their CVs. They each had a set of keys to our house so Maddy and they could get in.

The work was straightforward – being in the house with Maddy and just chilling, watching TV or videos and singing along, making a drink, maybe doing jigsaws. But in the holidays, they would catch the train or bus with Maddy and take her to the cinema, or walk into town for a drink and cake together.

For me, it also meant I got more hours from my budget as the girls weren’t liable for tax – so a win-win!

This summer, one of those girls has come back and worked some casual hours for Maddy – still in touch after 4 or 5 years.

katesibthorp@btinternet.com
Pooling budgets

Commissioners are well placed to encourage children, young people and families to pool elements of their personal budgets.

- Pooling budgets can enable young people and families to achieve better value for money by for example co-funding after school provision, swimming sessions or days out

The national charity Scope’s Made to Measure Pilot Project\textsuperscript{166} is working with families interested in testing out pooled budgets.

There is learning from adults services and housing in this area also.

The Housing Associations Charitable Trust\textsuperscript{167} a charity, social enterprise and industry-focused think/do tank established by the housing association sector, set up Up2us to investigate personalisation in housing care and support. Six pilots ran for three years each with the aim of developing and testing ways of bringing people together to pool money in order to buy the care and support that they want.

The pilots set out to explore two main issues:

- Does collective purchasing as experienced in the up2us pilots have a positive impact on the lives of people with Personal Budgets including direct payments?
- Does collective purchasing enable people to use budgets in a way that influences the current provider market and future provision, and creates benefits for its members and the wider community?

Their conclusions echo many of the messages we have been giving in this guidance. In order for Housing Associations to support people to co-produce personalisation and explore opportunities to pool budgets the following changes were considered to be essential:

- Decouple personalisation and personal budgets
- Developing personalised ways of working that puts individuals in control is possible and desirable, regardless of the individual’s funding package
- Take an asset-based approach - understanding what people are good at and benefiting from their skills and lived experience makes interventions more effective for everyone.
- Develop personalised practice in organisational procedures, inspection, and auditing regimes.
- Organisations’ policies must support the cultural and systemic changes needed for personalisation to flourish
- Support initiatives that start from the bottom up
- Change is needed to ensure Housing Associations can nurture innovation and new partnerships with people who use services
- Learn from current practice. Collective approaches are already taking place in communities but more can be done to ensure they flourish
- Prioritise approaches that maintain and grow people’s wellbeing. These include activities that foster strong social relationships between people, and give people a sense of autonomy, control, safety, and security.

\textsuperscript{166} http://www.scope.org.uk/Made-to-measure/Plymouth/News/About-Made-to-measure-Plymouth
\textsuperscript{167} http://b.3cdn.net/nefoundation/94484874cc98c5a5c7_r1m62ytf.pdf
Pooled Budgets, Trafford

This is an extract from an article used for a newsletter. It describes how Trafford Families are trying to pool their resources to create better services in Trafford. It is a start towards the concept of families pooling budgets to meet their needs.

Made to Measure is an exciting project for families with children with additional needs in Trafford, run by Scope in close partnership with Trafford Council and funded by the Department for Education. Its aim is to give young people and their families’ greater choice and control over the type of activities available to them – for example respite care, family swim sessions, Lego clubs, horse riding and much, much more!

Swimming or Lego anyone?

We recently ran two ‘taster’ sessions to give families an idea of the sort of activity they could make happen on a regular basis by pooling their resources.

Family swimming session: Several families had told us that their children loved swimming but often the pools were too cold or staff not sufficiently trained. So we arranged for the pool in Sale Leisure Centre to be warmed up and extra lifeguards on hand. Lots of splashing, laughter and demolishing of post-swim snacks followed, and all the families who came had a great time!

Lego event: One morning during the Easter holidays, seven children and their families came and spent a couple of hours building Lego at a session facilitated by the National Autistic Society. Some amazing creations were produced and the young people were rightly very proud of their achievements.

Several families are now very interested in setting up regular family swimming and Lego sessions and we will be working with them and Trafford Council to set this in motion.

Aline MacReady – Scope Made to Measure Service Manager, based in Trafford aline.macready@scope.org.uk

Joanne Gibson – Trafford Council, SEND Pathfinder Project Manager, joanne.gibson@trafford.gov.uk
Payment by results (PbR) – pros and cons

This is a relatively new concept in children’s services. In the drive towards value for money in public services, the concept of “pay-by-results” is receiving greater attention and focus.

DfE trialled payment by results[^168] for children’s centres between September 2011 and March 2013. 26 local authorities explored the potential to incentivise local authorities to focus on delivering the Core Purpose of children’s centres: to improve child development and school readiness among young children and to reduce inequalities.

Areas tested a national PbR scheme between the DfE and local authorities and local schemes between local authorities and individual children’s centres.

Early evidence suggested two key findings about the impacts of local PbR:

- A major success of the trial was the improvement in local data both in terms of what was available and how it was used
- There was also emerging indications that it had direct beneficial impact on how centres delivered services.

While there were considerable concerns about the risk of perverse incentives at the centre level, few actual examples materialised. There were no initial indications that PbR had any adverse effects on the types of providers willing to tender to deliver centres.

Some local areas and providers are now exploring the concept of ‘shared risk’ in order to support providers to innovate and new providers to enter the market. This is a relatively new development in children’s services and one that began to gain traction as a result of Aiming High funding. See below.

Pay-by-results and managing risk

Is it possible to deploy a greater level of pay-by-results across the disabled children’s sector? Can it be used for personalised services when outputs and outcomes may vary widely, and may not be easy to capture in terms of a block contract?

Can pay-by-results save money for local authorities?

The answer lies in understanding the level of risk at the heart of the contractual agreement. Pay-by-results can deliver better value for money, by sharing risk between local authority and provider. It is important then to understand how to share risk appropriately, and not view it as simply delegating risk.

For example, if a local authority commissions a historically stable service e.g. domiciliary care, then the risk to the provider is low, and pay-by-results may be appropriate. However, if a local authority commissions a new, innovative service, the risk of underperformance is high. Therefore the risk the provider will not recover costs is also high. This may not be an appropriate way to develop a new service, when some degree of trial and error is both required and inevitable in order to learn how to deliver such an innovative service in future. The commissioner may regard a new service as risky, and hence is tempted to load risk onto the provider. This presents a high degree of risk to the service overall, and failure to deliver is not desirable for any party.

Commissioners also need to think through cashflow for the provider – pay by results implies paying after the event rather than before, which can place the provider in difficulty in managing cashflow.

There are new solutions being trialled that address some of these issues. Guaranteeing a regular payment amount to the provider can offset risk to the provider. Payment of full costs followed by a variable revenue claw-back is also possible. Both of these methods in effect blend the concepts of block contract and pay-by-results.

The Social Impact Bond is a new innovation in the field of Social Investment that involves a third party to supply the up-front contract payment, and the local authority pays the third party based on results achieved. Risks are thus more evenly shared between all parties.

In general when sharing risk, it is important to remember that the disabled children’s sector is one of the weaker sectors. It is characterised by a large number of local charities, high in motivation but low in reserves and business acumen. One cannot treat a local disabled children’s charity in the same way as a major national for-profit public services company.

Sharing risk is best done slowly and gradually, and mindful of the characteristics of the provider involved. Shaking up the market may appeal to more innovative commissioners, but as everyone now knows, markets can fail. Ultimately commissioners must shape markets, not destroy them.

A view from Phil Conway previously Chief Executive Cool2Care

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A mixed economy

Using different procurement techniques to extend personalisation, Cambridgeshire County Council

In Cambridgeshire, Aiming High funding helped change the conversation with families and with providers. This has continued following the implementation of the Short Break Duty. Personal budgets are the main form of support and, whilst numbers of children directly supported by Social Workers has remained stable, there has been a continued increase in the number of children supported through the Short Break Local Offer. Between April 2012 and February 2014 the number of children supported by the Short Break Team increased from 358 to 543.

Across the Children’s Disability service there has been a significant expansion in the use of direct payments. In March 2014, out of a total number of just under 1000 children supported, 676 were in receipt of a Direct Payment. This has been possible, in an environment of reducing budgets, because the choices young people and families often make are away from expensive specialist services.

Cambridgeshire is committed to using framework contracts wherever possible to provide maximum flexibility and to support the move to personal budgets. The Council awarded a long term block contract (5 years) to a provider where a framework approach would not have been appropriate. The aim of the contract was to support disabled children to access mainstream services and for those services to become fit for purpose and self-reliant thereby decreasing demand on commissioned services over the years. This includes identifying the number of disabled children who continue to access a mainstream activity once the support provider is no longer working with them. This contract came to an end in March 2014 but is now available to families on a spot purchase basis through a number of providers.

The Council and PCT continue to jointly block commission one overnight short breaks service only. (They have closed two other short break services as a result of reduced demand). The remainder of community services are spot purchased from an open approved list of domiciliary care providers. Care is procured for each child individually on the basis of need with providers given one week to respond to referrals. Providers are rated according to the location of the worker, when they are available and the worker’s ability to meet the child and families needs. The intent is that this system will evolve to enable families to choose which provider they use.

The Council is actively working with providers to support them to better describe their services to parents/carers and young people themselves.

Contact: Richard Holland Richard.Holland@cambridgeshire.gov.uk
Managing Risk

Disabled people and children with SEND are generally surrounded by services that are designed to protect them. This is often the primary focus when commissioning support.

In order to support children and young people with SEND to become full citizens, aspiring to independence, employment or other contribution, and lifestyles and relationships of their own choosing we need to learn how to commission less defensively. People need support that not only safeguards but also enables them to recognise and manage risk positively and safely in their lives.

Think Local, Act Personal recognises that in the right circumstances, risk can be beneficial, balancing necessary levels of protection with preserving reasonable levels of choice and control. See SCIE Report 36 169 Enabling risk, ensuring safety: Self-directed support and personal budgets.

A rebalancing towards choice and control, including taking a positive approach to risk, is a big change for organisations, as well as for families, and requires change at every level from vision to strategy and into practice. Without an overall organisational vision in place, signed off at the most senior level it is too risky for commissioners and operational managers to develop a more positive strategy in relation to risk. And without clear strategy practitioners cannot be expected to implement it. Without vision and strategy being developed in partnership with disabled people and parent carers, there will not be the trust required to take a positive approach to risk.

Examples of the sort of changes that are beginning to emerge are:–

- **A positive Approach to Risk and Personalisation: A Framework** 170 developed by Association of Directors of Social Services (ADASS) West Midlands Joint Improvement Partnership NHS West Midlands. This supports work to shift the balance away from risk aversion towards supporting positive risk taking. The Framework includes a self-assessment tool as a helpful starting point. It discusses the importance of making risks clear and understood as a crucial way of empowering service users and carers and recognising people ‘as experts in their own lives’.

- **Essex County Council’s Putting People First Risk Enablement Policy** 171 emphasises that to make good choices, people need to understand the consequences and take responsibility for them. The Council aims to promote a culture of choice that entails responsible, reasonable, supported and shared decision-making. Reasonable risk is defined as striking a balance between empowering people to make choices, while supporting them to take everyday risks.

- **In Control** is working with NSPCC on a Guide to Personal Budgets and Safeguarding which will be published in September 2014.

See Also Gloucestershire’s Better Lives 172 policy below

170 http://www.westmidlandsiep.gov.uk/?page=808
171 http://www.essex.gov.uk/Health-Social-Care/Care-for-Adults/Documents/Support-planning-policy.pdf
172 www.gloucestershire.gov.uk/buildingbetterlives
Box 7

**Gloucestershire’s Building Better Lives Policy**

Gloucestershire’s Building Better Lives policy (2014) states:

‘An all age disability model would be designed to ensure a speedy, proportionate and effective response when individual safeguarding issues arise for an individual child, young person or adult. In addition the issue of positive risk taking must be tackled head on.

Often the issue of Safeguarding has been used as a blanket rationale for limiting the aspirations of people who are disabled. Such a risk averse approach typically begins with an early focus on deficits and the diagnosis of problems, then reinforced if children with special needs are segregated and ‘protected’ from any of the exposure to real life expectations that they may need to confront as they grow up. It is the furthest possible thing from true safeguarding. It maintains children and adults in a world of vulnerability where they are not exposed to opportunities to learn to manage risk safely or taught how to protect themselves.

Real safeguarding comes from supporting each disabled person to be their own best advocate, and to manage risks. It’s about giving them a voice, supporting them to surround themselves with friends and interested neighbours, it’s about recognising them as full citizens with rights, freedoms and responsibilities which they understand and can uphold. The safety and wellbeing of children and adults will always be our prime concern. The policy reflects the belief that the most fundamental building block of safeguarding is to ensure that people feel confident and valued, know how to access information and advocacy and know how to protect themselves.’

www.gloucestershire.gov.uk/buildingbetterlives

Work on the development of Local Offers is raising issues around managing risk. Some Local authorities and their partners are introducing filters by service type and quality assurance. See Trafford Local Offer exemplar Page 83.

The Parents Guide to personal budgets is part of the suite of Making It Personal guidance, includes questions families often ask about personal budgets including about quality assurance, what to do if a service doesn’t deliver and safeguarding.
4. Review – stage four of the commissioning process

The review stage is important for two reasons – it is pivotal in assessing the impact of commissioning, and in informing the next steps forward.
Review is a far more complex – and exciting – stage than when we were commissioning a limited number of block contracts and measuring outputs that could be counted. We are now commissioning not only services, but a wide range of interventions to create a more inclusive world in which children and young adults with SEND are full citizens. And instead of counting outputs we are measuring outcomes that can be far more nuanced and complicated to measure.

To achieve this commissioners need good quality performance information and analysis to help them judge the efficiency and effectiveness of the use of ever-diminishing public service resources. How easy it is to review impact depends on how well specifications and contracts were developed, including the clarity of agreed outcomes.

But however well the contract and specification has been written, monitoring and review will only reveal the most important messages if the starting point is children and young people with SEND and their families/carers. The increasing number of user-led organisations in most areas makes this easier to achieve than it used to be. Commissioners need to review not only contracts, but also the world around these contracts – is our commissioning succeeding in promoting agreed principles and thereby getting us closer to achieving our overall vision?

Is life improving for children and young people with SEND, including those who are currently in placements away from home? What could we do differently to ensure continuous improvement?

This section covers:

- Key points
- Performance management
- Taking a proportionate approach

**Key points**

1. Introduce a coherent system of review focussed on outcomes that is robust, simple, transparent, consistent, proportionate and appropriately staffed
2. Review impact on overall vision and principles, as well as the commissioned activity
3. Actively involve children and young people with SEND and their families in reviews at the individual, operational and strategic level
4. Ensure that reviews are designed to be sensitive enough to address risk management and safeguarding issues
5. Ensure regular feedback to Strategic Commissioning Teams and the Health and Wellbeing Board
6. Use the children and young people’s Personal Outcomes and Evaluation Tool (POET) annually to review the process and outcomes of Education, Health and Care plans and any personal budgets from the perspective of children, young people, their parents/carers and practitioners. Use the results to benchmark and inform future action planning.
Performance management

Commissioners need to develop systems that monitor outputs, finances and crucially, outcomes. Feedback from users will need to be an integral part of any such system as well as local, regional and national evidence. Reductions in workforces mean that commissioners have less capacity and therefore need to ensure that specifications make it as easy as possible to review as efficiently as possible. This requires clear, robust, measurable outcomes and measures identified in detail in specifications, with agreement about the evidence that will be collected by providers and the benchmarks that will be used to judge acceptable delivery of the contract.

Performance management techniques influence the way providers behave. If commissioners are clear about the information, including outcomes evidence and feedback from users and families, that they require from providers from the onset, providers can set up their own processes and systems to collect and report on the agreed evidence.

Commissioners need to ensure appropriate data management systems are in place to track progress, outcomes and user feedback. See for example Personal Outcomes and Evaluation Tool (POET). Page 29.

See also examples below from Essex, Trafford, Lincolnshire and Gloucestershire.

Where performance management indicates that services are inefficient, ineffective or unsustainable, commissioners should either support and challenge that service to improve or decommission it and find another provider to meet the identified needs.

Commissioners can do one of five things when performance managing services:

1. Disinvest or decommission - the process of planning and managing the elimination or reduction of service activity or investment in services in line with commissioning objectives
2. Remodel - the process of negotiating changes to the service specification with an existing provider to ensure they align with desired outcomes
3. Renegotiate - the process of improving performance in delivering the contract
4. Maintain - the process of ensuring continuity of service provision, price and quality
5. Commission new services - the process of securing services to meet new or changed needs and desired outcomes.

The Commissioning Support Programme (CSP) developed a suite of training materials about performance management including information and training about de-commissioning.

http://www.commissioningsupport.org.uk
Figure 14 De-commissioning - which option to choose?

See also the National Audit Office’s\textsuperscript{175} staged approach to de-commissioning.

**Performance management by Service Users, Essex**

In 2008, Essex County Council commissioned the Essex Coalition of Disabled People in partnership with OPM, to follow a group of service users over three years, tracking their experiences of setting up and using cash payments for their own care and support.

The study provides a unique opportunity to understand the experiences of people living with a personal budget and how these change over time. The study involved engagement with frontline practitioners and service providers to assess the effectiveness of systems, processes and the local market in delivering positive care outcomes.

OPM have published a series of briefing papers which distill the key findings from the longitudinal study.

http://www.opm.co.uk/publications/1045/

\textsuperscript{175} A staged Approach to decommissioning http://www.nao.org.uk/decommissioning/dc2/
Lincolnshire County Council (LCC) Children’s Services Commissioning Team – Joint Evaluation Toolkit

The toolkit, which is currently under review, is used to monitor all contracts over £75,000 (whole life cost), and any contracts identified as high risk that may not meet the monetary value criteria.

Each heading in the KPI tab has spare sections so that monitoring information can be tailored to be more specific to the individual contract.

Contract management is usually undertaken quarterly.

The contract management board as a minimum consists of a Commissioning Officer, Service Manager responsible for the budget and the Provider representative managing the service. In a few of their services they include a parent/carer or service user representation. Where there is joint funding then there will be the relevant agency representatives, and there may also be operational representation from the Service Area.

LCC also has Young Inspectors, an initiative set up by the Participation and inclusion Team, and work is underway for these Young Inspectors to go and review services alongside the Commissioning Officer and Service Area representative.

LCC has a devolved JET, which is the toolkit used by Managers in the Service Areas to monitor the lower value contracts under £75,000. Contract meetings can be quarterly, half yearly or annual. They also have a further variation of this Toolkit which is used to monitor Residential and Special School placements.

Quality assurance information is usually reviewed annually.

Contact: Jonas Gibson, Commissioning Team Manager Children’s Services

Email jonas.gibson@lincolnshire.gov.uk
Gloucestershire County Council – evaluation framework for targeted services

The Council is working with the Office for Public Management (OPM) to develop an evaluation framework for use around targeted services. It is intended to measure:

- The level of progress or ‘distance travelled’ by children and families who are working within all types of interventions associated with children’s services;
- The cost of interventions expressed at unit level and aggregated at various levels;
- The financial impact of progress achieved with each child and family and at aggregate levels;
- A subjective assessment to show the views of children, parents and carers alongside the other assessments.

Contact: Sharon Hunter shunter@opmassociates.co.uk

Customer Journey Mapping, Trafford

Trafford used Customer Journey Mapping early on in their work for the SEND pathfinder to try and gain a better understanding of the emotional journey that a family went through in order to get a statement of SEN.

Families underwent an interview lasting between 1 and 2 hours with researchers, and were asked to look at a scale that had been developed by a parent to try and describe the emotions that they were feeling at the time. A report was collated for the journey maps and presented at the Project Steering group.

The information presented was powerful as it was first hand experiences of families, and highlighted more local issues such as the frustration of living close to the border between Manchester and Trafford – where geographically close services were out of reach.

Customer Journey Mapping can be adapted to look at any process and how a customer responds emotionally to the process. The results can be fed back into the commissioning cycle. It is particularly powerful because it is a first-hand account of what it feels like to be in that process, not just the process itself.

Joanne Gibson – SEND Pathfinder Project Manager, Trafford Council
Joanne.gibson@trafford.gov.uk, 0161 912 4074
Taking a proportionate approach

Commissioners need to align the degree of performance management required to risk.

An assessment of risk could be based on:-

- Value of contract
- Safeguarding issues
- Number of service users
- Other factors such as political or strategic importance or profile
- Number of service hours delivered for cost of contract.

Commissioners should consider the use of self assessment and provider performance indicators plus random sampling to improve honesty and accuracy.

Unannounced visits can be used strategically; many areas now use local user groups to do mystery shopping.

Commissioners need to ensure there is a balance between time used directly by contract monitoring staff and service user feedback. They also need to ensure that all providers know what will happen if they underperform and that any contractual requirements are carried through for example requiring the return of funding if contracted outcomes are not delivered.

Finally, publicise performance against standards to all stakeholders - make sure users and carers are informed.
## Appendices

<table>
<thead>
<tr>
<th>Appendix 1</th>
<th>Glossary of terms</th>
<th>p114</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix 2</td>
<td>Statistics from implementing a new 0-25 system: LA and partners – further government advice for LAS and health partners, April 2014</td>
<td>p118</td>
</tr>
<tr>
<td>Appendix 3</td>
<td>Policy drivers for personalisation</td>
<td>p119</td>
</tr>
<tr>
<td>Appendix 4</td>
<td>The NHS commissioning system</td>
<td>p124</td>
</tr>
<tr>
<td>Appendix 5</td>
<td>Local accountability – the roles and responsibilities of bodies involved in joint commissioning from the SEND Code of Practice 0-25, 2014</td>
<td>p127</td>
</tr>
<tr>
<td>Appendix 6</td>
<td>Key concepts and definitions associated with the policy drivers/initiatives</td>
<td>p130</td>
</tr>
<tr>
<td>Appendix 7</td>
<td>Seven steps of self-directed support</td>
<td>p133</td>
</tr>
<tr>
<td>Appendix 8</td>
<td>Disabled Children’s Charter for Health and Wellbeing Boards</td>
<td>p135</td>
</tr>
<tr>
<td>Appendix 9</td>
<td>Common Delivery Model</td>
<td>p136</td>
</tr>
<tr>
<td>Appendix 10</td>
<td>Cambridgeshire County Council’s Care Package approval process</td>
<td>p137</td>
</tr>
<tr>
<td>Appendix 11</td>
<td>Newcastle, parent/carer questions to providers</td>
<td>p138</td>
</tr>
<tr>
<td>Appendix 12</td>
<td>The development of parent-led childcare provision in Kent</td>
<td>p139</td>
</tr>
<tr>
<td>Appendix 13</td>
<td>The development of the Wigan Resource Indication System (RIS)</td>
<td>p141</td>
</tr>
<tr>
<td>Appendix 14</td>
<td>West Sussex County Council’s Dynamic Purchasing System</td>
<td>p143</td>
</tr>
</tbody>
</table>
Appendix 1 – Glossary of terms

The following is a list of key terms, in alphabetical order - it is not exhaustive.

**Assessment** – a formal process of collecting all necessary information about the child, family, those currently supporting the child, and their situations. An assessment will then inform the next steps in meeting the support needs of the child and their family and which service is best placed to meet the support needs of the child. (See Care Plan and Eligibility.)

**Brokerage** – describes the different types of support needed by a person or a family and child in making a good plan, arranging support and managing support, and a support plan in the longer term, once it has gone live.

**Care Plan** – an official document which states how the support needs identified in the assessment are going to be met.

**Commissioning** – the process for deciding how to use the total resource available for families in order to improve outcomes in the most efficient, effective, equitable and sustainable way.

**Common Assessment Framework (CAF)** – used in most children’s services across England as the initial or first assessment following the referral or self-referral of a child and their family.

**Direct Payments** – the opportunity for families and/or people to ask for the financial equivalent of the cost of the services being offered to meet their support needs as a cash payment. This is how families take control of a personal budget and receive the ‘cash’ to purchase the support their child needs. In social care it is illegal to be refused a direct payment unless there are specific issues which lead to concern on behalf of the local authority which mean that they are not able to offer direct payments in an individual case.

**Early Support** – an approach adopted in many children’s services to the early identification of support needs and bringing all adults, both parents and professionals, together to set out how those support needs will be met.

**Education, Health and Care (EHC) Plan** – brings a child’s education, health and social care needs into a single, legal document. The child/young person must have special educational needs to be eligible for a plan. All children and young people in receipt of a Statement of Special Educational Needs or a Learning Difficulty Assessment will be entitled to an EHC Plan up to the age of 25, as long as they stay within education (except university). The local authority should work closely with parent/carers and the child to make sure the plan takes full account of their views, wishes and feelings. Once an EHC plan has been finalised, the local authority has to ensure that the special educational support in section F of the plan is provided, and the health service has to ensure the health support in section G is provided. The local authority must review each child’s EHC plan at least every 12 months and must include working with parent/carers and the child/young person in a face to face meeting.

**Eligibility** – the assessment will collect information which will enable the service to establish which part of the children’s service is best suited and funded to support the child. Eligibility is like a threshold, where a certain level of need means access to a certain team or support service.

**Individual Budget** – the total amount of funding allocated by state services which together add up to the support budget to meet a child and family’s support needs.
Individual Parental Supporters (IPS) – are trained volunteers who can help and support families. An IPS is someone who is independent of decision-making professionals, and therefore has no conflict of interest that could influence the advice they give. Support from an IPS can include: assisting parents/carers in communicating with schools and other services involved with their child, supporting parents/carers at meetings or reviews, reading through and discussing written documents, for example, letters from the Local Authority, draft statements and advice, providing a ‘listening ear’ for parents.

Independent Supporters - will help to build resilience in families by offering a range of time-limited support such as liaison across different agencies and advice on personal budgets. The level and nature of that support will be tailored to the particular needs of individual families. They will be independent from the local authority and be recruited by the private, voluntary and community sectors. The Code of Practice includes Independent Supporters as part of the offer of advice and support that local authorities should make available.

Lead Professional – a role in most children’s services which describes the professional, representative of a voluntary service or family representative, who takes responsibility for being the single point of contact for all those involved in supporting a child and their family.

Local Offer - provides information for children and young people and their parents/carers in a single place. Local authorities are required to consult with children/young people and their families to ensure they are providing the right information in an accessible format. The local offer must provide information on a number of things, including: special educational provision and other educational provision, health provision, social care provision, childcare provision, training provision, travel arrangements for children and young people to schools, colleges and early years education, and preparing for adulthood, including housing, employment and leisure opportunities, as well as what leisure opportunities are available.

Key Worker – similar to the role of the lead professional: the worker attached to an individual child and their family who acts as the single point of contact and support between services and the child and family. This role is often delivered by voluntary sector organisations.

Keyworking – aims to ensure the provision of holistic care and support to meet the individual needs of the child or young person and their family. It is defined by a set of functions and is based on person centred thinking and partnership approaches to working. Underpinned by an approach that enables open and supportive relationships, it is a way to facilitate the coordination of an integrated package of support for children, young people and families.

Mainstream and/or Universal Services – a term used to describe the services, activities and opportunities the majority of the population use and take for granted as part of everyday life, such as shops, leisure centres, buses, waste disposal, road maintenance, the built environment, public toilets, parks and recreation facilities.

Outcomes – what a plan or set of actions must deliver. For a family making a plan with a personal budget, the ‘outcomes’ will be what the plan must deliver. An example of an outcome is ‘to stay safe’. A good plan will show how the different ways a personal budget is being used will mean the child ‘stays safe’.

Panel – a term used in services to describe the meeting or group of key professionals who will make a decision about the support set out in the child’s care plan. The decision will either be ‘yes’ or ‘no’ and they may well ask for additional information before they can make a decision. Families are sometimes invited to attend. The term ‘panel’ is used a lot in services; it is part of the budget management and decision-making process.
Person-Centred Planning / Approaches / Thinking – an approach to planning which starts and centres on the individual and those closest to them. It values the individual and what they give to the world around them and it explores the individual aspirations, dreams and support needs and sets out action to support the individual in getting the life that suits them and those closest to them. This approach is most commonly used when supporting people with learning difficulties and is part of a good support plan. (See Support Plan.)

Personal Budget (Social Care) – the total amount of funding allocated by children’s social services to meet the support needs of the child. Families can choose to access this as a direct payment or to ask someone to manage it on their child’s behalf.

Personal Health Budget – is an amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their parent / carer, and the local clinical commissioning group (CCG). At the centre of a personal health budget is the care and support plan. This plan helps families to identify their health and wellbeing goals, together with their local NHS team, and set out how the budget will be spent to enable them to reach their goals and keep healthy and safe.

Personal SEN Budget – should provide a clear and transparent picture of the resources required to meet the educational outcomes for a child / young person with special educational needs. The EHC plan will clearly identify where services are being funded from and how the budget will be managed. Although funding via schools will be outlined in the EHC plan they will be managed via an organisational arrangement unless the school agrees to allow this funding to be managed via another method.

Providers – services offering support to children, young people and their families. Most often this term describes voluntary or private services but can also be used to describe a children’s in-house service.

Resource Allocation System (RAS) – a formal approach to making fair and equitable allocations of funding to the whole population of children eligible for support from a funding source.

Review – A meeting between key professionals, child and family to look at how support has been going, whether it is delivering the outcomes as set out in the support plan and whether any changes need to be made to improve the plan and support. Reviews can happen on different timescales, most often after three, six or 12 months.

Self-Directed Support – this term describes the way in which services will work, i.e. the steps from carrying out an assessment, to the child’s plan being agreed, to longer-term support and review.

Services – describing all the different organisations, people and statutory organisations

Seven Steps – an approach to self-directed support developed by In Control. This process explains the seven steps from needing help to having a review. (See Appendix 7)

Support Broker – a role taken on by someone who will support the young person/family to plan and find the support they need and, if needed, help manage the plan in the longer term. Support brokers may be funded by the children’s service or from a child/young person’s personal budget.
Support Planning – a child-or family-centred approach of developing a support plan which makes good use of all the resources the family and child have and sets out how the personal budget will be used to make good use of these resources and get the support the child and family need. It will include information about how money will be managed and spent, who is responsible for delivering the plan and what happens if things are not working. The plan will also address any safeguarding concerns.

Supported Allocation Questionnaire (SAQ) or Self-Assessment Questionnaire (SAQ) – the name given to the questionnaire part of the resource allocation system; a set of questions which help allocate a fair share of funding to the child and family based on the support needs of the child. It is good practice for family members and professionals to work together in completing the questionnaire.

Team Around the Child (TAC) – an approach to supporting children with complex support requirements which focuses on the team of professionals involved working together to deliver child- and family-centred support.

Voluntary Sector – charities and other organisations outside of the public (state-funded) and private (for-profit) sectors.
Appendix 2 – Statistics from Implementing a new 0 to 25 SEN system: LAs and partners – Further Government advice for local authorities and health partners, April 2014

Facts and figures

• 1.55 million pupils in England in 2012/13 were identified as having (SEN) (18.7%);
• Boys are two and a half times more likely to have statements of SEN at primary school than girls, and nearly three times more likely to have statements at secondary school;
• 71.5% of children in the school population looked after for at least a year at 31st March 2012 had SEN. Looked after children are three and a half times more likely to have SEN, and over ten times more likely to have statements of SEN.

Children and young people with SEN do less well than their peers at school and college

• Pupils with SEN are more likely to have higher levels of absence from school. In 2012/13, persistent absence rates for pupils with statements of SEN were 12.4%, compared to 3.4% for pupils with no SEN.
• Pupils with SEN are more likely to be excluded from school. In 2011/12, rates of fixed rate exclusions were 8.2% of pupils with statements of SEN, compared to 1.4% for pupils with no SEN.
• At Key Stage 2 in 2012/13, 14% of pupils with statements of SEN achieved the expected level in both English and maths, compared to 88% of pupils with no SEN. At Key Stage 4 in 2012/13, 9.5% of pupils with statements of SEN achieved a level 2 qualification including English and maths, compared to 70.4% of pupils with no SEN.

Young people with SEND are more likely to be out of education, training and employment

• Young people with SEN are more than twice as likely not to be in education, employment or training (NEET).
• Analysis in 2009 showed that 30% of young people who had statements at Year 11 and 27% of those who were identified as SEN without statements were NEET at age 18. This is compared to 13% for those with no special provision at Year 11. The same study also found that disabled young people are more likely to be NEET at 18 than others.

Supporting independence improves outcomes and deploys resources more effectively

• The National Audit Office estimated that the cost to the public purse of supporting a person with a moderate learning disability through adult life (16–64) is £2–3 million.
• Equipping a young person with the skills to live in semi-independent rather than fully supported housing could, in addition to quality-of-life improvements, reduce these lifetime support costs by around £1 million. Supporting one person with a learning disability into employment could, in addition to improving their independence and self-esteem, reduce lifetime costs to the public purse by around £170,000.
• Adult care costs for those with learning difficulties and/or disabilities are second only to the costs of supporting the elderly (£5.19bn compared to £8.79bn, 2012-13, Provisional Release).

## Appendix 3 – Policy drivers for personalisation

<table>
<thead>
<tr>
<th>Year</th>
<th>Event Description</th>
<th>Notes</th>
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<tbody>
<tr>
<td>1990</td>
<td>NHS and Community Care Act</td>
<td>Care Management</td>
</tr>
<tr>
<td>1996</td>
<td>Direct Payments Act</td>
<td>Legalised Direct Payments</td>
</tr>
<tr>
<td>2001</td>
<td>Valuing People</td>
<td>Goal of citizenship</td>
</tr>
<tr>
<td>2001</td>
<td>Piloting of the Expert Patient Programme (EPP) in the NHS</td>
<td>Recognised, enhanced and used the expertise of patients to help one another[177]</td>
</tr>
<tr>
<td>2002</td>
<td>DH introduce Fair Access to Care Services (FACS).</td>
<td>National eligibility framework in England for prioritising the use of adult social care resources fairly, transparently and consistently</td>
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<tr>
<td>2003</td>
<td>In Control</td>
<td>Introduced the concept of Self directed support</td>
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<tr>
<td>2005</td>
<td>Improving the life chances of disabled People and In Work Benefit Calculation</td>
<td>Individual budgets</td>
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<td>2005</td>
<td>Paradigm’s Dynamite Project</td>
<td>Worked with disabled young people aged 14–25 to smooth the transition to adult services in the North East Region using personal budgets[178].</td>
</tr>
<tr>
<td>2006</td>
<td>White Paper ‘Our health, our care, our say’ DH funded individual budget pilots begin DCSF budget holding lead professional pilots begin for children in care – see Page 23 NHS Act 2006</td>
<td>Individual budgets for all adults Budget holding lead professionals CCGs must exercise their functions in a way to ensure that individuals to whom the services are being, or may be, provided, are involved in commissioning arrangements when implementation would have an impact on the manner in which services are delivered or the range of services available.</td>
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[177](http://www.expertpatients.co.uk/sites/default/files/files/Evidence%20for%20the%20Health.pdf)
[178](http://www.in-control.org.uk/media/22340/dynamite_evaluation_summary%20(1).pdf)
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<tr>
<th>Year</th>
<th>Event</th>
<th>Notes</th>
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</table>
| 2007 | Putting people first  
DCSF publish Aiming high for disabled children179  
In Control starts work with LAs to develop individual budgets for children with disabilities | Personal budgets for adults  
Commitment to pilot individual budgets with families with disabled children and young people |
| 2007 | Health Foundation invests in large-scale demonstration programme Co-creating Health | To embed self-management support within mainstream health services and equip individuals and clinicians to work in partnership to achieve better outcomes180 |
| 2008 | Darzi report ‘High quality care for all: NHS next stage review’. Putting People first – the four quadrants model is published widening, at a policy level, the scope of personalisation beyond personal budgets and targeted services  
Personal health budgets pilot proposal181 | Personal budgets adopted as one of the core milestones in the roll out of the Putting People First transformation of social care182 |
| 2009 | DCSF funded individual budget pilots  
DCSF Family intervention project  
DH funded personal health budget pilots183  
DCSF Think Family initiative begins | Around 70 PCTs were involved in piloting PHBs, of which 20 took part in an in-depth evaluation |
| 2010 | Coalition government confirms its support for personalisation and individual budgets  
Equality Act | Evaluation of Individual Budgets for disabled children published184  
Includes disability equality duty |
| 2011 | SEND green paper Support and Aspiration A new approach to SEN and Disability is published185 | Includes proposals to extend personalisation including the right to personal budgets for children and young people with SEND.  
SEND pathfinders appointed to test out proposals including the use of personal budgets186 |

180 http://www.health.org.uk/areas-of-work/programmes/co-creating-health/  
181 See http://www.personalhealthbudgets.dh.gov.uk/About/faqs/  
182 http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/Personalisation_advice/Putting_people_first_briefing1.pdf  
183 http://www.york.ac.uk/inst/spru/research/pdf/PHBE4int.pdf  
186 http://www.sendpathfinder.co.uk/
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<th>Year</th>
<th>Event</th>
<th>Description</th>
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<tr>
<td>2012</td>
<td>DH issue Liberating the NHS: No decision about me, without me – Further consultation on proposals to secure shared decision-making</td>
<td>Focuses on giving people more choice of providers and over the time and place that they receive treatment and care. Sets out a programme of action to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging. The subsequent action plan includes the commitment that every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour which accords with the model of care by April 2014.</td>
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<td>Think Local Act Personal (TLAP) cross sector partnership publishes its vision for personalisation.</td>
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<td></td>
<td>Transforming care: A national response to Winterbourne View Hospital Department of Health Review: Final Report published</td>
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<td>2012</td>
<td>SEND green paper Next Steps document</td>
<td>Government confirmation of their commitment to extend the option of PBs to all families in receipt of a new Education, Health and Care Plan or a statement of SEN from 2014. Inclusion of a commitment that every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour which accords with the model of care by April 2014.</td>
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<td></td>
<td>Draft legislation on Reform of provision for children and young people with SEN published</td>
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187 Shared decision making is the process in which clinicians and patients work together to select tests, treatments, management or support packages, based on clinical evidence and the patient’s informed preferences. It involves the provision of evidence-based information about options, outcomes and uncertainties, together with decision support counselling and a system for recording and implementing patients’ informed preferences. *Making shared decision-making a reality: No decision about me, without me*, Angela Coulter and Alf Collins, Kings Fund, June 2011: http://www.kingsfund.org.uk/sites/files/kf/Making-shared-decision-making-a-reality-paper-Angela-Coulter-Alf-Collins-July-2011.pdf


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<tr>
<th>Year</th>
<th>Details</th>
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| **2012** | DH publish draft and final mandate to the NHS Commissioning Board.\(^{190}\) CCGs must follow.  
The Health and Social Care Act Integration Transformation Fund \(^{191}\) published incorporating the TLAP Making It Real statements  
Public Services (Social Value) Act  
Includes a specific objective on supporting children and young people with SEN or disabilities, including through the offer of Personal Budgets. Commitment to roll out the right to ask for a Personal Health Budget in Continuing Healthcare (CHC) from 2014.  
Established new public health system. Upper tier and unitary authorities to take on new responsibilities to improve the health of their populations, backed by a ring-fenced grant and a specialist public health team, led by the director of public health.  
Emphasises the need for people driven integration.  
All public bodies in England and Wales are required to consider how the services they commission and procure might improve the economic, social and environmental wellbeing of the area |
| **2013** | Care Bill enshrines personalisation and the use of personal budgets in statute\(^{192}\)  
NHS Constitution\(^{193}\)  
NHS publish England’s Everyone Counts strategy\(^{194}\)  
Better Health Outcomes for children and young people pledge  
Proposes a single framework for care and support prioritising individual wellbeing for adults with care and support needs over the age of 18  
Outlines the principles and values of the NHS in England.  
Sets out how the NHS budget is invested so as to drive continuous improvement and to make high quality care for all, now and for future generations  
Commitment to children and young people being at the heart of the new health and care system\(^{195}\) |

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190  [http://mandate.dh.gov.uk/](http://mandate.dh.gov.uk/)  
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<th>Year</th>
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<tr>
<td>2014</td>
<td>NHS Continuing Health Care set in secondary legislation and directions. The National NHS Operating Framework and associated tools prescribe the way in which it should be carried out. From April 2014 children and young people assessed as eligible for NHS CHC services have the “right to ask” for a Personal Health Budget and the right to have one from October 2014.</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>Children and Families Act, Regulations and SEND Code of Practice From September 2014 families of children and young people with a statement of SEN or new Education, Health and Care Plan will have the right to ask for a personal budget. Local authorities and health bodies must have arrangements in place to plan and commission education, health and social care services jointly for children and young people with SEND. Joint commissioning arrangements must cover the services for 0-25 year old children and young people with SEND, both with and without EHCPs.</td>
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Appendix 4 – The NHS commissioning system (taken from NHSE website)

Commissioning is not one action but many, ranging from the health-needs assessment for a population, through the clinically based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment.

There is no single geography across which all services should be commissioned: some local services can be designed and secured for a population of a few thousand, while for rare disorders, services need to be considered and secured nationally.

What has changed?

The NHS commissioning system was previously made up of primary care trusts and specialised commissioning groups. Most of the NHS commissioning budget is now managed by 211 clinical commissioning groups (CCGs). These are groups of general practices which come together in each area to commission the best services for their patients and population.

Nationally, NHS England commissions specialised services, primary care, offender healthcare and some services for the armed forces. It has 27 area teams but is one single organisation operating to a common model with one board.

CCGs and NHS England are supported by new commissioning support units (CSUs). Their role is to carry out :-

- Transformational commissioning functions, such as service redesign; and
- Transactional commissioning functions, such as market management, healthcare procurement, contract negotiation and monitoring, information analysis and risk stratification.

Commissioning of public health services is undertaken by Public Health England (PHE) and local authorities, although NHS England commissions, on behalf of PHE, many of the public health services delivered by the NHS.

Commissioning development

The Commissioning Development Directorate in NHS England is led by Dame Barbara Hakin.

The core purpose of the commissioning development function at NHS England is:-

- To support the development of the commissioning system in England, providing guidance on how clinical commissioning and commissioning support can deliver improvements in quality, outcomes and value for money;
- To deliver this guidance to the enablers, frameworks, tools and development resources which will help to ensure the commissioning system is the best it can be; and
- To support the development of primary care in England, providing guidance to make the whole primary care system play its part in the delivery of better quality, outcomes and value for money;
- To implement this through the appropriate national contracts, the enablers and frameworks which support better local commissioning of primary care.
The Commissioning development team focuses on five areas:-

1. Commissioning systems and strategy
   - Ensure that the commissioning architecture and the systems underpinning it deliver the improvements in quality and outcomes identified.
   - Develop specific tools and resources to improve commissioning for service transformation linked to specific service strategies (e.g. integrated care, choice) and for specific conditions or groups of service users (e.g. dementia, children’s services).
   - Support the community of leaders for NHS commissioning; the ‘one team’ which will deliver better outcomes for patients (the NHS Commissioning Assembly).
   - Manage the external partnerships with the range of national stakeholders.

2. CCG development
   - Identify and develop the strategic framework for CCGs’ effectiveness as clinically led commissioning organisations.
   - Identify and develop measurable national criteria for assurance of CCGs as improving clinical commissioning organisations.
   - Provide overall leadership of the CCG development framework.
   - Provide leadership of key national collaborative frameworks with agencies in relation to improving the effectiveness of CCGs as local commissioners.
   - Deliver specific products within this framework, including tools to develop core commissioning skills and partnerships.

3. Commissioning support strategy and market development
   - Set NHS England’s strategy and approach to the development of an effective commissioning support services market.
   - Design and deliver the strategic enablers to support the transition of NHS commissioning support services into new models by April 2016 at the latest.
   - Establish the regulatory framework for the commissioning support services market.
   - Develop the national frameworks within which the marketplace can develop, and which enable a full range of high-quality suppliers to participate in the market.
   - Support the development of commissioners as informed customers of commissioning support, as part of the strategy to create a vibrant market.

4. NHS commissioning support transition programme

Oversight of the NHS commissioning support units (CSUs), including:-

   - Accountability
   - Commercial development
   - Financial assurance and reporting
• Strategic HR, organisational development and support; and
• Manage the relationships between the NHS CSUs and NHS England.

5. Commissioning policy and primary care

• Design the framework for the development of guidance and tools across NHS England to support CCGs in improving outcomes and value for money.
• Deliver specific products within this framework, including the standard NHS contract and guidance for CCGs on statutory duties such as ‘responsible commissioner’.
• Lead the strategy on the CCG outcomes indicator set with other directorates.
• Develop the strategy on incentives for CCGs (including the quality premium).
• Lead strategies for primary care (GP, dental, pharmacy and optical services).
• Maintain and improve national contracts and contractual frameworks for GP services, primary dental services, community pharmacy and NHS sight tests and optical vouchers.

See http://www.england.nhs.uk/ourwork/commissioning
### Appendix 5 – Local accountability – The roles and responsibilities of bodies involved in joint commissioning arrangements – from the SEN Code of Practice June 2014

<table>
<thead>
<tr>
<th>Agency</th>
<th>Key responsibilities for SEN or Disability</th>
<th>Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local authority</strong></td>
<td>Leading integration arrangements for Children and Young People with SEND</td>
<td>Lead Member for Children’s Services and Director for Children’s Services (DCS)</td>
</tr>
<tr>
<td><strong>Children’s and adult Social Care</strong></td>
<td>Children and adult care services must cooperate with those leading the integration arrangements for children and young people with SEND to ensure the delivery of care and support is effectively integrated in the new SEN system.</td>
<td>Lead Member for Children and Adult social care, and Director for Children’s Services (DCS), Director for Adult Social Services (DASS)</td>
</tr>
<tr>
<td><strong>Health and Wellbeing Board</strong></td>
<td>The Health and Wellbeing Board must ensure a JSNA of the current and future needs of the whole local population is developed. The JSNA will form the basis of NHS and local authorities’ own commissioning plans, across health, social care, public health and children’s services. This is likely to include specific needs of children and young people with SEND.</td>
<td>Membership of the Health and Wellbeing Board must include at least one local elected councillor, as well as a representative of the local Healthwatch organisation. It must also include the local DCS, DASS, and a senior CCG representative and the Director of Public Health. In practice, most Health and Wellbeing Boards include more local councillors, and many are chaired by cabinet members.</td>
</tr>
<tr>
<td><strong>Clinical Commissioning Group</strong></td>
<td>To co-operate with the local authority in jointly commissioning services, ensuring there is sufficient capacity contracted to deliver necessary services, drawing the attention of the local authority to groups and individual children and young people with SEND, supporting diagnosis and assessment, and delivering interventions and review.</td>
<td>CCGs will be held to account by NHS England. CCGs are also subject to local accountability, for example, to the Health and Wellbeing Board for how well they contribute to delivering the local Health and Wellbeing Strategy. Each CCG has a governing body and an Accountable Officer who are responsible for ensuring that the CCG fulfils its duties to exercise its functions effectively, efficiently and economically and to improve the quality of services and the health of the local population whilst maintaining value for money.</td>
</tr>
<tr>
<td><strong>NHS England</strong></td>
<td>NHS England commissions specialist services which need to be reflected in local joint commissioning arrangements (for example augmentative and alternative communication systems, or provision for children and young people in the secure estate or secure colleges).</td>
<td>Secretary of State for Health</td>
</tr>
<tr>
<td><strong>Health watch</strong></td>
<td>Local Healthwatch organisations are a key mechanism for enabling people to share their views and concerns – to ensure that commissioners have a clear picture of local communities’ needs and that this is represented in the planning and delivery of local services. This can include supporting children and young people with SEND.</td>
<td>Local Healthwatch organisations represent the voice of people who use health and social care on the Health and Wellbeing Board. They are independent, but funded by local authorities.</td>
</tr>
</tbody>
</table>
| Maintained nurseries and schools (including academies) | Mainstream schools have duties to use best endeavours to make the provision required to meet the SEN of children and young people. All schools must publish details of what SEN provision is available through the information report and co-operate with the local authority in drawing up and reviewing the Local Offer.

Schools also have duties to make reasonable adjustments for disabled children and young people, to support medical conditions and to inform parents and young people if SEN provision is made for them. |
| --- | --- |
| Colleges | Mainstream colleges have duties to use best endeavours to make the provision required to meet the SEN of children and young people. Mainstream and special colleges must also co-operate with the local authority in drawing up and reviewing the Local Offer.

All colleges have duties to make reasonable adjustments for disabled children and young people. |
| Accountability is through Ofsted and the annual report that schools have to provide to parents on their children’s progress | Accountability through Ofsted and performance tables such as destination and progress measures. |
Appendix 6 – Key concepts and definitions associated with these drivers/initiatives

Care management

In 1990, as part of the development of community care for adults, front line care managers were enabled to assess people’s needs and then purchase packages of care to best meet them. Whilst this did not acknowledge the role that people play in meeting their own needs, or put them in the driving seat, it was a radical attempt to fit services to people rather than vice versa. However the use of block contracting to secure best value for money led to significant resources still being tied up in pre-purchased services leaving most care managers in the position of gate keeping access to a limited menu of services. This is a challenge many children’s services now face and we discuss this further in the ‘do’ section, including the ways in which some commissioners are using innovative ways to re-commission or cease block contracts.

Budget Holding Lead Professional (BHLP) pilots for children with additional needs were funded by the then DCSF during 2006–08. The pilots were tasked to work with children and young people with additional needs whose needs placed them below the statutory threshold for intervention but who were typically receiving support from a number of services.

Professionals were required to work with individual children, young people and their families to identify their needs against desired outcomes, develop a jointly agreed action plan and then secure the services the children, young people and families identified as most likely to help them meet their needs. Budgets were identified to secure personalised support not available through provided or contracted services. In 2007 this approach was extended to work with children and young people who were looked after or on the ‘edge of care.’

BHLP, including the use of personal budgets, are now seen as a continuum of practices. Central to both is the principle of enabling the child, young person and family to be in the driving seat in deciding what will work for them and enabling them to make active use of their own resources and capacities as well as drawing on service supports as required.

This is accompanied by a shift in the relationship with professionals, described by one BHLP as moving to ‘working with, rather than doing to’. Equally important is the focus on the child, young person and family’s life as a whole rather than one aspect of it. Evidence from the pilot was that this lead to children and young people making far greater use of universal services and a different range of existing targeted services. Family issues which may have been inhibiting the parents’ ability to parent effectively were also more likely to be identified and support provided.

Self directed support, Individual Budgets, Personal Budgets and Direct payments,

In 1996 as a result of campaigning by disability lobby groups, and work by some innovative local authorities, it became possible for adults to receive a sum of money in the form of a ‘direct payment’ to enable them to purchase the services they deemed would best meet their assessed social care needs. These were cash payments made to individuals who had been assessed as needing services, in lieu of social services provision.

Whilst these payments led to some major differences in people’s lives and in the support they purchased their overall impact was lessened by low take up. At the time, this was partly due
to lack of positive promotion by social services departments and partly due to many potential recipients being put off by having to become employers of support workers.

In 2003 In Control\(^201\), a not-for-profit organisation established in collaboration with Valuing People and some leading edge local authorities, began to develop ways in which adults with learning difficulties could decide the support they required to live their lives including the help they needed to manage their own direct payments.

Whilst the budgets provided to people via direct payments were essential to this development even more important was the underlying process of what became known as ‘self directed support’ (SDS).

**Self directed support** is a seven step process developed by In Control that enables anybody, either unaided or with varying degrees of support, to (within a given budget) plan how they wish to live; agree the plan with their local authority; and identify and secure the support required to do so. The process of self directed support that underpins the use of individual and personal budgets can vary but most are built on the seven step process in both adult and children’s services. See Appendix 7.

Many local authorities used the injection of additional funding through the Aiming High\(^202\) initiative to test out giving disabled children, young people and families direct payments to purchase short breaks for social care. As a result, children, young people and families were able to have greater choice and control for example through influencing the selection of staff, providers and activities. Many also used the opportunity to recruit their own carers.

**Individual budgets (IB)** – this was the term originally used to describe an arrangement whereby a service user gained direct control over the funding allocated to them following an assessment process or processes, and where funding was sourced from a number of income streams held by local statutory bodies.

The intention was to bring different funding streams together going beyond direct payment arrangements (funded via social care), to provide a more holistic and joined up package of support.

With IBs, the service user was also offered the support of a broker to help manage the allocation provided – this could be taken as cash or a combination of cash and services or the broker could hold the budget on behalf of the service user.

**‘Personal budget’** – this was the term originally used to describe an amount of money allocated to meet the outcomes identified through a person’s self or supported assessment funded by social care.

The term personal budget has often been used interchangeably with the term ‘individual budget’ at a national level referring to funding that may come from a number of sources, including social care, health and education monies.

A personal social care budget is a sum of money that is made available if it is clear that an eligible child or young person needs additional and individual support at home and when out and about in the local and wider community.

Since April 2014 anyone in receipt of NHS Continuing Healthcare, including children and young people, has the right to ask for a personal health budget and the right to have one from October

\(^{203}\) [http://www.sendpathfinder.co.uk/infopacks/pb/](http://www.sendpathfinder.co.uk/infopacks/pb/)
2014. DH has signalled its intention to extend this right to children and young people with long term health conditions by April 2015.

The Children and Families Act 2014 includes the commitment that from September 2014 parents in receipt of Education, Health and Care Plans will be able to request a personal SEN budget when the local authority has completed an education, health and care assessment and confirmed that it will prepare an EHC Plan. They may also request a personal budget during a statutory review of an existing EHC plan. A personal budget may be made up of SEN funding only or incorporate funding from social care and/or health also depending on the needs of the child or young person.

A personal SEN budget is a sum of money made available by a local authority because it is clear that without this additional (top-up) funding it will not be possible to meet the child or young person’s learning support needs. Schools, colleges and training providers already have funding for learning support and in some circumstances the head teacher, college principal or training provider may choose to offer some funding towards a personal SEN budget; this will always be the decision of the head teacher, college principal or training provider.

The SEND Pathfinders have been testing the use of personal SEN, health and care budgets. See the Mott Macdonald Personal Budgets Information Packs.

There are four ways in which parents and/or young people can be involved in securing provision:

- Direct payments – where individuals receive the cash to contract, purchase and manage services themselves
- An arrangement – whereby the local authority, health authority, school or college holds the funds and commissions the support specified in the plan (these are sometimes called notional arrangements)
- Third party arrangements – where funds (direct payments) are paid to and managed by an individual or organisation on behalf of the parent or young person. See individual Service fund
- A combination of the above

Both DH and DfE are committed to extending the use of personal budgets. The SEND Code of Practice includes the statement “the scope of personal budgets should increase over time as local joint commissioning arrangements provider greater opportunity for choice and control over local provision”. “Local authority commissioners and their partners should seek to align funding streams for inclusion in personal budgets and are encouraged to establish arrangements that will allow the development of a single integrated fund from which a single personal budget can be available.

Further information about Personal Budgets and the use of direct payments in relation to education, health and care plans can be found in the SEN Code of Practice and the SEN Personal Budgets 2014 Regulations.
Appendix 7 – Seven Steps of Self-directed Support

In Control describes the steps to self-directed as:-

1. Need some support

Being able to access support when it is needed, at the first time it is needed, at a time of crisis, means an open door cited in a number of easily accessible places whether this be via a GP, a health visitor, a youth worker, a teacher, support assistant, the police, a voluntary organisation or a nursery.

2. Identify my resources

Getting help to identify all the resources available, the ‘real wealth’ available, including an allocation of an indicative budget is essential. Part of this includes using the Common Assessment Framework (CAF) or similar information gathering assessments, identifying desired and necessary outcomes of support and how this support can be accessed and delivered; it is important to always ensure that best use is being made of universal services and not simply seeing this as a quick route into specialist support services/ funding services.

3. Make my plan

Creativity, local knowledge and flexibility are key to making a good plan; there is a debate to be had about who is best placed to give support to children and families in developing a support plan. There may be cases where it is clear the social worker has responsibility but in general the more support that can be commissioned in the community, for example through an enhanced commission of a children’s centre, or voluntary sector service, the better the outcomes are likely to be. This is based upon responses from families and widely supported through the roll out of individual budgets in the adult world; support from independent people and organisations with a good level of local knowledge and creative approaches to meeting support needs will generate good plans which make best use of all the wealth available including the individual budget.

If, during the building of a support plan there are questions or challenges around the amount of budget then this is a discussion to have now and not when the plan is being presented. It will be clear within the plan whether there is sufficient resource available.
4. Decide to do it

The Children’s Act is clear about the responsibility to ensure that a child’s identified needs are being met; the support plan outlines how those needs identified within the assessment are going to be met and how the personal budget alongside all the family’s ‘real wealth’ is going to be used to meet those needs. A Support Plan which does not meet the needs of the child would not be agreed.

5. Organise my support

The organising, managing, employment of support and all the work that accompanies it is one area where many families are likely to be seeking help and support. How this long term support is offered is key. There is not normally the capacity within social work teams to take on this role for every family needing help but there are many examples of local voluntary organisations being commissioned to provide this role. In some areas support is provided by children’s centres, in others voluntary groups who also work with adults - such a link has the potential to set up lifelong relationships between a child, family and support service.

6. Improve my life

When the budget and plan go live there needs to be simple information and swift and supportive assistance available via a lead professional or social worker so that they are able to respond to any difficulties or crisis. This should be supported by easy to access information/guidance on subjects such as ‘carry over’ of funding, contingency funds, and planning and audit/accounting requirements. Where a child or young person has identified fluctuating health or support needs these can be accommodated and planned for within a plan.

7. Reflect and earn

Many formats for child and person centred reviews are being used across children’s and adult services; these alongside accounts and audits should generate learning around improvements to the plan, changes in support and identify use of finance and other resources.

The process used by budget holding lead professionals in working with children with additional needs is outlined in Figure 3, the co-production of outcomes. It makes use of all of the integrated working processes such as common assessment, role of lead professional and team around the child as in other areas of children’s services. However it does differ in that the BHLP has access to a cash budget, as of right, for a child given the following conditions have been met:-

- The child and parents have been fully involved in assessing their needs developing their support plan and deciding how any budget should be spent
- The support plan clearly identifies the outcomes to be achieved
- The support plan indicates what the child and parent will do to achieve the identified outcomes and how the goods and services identified in the support plan are relevant to achieving those outcomes
- The plan identifies both goods and services that will be procured via the use of BHLP funds and those that are already funded or have been purchased via prior contracting arrangements.
Appendix 8 – Disabled Children’s Charter for Health and Wellbeing Boards

The ……. Health and Wellbeing Board is committed to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with SEND and health conditions. We will work together in partnership with disabled children and young people, and their families to improve universal and specialised services, and ensure they receive the support they need, when they need it. Disabled children and young people will be supported to fulfil their potential and achieve their aspirations and the needs of the family will be met so that they can lead ordinary lives.

By (date within 1 year of signing the Charter) our Health and Wellbeing Board will provide evidence that:

1. We have detailed and accurate information on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs
2. We engage directly with disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board
3. We engage directly with parents carers of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board
4. We set clear strategic outcomes for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account
5. We promote early intervention and support for smooth transitions between children and adult services for disabled children and young people
6. We work with key partners to strengthen integration between health, social care and education services, and with services provided by wider partners
7. We provide cohesive governance and leadership across the disabled children and young people’s agenda by linking effectively with partners

Signed by        Date

Position: Chair of Health and Wellbeing Board
### Appendix 9 – Common Delivery Model

<table>
<thead>
<tr>
<th>Theme</th>
<th>CDI Element</th>
<th>SUB ELEMENT(S)</th>
<th>Initial set-up</th>
<th>Developing a personalised approach</th>
<th>Introduction of new approach to families</th>
<th>Assessment, resource allocation and support planning</th>
<th>Ongoing management and review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational engagement and cultural change</td>
<td>Engagement of wider agencies</td>
<td>Alignment/Inclusion of a wide range of funding streams</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Engaging and involving families</td>
<td>Recruitment of designated staff</td>
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<td></td>
<td>Change management</td>
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<td></td>
<td>Market development</td>
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<td>Awareness raising with families</td>
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<td></td>
<td>Peer support</td>
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<td>Setting up the infrastructure</td>
<td>Support planning</td>
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<td>Development and implementation of a resource and funding mechanism</td>
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<tr>
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<td>A spectrum of choice for management of IB funds</td>
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<td></td>
<td>Development of IT resources</td>
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<tr>
<td>Safeguarding and risk management</td>
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<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

**Time**

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Appendix 9 – Common Delivery Model
Appendix 10 – Cambridgeshire County Council’s Care Package approval process
Appendix 11 – Newcastle, parent/carer questions to providers

- How long have you been established?
- How have you developed?
- What are the benefits for staff working for you rather than other agencies?
- When was your last inspection?
- What is the process for getting new staff police checked?
- What is your staff turnover?
- How do you recruit and assess staff?
- Are any qualifications required or previous experience?
- Is there scope for the person and their family to be part of the recruitment process?
- How do you match up a person with a PA?
- How do you supervise and support staff?
- What is the hourly rate for staff and what do you pay staff?
- What does the rest of the money go on? Can we have a breakdown of management costs?
- Are there different rates dependent on care needs? If so what are they?
- Can we buy recruitment but not management or supervision and if so what will the hourly rate be? Can we pay for management and supervision as a one off charge?
- How do you plan with the young person and their family how support is going to happen?
- How flexible can staff be? Is there a cut off time for support in the day? What if the person wants to go out in the evening?
- Is there a minimum number of hours that we have to purchase?
- How often do you review?
- Do you have an out of office emergency number(s)?
- What levels of support/input/relationship does the PA have with the person’s family?
- Can they keep the same staff member?
- What records do staff keep of activities? And outcomes?
- If cover is needed because of holidays or sickness how do you ensure that the person knows my son or daughter?
- What are your disciplinary procedures?
Appendix 12 – the development of parent-led childcare provision in Kent

It has been part of Kent County Council’s (KCC’s) disabled children’s strategic agenda over several years to develop four additional parent driven charities in the same vein as The Parents Consortium, which has been operating for over 15 years.

These charities were set up to be parent-led meaning that parents of disabled children had to form the majority of the Board of Trustees. During the charities’ development, parent trustees required considerable support particularly in resolving any conflict of interest issues. They had to learn to be objective ensuring that as Boards of trustees their organisation encompassed the needs of all disabled children in the locality it served. In their role as trustees they needed to put the needs of the organisation before those of their own child. For some this has been an incredible personal journey.

The new charities were set up as charitable companies limited by guarantee and KCC’s Disabled Children’s Service demonstrated its commitment to their sustainability by funding their core costs i.e. a manager and part time administrative assistant during the early stages of their development.

By setting up these organisations KCC passed the ownership of delivery of its statutory function of providing information on short breaks to all disabled children and their families across the county to organisations run by parents of disabled children.

The total number of disabled children across KCC’s area of operation could be as high as 22,100, assuming 7% of the child population at any one time are disabled. The charities also facilitated family events and consortia of disabled children’s service providers which assisted commissioners in the identification of gaps in service and enabled more targeted commissioning.

Over the past three years the charities have made significant progress with regard to feeding families into support mechanisms such as Common Assessment Framework (CAF), Disabled Children’s Social Work Teams, Children and Families Social Work Teams, Adults Social Services, the Youth Service, Kent Integrated Adolescent Support Service, Kent Parent Partnership Services for Education support and Health.

Recently KCC’s Disabled Children’s Commissioning went out to tender for a Family Support Service to replace the parent driven charity contract. Previously there had been 5 disabled children’s resource centre localities. The new specification aligned disabled children’s services to match with Early Intervention and Prevention services providing a continuum of care through the CAF process particularly for those disabled children with less complex needs. This tender has been successfully won by the five charities working as a consortium led by The Parent Consortium.

The new contract will require the continued facilitation of family days to encourage parental engagement. Families will be surveyed and asked what their service needs and priorities are. There will also be various parent workshops to ascertain parents’ priorities.

There has been a significant development in relation to the working practices of staff. KCC has now co-located the Disabled Children’s teams with Health clinical teams and practitioners in the north east and south east of the county in Multi Agency Specialist Hubs- MASHes. These are situated in Margate, Sittingbourne and Ashford and provide one stop shops for parents of disabled
children to take their children for appointments. This has maximised efficiencies in the delivery of service for parents. The buildings have community space which parents and voluntary group working with disabled children can use.

KCC has had challenges in respect of parents being sufficiently covered by public liability insurance when using these buildings which are slowly being overcome. Teams in the building have been holding community events and fundraising for specific purposes. Each MASH is considering setting up “Friends Of” organisations which will again involve parents. This way parents can be an integral part of MASH development. The new Family Support services are obliged to be located in the MASHes where they exist.

The current national funding arrangements are proving a challenge. However within KCC’s area of operation there is a continuum of service which is continually communicated to parents and families of disabled children. KCC continuously seek the views of parents through a variety of mechanisms to ensure that the ever reducing resources available meet the needs of their children as identified by them as efficiently and effectively as possible.

Continuum of service

- Disabled Children Specialist Services - around 1850 disabled children known to Disabled Children social works teams receiving a mixture of Direct Payments, in house overnight residential provision and referred to specialist commissioned services

Step Down to

- Targeted Services - around 6,500 children with a Statement of Educational Needs and/or in Special School accessing Weekend Fun Club Breaks - a mixture of community day provision and community residential breaks.

Step Down to

- Access to Mainstream Services - Café and 1:2:1 befriending services preparing young people to be included in a mainstream setting

Step Down to

- Family Support Service based in the MASHes providing family days and signposting to services

Step Down to

- Early Intervention and Prevention Services accessed through CAF

Contact: Gill Essex gill.essex@kent.gov.uk
Appendix 13 – Development of the Wigan Resource Indication System (RIS)

The ultimate aim in developing a RIS in Wigan is to have a system which uses a combined Resource Indication Questionnaire (RIQ) covering education, health, care and support for families to produce a score that equates to a single indicative sum for a Personal Budget.

In order to build a robust system, data is being gathered from individual families through completion of the RIQ and entered anonymously onto the In-Control analysis spreadsheet. However, the number of families coming through the system is not sufficient to provide a statistically valid sample. Consequently, a series of desk top exercises involving a range of professionals is being undertaken. This entails professionals using their knowledge of individual children / young people, cross-referenced with colleagues, to complete a RIQ.

An added benefit of completing the desk top exercises is that practitioners gain a clearer understanding and appreciation of other service priorities and knowledge.

The scores that are gathered from the RIQs will allow a ranking process from most needy (those requiring exceptional support) to less needy (those requiring lower levels of support). Once enough cases have been processed to achieve statistical validity the scores will be matched to a sum of money, the personal budget, which will be:-

- Indicative
- Realistic and manageable, based on previous experience and projected funding arrangements
- A budget providing support to meet identified needs that could be delivered through existing services or through a money management option, or a combination of the two

It is intended that the system will have transparency, enabling families to easily identify the funding available and to be able to see how much is being spent on each aspect of provision.

Issues for Consideration

This work is far from complete and there are many more issues to be addressed before the RIS could be considered viable. Questions still to be resolved include:-

- A concern that although overall RIQ scores do, in the opinions of those professionals who know the cases well, appear to accurately reflect individual levels of need, this may not be the case with the disaggregated education, health and care scores. Does this matter? Does the system become too complex if the RIQ scores are broken down into separate domains, and does this defeat the whole object of an EHC RIS/RIQ?
- Are all the RIQ questions appropriate? To change any of them at this stage would invalidate all the work undertaken so far. A lesson to be learned is to ensure that all parties are comfortable with the questions before using the questionnaire with families.
- Concerns around consistency in completing the RIQ. Does it matter if families complete the questionnaire without a professional present? Although there is written guidance there can be differences in the way the questions and the guidance are interpreted, even with a professional present.
- Could the RIQ be used as a screening tool for Continuing Care?
• How should the RIQ scores be matched to indicative budgets? Figures cannot be “plucked out of the air”, there must be a solid rationale behind the sums involved. This could be based on the costs of the provision currently being accessed, or likely to be accessed by the pilot cases; taking account of possible future costs/available budgets.

• What are the processes that need to be adopted to implement this model of RIS? Are the required resources available, human and financial? Is there a case for arguing that personalisation on the scale envisaged in the Children and Families Act/Code of Practice is unattainable in the current financial climate?

Contact: Steve Walker S.Walker@wigan.gov.uk

Wigan Council is being supported in this workstream by In-Control Consultant Martin Donkin. martin.donkin@in-control.org.uk
Appendix 14 – West Sussex County Council’s (WSCC’s) Dynamic Placement System

The Dynamic Placement System (DPS) (similar in operation to a Framework Agreement but with a crucial difference of being continually open to new joiners) is a framework of approved independent providers of day and residential services for disabled children and those with special educational needs. The types of services that are commissioned through the DPS are:

- day and residential placements in special schools (38 - 52 weeks)
- placements in children’s homes
- residential short break placements
- specialist (for children with disabilities) foster care placements

In order to secure a position on the DPS, providers must complete a formal tender bid via the eSourcing Portal used by WSCC. This includes qualification and compliance details as well as commercial and quality statements which are evaluated by relevant Officers of the Council.

The "Business" aspect of the tender can be submitted as an organisation - i.e. acting as an umbrella for all establishments named, but the "Quality" aspect of the tender bid must be submitted by each establishment. This has resulted in some organisations not being 100% successful in getting all of their establishments onto the DPS, thus demonstrating that quality is not taken as a given based on the reputation of the provider. This is particularly important to parents.

To demonstrate a commitment to high quality, WSCC has weighted the evaluation of bids 80% quality, 20% cost.

The DPS differs from a traditional Framework in that it remains open to newcomers; Frameworks effectively close the market during their lifetime, thus potentially stifling innovation and the inclusion of new providers and/or new service developments. The DPS also meets the requirement for parental choice and any Tribunal hearing directions by being able to admit additional providers subject to the same evaluation criteria. All providers on the DPS must agree to the terms and conditions of the relevant National Contract as the over-arching contract.

Aims:

- Providers that understand the business needs and requirements of WSCC
- High quality, responsive and flexible services for children and young people
- A firm basis to understand the costs associated with placements
- Working with parents to make choices
- A commitment to partnership working that has continuous improvement at its core

Achievements:

- The DPS has the full backing and commitment of the Cabinet Members and Senior Management Group of WSCC
- West Sussex Parents’ Forum were included as a consultation group throughout the establishment of the DPS
44 providers on the DPS - a total of 107 establishments and 5 specialist (Disability) Fostercare Agencies
Kent CC will be joining West Sussex CC on the DPS from Spring 2014
A successful Quality Assurance monitoring programme has been established and will expand its remit during 2014.
The DPS has created a platform to rigorously monitor service delivery and to take appropriate action when standards are found wanting.
It has also provided opportunities to highlight good practice and identify providers that are innovative and creative in their approach to finding solutions for children and their support needs.

Each placement made is based on its own individual merit:-

- Referral is made by social/case worker to Access to Resources Team (ART)
- An anomised referral is sent to all providers on the DPS (referral form developed with providers) who then respond on a standard response form
- Parents, social/case workers are involved in deciding which providers to short list
- Short-listed providers are sent full papers relating to the child
- Provider assessments take place, offers of placement are made
- Parents, social/case workers and ART decide and agree final placement choice
- ART undertakes any fee negotiation and finalises the Individual Placement Agreement (IPA) and documents

The ongoing monitoring and reviews of the individual placement remain the responsibility of the operational teams.

Monitoring of the service, contract and compliance is undertaken by Contracts staff who also build a robust relationship with the providers.

The Quality Assurance team monitor the quality of service delivery for individual children and feed into Contract monitoring.

Outcomes:-

- Providers are demonstrating a real commitment to the ongoing development of the DPS - the process has provided a platform for valuable discussion
- There is evidence that flexible and creative options are emerging when considering how best to meet a child’s needs
- Commissioners have honest and constructive conversations with Providers about costs
- There is a new spirit of openness
- Enhanced feeling of trust between both parties in discussions and any ensuing negotiations.

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Index

- Achievement for all, p33
- Action learning sets to support change, p71
- Assets based approach, p16
- Asset based community development, p32, 56
- Block to individual commissioning – Gloucestershire & Trafford, p90, 92
- Block contracts, sharing the risks with providers, West Sussex County Council, p91
- Building a new relationship with children, young people and families, figure 4, p20
- Budget Holding Lead Professionals (BHLPs), the culture and relationship change, table 2, p28
- Bury Parents and Family Forum, p84
- C- Change, p80
- Calderdale Parents and Family forum, p84
- Cambridgeshire County Council’s Care Package approval process Appendix 10, p137
- Cambridgeshire, Procurement techniques to extend personalisation, p103
- Care Management, p23, 119, 130
- Care Package approval process, Cambridgeshire County Council Appendix 10, p137
- Centre for Understanding Behaviour Change, evidence-based decision making, Box 3, p46
- Change, DfES Leading at all levels, figure 12, p69
- Change process, an overview figure 11, p68
- Children and Families Bill, p75
- Children’s Plans, p63
- Chimat, p38, 71
- Clinical Commissioning Groups, p6, 37, 39, 124
- Collaborative commissioning across local authorities, Greater Manchester, p95
- Commissioning Cycle figure 2, p17
- Commissioning strategy for disabled children and young people, Gloucestershire, p58
- Commissioning Support Programme, p17, 63, 69, 108
- Common Delivery Model, Appendix 9, p136
- Community Capacity Building, p45, 47, 57
- Concepts & definitions associated with the policy drivers/initiatives - Appendix 6, p130
- Contracting for personalised outcomes, figure 13, p77
- Co-production, p6, 11, 18, 33, 52, 70, 82
- Co-production of outcomes figure 3, p19
- Co-production of the Local Offer - SEND Code of Practice, Box 5, p82
• Creative recruitment of Personal Assistants, p98
• Current Life outcome for looked after children and young people with SEN and/or who are disabled SEND, Box 1, p7
• Customer journey mapping, Trafford, p111
• Darlington, Learning Difficulties Strategy, p34
• Darlington, Outcome Based Accountability, p94
• De-commissioning – which option to chose, figure 14, p109
• Direct Payments, p24, 99, 114, 130
• Dynamic Placement System, West Sussex County Council Appendix 14, p143
• Education, Health and Care Plans, p10, 22, 26, 36, 72, 107
• Empowering families, p16, 27, 85
• Essex County Council, performance management by service users, p109
• Essex County Council, RAS for social care and health, p76
• Essex County Council, workforce training strategy, p71
• Evaluation framework for targeted services, Gloucestershire, p111
• Examples of the ways in which the original Guidance has been used – box 2, p9
• Family feedback, Pass it on Parents, Newcastle, p41
• Family Intervention Projects, p120
• Glossary, Appendix 1, p114
• Going Further Faster sites, p75
• Gloucestershire’s Building Better Lives Policy, Box 7, p105
• Gloucestershire, Commissioning Strategy, p58
• Gloucestershire, developing inclusive mainstream services, p32, 93
• Gloucestershire, block to individual commissioning, p90
• ‘Go Faster, Go Further’ Pilot Group, p75
• Governance, p8, 52, 56, 69, 135
• Greater Manchester, Collaborative commissioning across local authorities, p95
• Halton, support planning, p84
• Health and Wellbeing Boards, strategic commitment, Calderdale, p62
• Health and Wellbeing Boards and providers, Derbyshire, p55
• Health structures, Appendix 4, p124
• Hertfordshire County Council – workforce transition programme, p72
• Inclusive mainstream services, Newcastle, p32, 93
• Inclusive mainstream services, Gloucestershire, p32
• In Control’s quadrants, Figure 7, p43
• Indicative Budgets, the SEND Code of Practice 0-25, Box 4, p74
• Individual Budgets, p24,74,119,130
• Individual Parental Supporters, p87, 115
• Individual Service Funds, p26, 77, 80, 84, 89
• Individual Service Fund, C-Change, p80
• Information, advice and guidance, p23, 62, 86
• Joint commissioning, p9, 52, 55, 59, 83, 88, 127
• Joint evaluation toolkit, Lincolnshire County Council, p110
• Joint Health and Wellbeing Strategies, p12, 37, 55
• Joint Strategic Needs Assessment (JSNA), p11, 12, 36, 37, 127
• JSNA and joint health and wellbeing strategies explained, figure 6, p40
• JSNA and strengthening, North of England Commissioning Support Unit, p39
• Kent, parent-led childcare provision Appendix 12, p139
• Key working, p7, 47, 71, 73
• Knowledge Hub, p6, 10
• Leading Change at all levels, DfES, figure 12, p69
• Leicestershire County Council – strategic commissioning examples of roles, p61
• Life outcomes for looked after children and children and young people with Special Educational Needs (SEN) and/or who are disabled (SEND). Box 1 and Appendix 2, p7, 118
• Lincolnshire County Council - Joint evaluation toolkit, p110
• Local Area Co-ordinators, p54
• Local Offer, p12, 22, 36, 42, 81-83, 115, 129
• Local offer and quality assurance, Trafford, p83
• Making It Personal Group, p6, 10
• Market Position Statements, p13, 67, 77, 88
• Multi-level commissioning, figure 9, p53
• Munro Review, p68
• Newcastle, Get Connected, p11, 32, 93
• Newcastle, Pass it On Parents, p41
• Newcastle parent/carer questions to providers, Appendix 11, p138
• Newcastle, providing choice for support planning, p85
• Newcastle, Skills for People, p85
• NHS commissioning system - Appendix 4, p124
• NHS England’s House of Care, the Coalition for Collaborative Care – figure 5, p21
• Outcome based commissioning and service specifications, Darlington Borough Council, p94
• Outcomes, p48, 116
• Outcomes star, p50
• Parent/carer questions to providers, Newcastle - Appendix 11, p138
• Parent-led childcare provision in Kent - Appendix 12, p139
• Partners in Policy Making, p85
• Payment by Results and managing risks, p101
• Performance management by service users, Essex County Council, p109
• Personal Assistants, creative recruitment, p98
• Personal Budgets, p24, 130
• Personal health budgets, p21, 30, 49, 75, 86, 120
• Personalisation in the round, figure 1, p10
• POET (Personal Outcomes & Evaluation Tool), p11, 29, 37, 47, 49, 107
• Policy drivers for personalisation, Appendix 3, p119
• Pooled budgets, Trafford, p100
• Pooling budgets, p67, 99, 100
• Preparing for adulthood (NDTi/CDC) life outcomes, figure 8, p49
• Primary school: partial example of the home–school implied co-production contract, table 3, p33
• Procurement techniques to extend personalisation, Cambridgeshire, p103
• Providers forum, Derbyshire, p55
• Quality assurance and local offer Trafford, p83
• Questions and Answers, p6
• Real Wealth, p24, 36, 44, 133
• Resource Allocation Systems (RAS – see Essex and Wigan also), p45, 61, 65, 73, 74
• Resources of government and citizens, table 1, p22
• Reviewing contractual arrangements - Box 6, p88
• Self Directed Support, p10, 24, 29, 45, 52, 74, 104, 116, 131, 133
• SEND Code of Practice: 0-25 Relationship between population needs, what is procured for children and young people with SEND, and individual EHC plans. Fig 6, p40
• SEND Pathfinders, p22, 26, 49, 69, 75, 81, 120, 132
• Seven steps to self directed support, Appendix 7, p133
• South East Seven Pathfinder, p48, 56, 68, 82
• Speech, Language and Communication Needs, p38, 39, 47, 90
• Statistics from implementing a new 0-25 system: LA and partners – further government advice for LAS & health partners, April 2014 Appendix 2, p118
• Strategic commissioning – examples of roles and responsibilities, Leicestershire, p61
• Support brokerage (see Bury, Calderdale and Halton also), p84
• Support planning, p24, 84-86, 116
• Support planning, providing choice, Newcastle, p85
• Targeted Mental Health Services, p34
• Think Family, p120
• TLAP’s Framework for an asset based approach to personalisation – Figure 10, p56
• Trafford, block to individual commissioning, p93
• Trafford, customer journey mapping, p111
• Trafford, pooled budgets, p100
• Trafford, quality assurance and local offer, p83
• Twenty first century school, table 4, p33
• Voluntary sector, p38, 84, 86, 115, 117
• Volunteering, contributing through volunteering, p24
• West Sussex County Council’s Dynamic Placement System, Appendix 14, p143
• West Sussex County Council – involving young people in developing services, p54
• Wigan Resource Indication System (RIS), health, education and care, Appendix 13, p141
• Workforce development, p72
• Young people, involving them in developing services, West Sussex, p54
• You’re welcome quality criteria, p62