

How to **be successful** in commissioning **children's services**



Improvement through efficiency



Every Child Matters
Change For Children

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Introduction

This guide brings together a selection of children's services case studies from the Regional Centres of Excellence, the Centre for Procurement Performance of the Department for Children, Schools and Families and the Improvement and Development Agency.

The case studies, which focus on commissioning and service development, show how outcomes for children, young people and families are being improved and how efficiencies are generated. Each one draws out the benefits of a particular approach, the critical success factors and the lessons learned while the source material and regional contacts are clearly signposted. They form the basis of a growing repository of shared expertise that councils and children's trusts can draw upon.

Achieving greater value for money and improving local services will be a major challenge for local government over the coming years. The nine Regional Improvement and Efficiency Partnerships, which represent the merger of the Regional Centres of Excellence and Regional Improvement Partnerships, will be instrumental in co-ordinating and supporting the drive for improvement and efficiency across local government. This guide will help the sector transform procurement and deliver major efficiencies in the £42 billion that it spends on goods and services each year.

Commissioning and procurement of children's services under the *Every Child Matters* agenda is guided by the joint planning and commissioning framework which is available at: www.everychildmatters.gov.uk/strategy/planningandcommissioning/about

Joint funding agreement

Barnsley Metropolitan Borough Council

Summary

This case study focuses on the lessons learned by Barnsley MBC when it set up and managed a Section 31 Health Act (1999) pooled budget agreement. The pooled budget is used primarily for children's social services and some health services. Efficiencies have been identified from a reduction in management costs. Staff are working more effectively together across sectors and are able to share information more easily.

Project background

Governance

Barnsley Children and Young People's Strategic Partnership (CYPSP) is an arm of One Barnsley, the Local Strategic Partnership. The Joint Agency Group (JAG) is the partnership between the Primary Care Trust (PCT) and the council. Chairing is shared between the Council Leader and the chair of the PCT Board.

The JAG is the highest decision-making body for the pooled budget arrangement. Each service is commissioned through a board with representation from the relevant organisations at senior level. They are learning disability, physical disability and sensory impairment, drugs, alcohol and tobacco, mental health, children and young people, and older people.

The council brings together the various strands of performance monitoring. Elected members receive regular reports on progress through the council's Cabinet and Performance Review Panel. Scrutiny processes are robust. Each partner agency ensures appropriate performance monitoring arrangements within their own organisation to track the effectiveness of their contribution to the five Every Child Matters (ECM) outcomes.

The role of the Commissioning, Finance and Performance Board (the Children and Young People's Commissioning Board) is to:

- > Commission services through the integrated provider and other providers and to ensure that robust financial governance and performance monitoring is in place
- > Monitor service delivery against agreed performance targets arising from the five outcomes
- > Decide on action to be taken where performance does not meet requirements and report any areas of risk to the CYPSP and the JAG
- > Developing mechanisms with the Voice and Influence Task Group and the voluntary, community and independent sub-group of the CYPSP to engage stakeholders such as children, young people, parents and carers, staff, providers and partner agencies, in all aspects of the commissioning cycle

Decisions about budget allocations are made by Social Services reporting to the CYP Commissioning Board, which reports to the JAG and the CYPSP. There are robust links between performance management in the PCT and the council in relation to performance indicators, outcome measures and finance.

Performance measures are linked to the service specification and the delivery plan addressing the five outcomes. They are drawn from the Annual Performance Assessment data set, linked to the Children and Young People's Plan and other government performance regimes.

Set up and management of the pooling agreement

The council provided the support of their legal services department to draw up the pooled budget agreement, while the PCT used external legal advisors. The costs associated with this process are not easily quantifiable as, apart from direct legal costs of £85 per hour, a significant amount of staff time was involved in agreeing the scope and content of the agreement over a three-year period.

A protocol for disputes is enshrined in the agreement. If disputes cannot be resolved at the CYP Commissioning Board and the CYPSP, they are taken into the JAG and, if necessary, into the council and the PCT. This has not been necessary so far as any disputes were resolved early on in the process.

External grants in the pool created inflexibility in the way money was spent. However, some of this inflexibility was identified as being self-imposed. It was felt that the Local Area Agreement could help with increasing flexibility and freeing up the way that finance was allocated to outcomes. For the council, the key to flexibility was adopting a 'can do' attitude and freeing up creativity.

Those involved in setting up the pooling arrangements suggest that the resources and services included in the agreement should be ideally those where there is direct managerial control. Clearly, agreed management arrangements for both individual staff and services were seen as a vital element to the success of an integrated approach.

The council is the lead and host authority for the pooled budget while Social Care is the lead provider on behalf of the council. Since April 2007, the Director of Children's Services through the Children's Services Authority has lead responsibility. The pooled budget, originally for adult and children's services, was separated and the budget for children amounts to £18.5 million for services including assessment, adoption and fostering, safeguarding, children with disabilities and some specific health services, school nursing, psychology and some therapy services. The contributions to the arrangements are agreed annually.

Many health-related services in the council cover both children and adults, such as speech and language therapy. As the number of staff in such services was small, disaggregation might have resulted in only a portion of a person's time being available for the pooled fund, leading to possible management issues. On that basis, it was decided not to include those services.

Financial management and accountability

As the lead provider, Social Care is responsible for the budget. Normal financial regulations apply and there is a detailed service perspective and a detailed service delivery plan to determine spend. Operational budgets for children are managed through the JAG.

Overspends and underspends are dealt with through a financial risk management protocol. Although there was an expectation that overspends would not occur, this was not always achieved. Underspends and overspends were finally resolved at JAG level through agreed action plans.

Both the council and the PCT have retained their existing audit arrangements, both internally and externally. An external independent audit was undertaken which demonstrated the integrity of the approach.

Objectives

Implementation of the Children Act 2004 in Barnsley is focused at the operational level, based on multi-agency Local Area Action Teams co-located in geographical areas. The commissioning strategy is needs-led, with a personalised approach, acknowledging the need for local responsiveness and targeting of resources. This will require increasingly greater flexibility in budget management as the teams develop and the Common Assessment Framework and Lead Practitioner role is embedded.

The partnership between the council and the PCT is strong. The process is supported by a jointly funded Lead Planning and Commissioning Officer accountable to the Children and Young People's Board which is now taking a broader brief to deliver the ECM agenda.

A number of aligned budgets for children's services currently exist alongside the pooled budget. As Barnsley moves closer towards an integrated children's service, consideration is being given to include other services as part of the pooled arrangement. The decision to pool will be made on the basis of added value.

Having established a pooled budget, consideration is now being given to developing pooled arrangements under Section 10 of the 2004 Children Act.

Benefits achieved

Realising the benefits of pooling funding to improve outcomes takes time, but in Barnsley the approach has:

- > Strengthened partnership working
- > Improved processes such as quality assurance and joined up performance management
- > Achieved Gershon and NHS efficiency savings, including a reduction in management costs. Other non-cashable savings have been made in management and job redesign
- > Enabled staff to work more effectively together across sectors and to share information easily

Importantly, the approach has had direct benefits for children, young people and families including:

- > Improved access to high quality multi-agency parenting support
- > Improved access to children and adolescent mental health services and a reduction in waiting times
- > Higher school attendance levels for looked after children by closer working between school nurses, social care and education services
- > Facilitating greater integration between services

Critical success factors and lessons learned

- > Top-level commitment and accountability is essential
- > Strong partnerships are beneficial from the outset of negotiations
- > Transparency in budget arrangements, systems and processes builds trust
- > Quality performance information in relation to finance and service delivery expectations and outcomes must be considered together on a regular basis
- > Detailed service specifications and delivery plans must be in place. These form the basis of performance monitoring
- > A clear process for identifying additional financial requirements and pressures, such as demographic or legislative, for the pooled budget and respective annual contributions from each partner
- > Clarity about the rules for under/overspends. Will they be divided 50/50? Is it the statutory partner or the provider who is responsible?
- > Clarity that external requirements for monitoring and development are met for each partner
- > A clear set of rules in relation to what costs have to be absorbed and the different arrangements in relation to new monies. There are significant differences between Health and Social Care

Further information

This case study is adapted from an original case study published by the Centre for Procurement Performance, Department for Children, Schools and Families in May 2007 which is available at www.everychildmatters.gov.uk/resources-and-practice/EP00309

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Driving up performance through better commissioning

Bedfordshire County Council

Summary

This case study describes the partnership approach adopted by Bedfordshire from 2005, in particular the refocused strategic approach to commissioning and its mechanisms. It looks at the positive impact of that strategy and the steps identified to sustain and build on the successes by the Children and Young People's Strategic Partnership (CYPSP).

Real benefits have begun to emerge for children, young people and their families. Numbers of looked after children and out of county placements have been significantly reduced and social care has moved out of special measures towards becoming a leading edge commissioning service.

Conclusions

Bedfordshire County Council (BCC) Children's Services has created a commissioning framework which has underpinned rapid and significant improvements in performance. This has generated considerable financial and non-financial efficiencies. The service has successfully broken out of a vicious circle of insufficient support services, poor assessment and planning, crises, rising numbers in care and overspent budgets. It has created effective multi-disciplinary partnerships to build its commissioning capacity and plan for growth and sustainability.

The CYPSP has rebalanced its provision towards prompt assessment, earlier intervention and prevention. Whilst improving choice and alternatives to care, it has also commissioned better residential services for those who continue to need looking after.

The Joint Commissioning Strategy has only recently been published and work remains to be done on its action plan. However, the benefits of the progress so far are evident in the reduction in numbers of looked after children, numbers of children in court proceedings or on the Child Protection Register as well as an impressive catalogue of other indicators. The savings arising have been re-invested in more early intervention, support and preventative services for Bedfordshire's children and families.

Project background

Building commissioning capacity

The Change Management Board, chaired by the Director of Children's Services has members with delegated responsibility for:

- > Managing the implementation of the strategy for partnership development
- > Steering county-wide and local commissioning and resource allocation
- > Establishing partnership agreements
- > Performance management
- > Communication arrangements

The focus has been on joint planning and deploying resources based on an outcome-driven action/audit approach. The Board has sub-groups for the five Every Child Matters outcomes and specific groups for looked after children, children's involvement, workforce planning, commissioning and early intervention and prevention.

Regular meetings with the private, voluntary and independent (PVI) sector and its involvement in the CYPSP outcome-focused groups enables shared understanding about priorities and expectations and an exploration of service development in the market.

Schools regularly commission services for individual children and groups using mainly their own in-house staff. In consultation with the School Heads Forum, there will be a focus on multi-agency commissioning involving schools, especially around children's centres and extended schools.

An integrated approach to commissioning allows specific issues to be addressed, such as integrating service specifications, quality standards required from providers, joint market development, tendering work and a common approach to performance management against agreed metrics.

Bedfordshire's incremental approach to the development of a children's trust offsets concerns that management effort could be diverted from core tasks by major change. The focus until 2008 will be:

- > Agreeing trust governance and accountability arrangements
- > Determining a shared vision of the trust's work
- > Agreeing a prioritised programme of integrated service development
- > Developing the joint BCC Children's Services and PCT Commissioning Unit
- > Appointing a jointly funded BCC Children's Services and PCT Early Intervention and Prevention Manager post

Creating financial flexibility

The CYPSP Commissioning Strategy reflects the priorities in the Children and Young People's Plan and focuses capacity on deliverable outcomes that will make a demonstrable difference to improving outcomes for children and young people. Needs will change during the three-year plan and the commissioning strategy provides flexibility to meet new identified needs.

The ECM agenda should lead to efficiency gains achieved by:

- > Reducing inputs for the same outputs
- > Reducing prices (procurement, labour, costs etc.) for the same outputs
- > Achieving proportionally more outputs or improved quality in return for an increase in resources

The introduction of aligned children's services and health budgets to support children and young people, particularly those with challenging and complex needs, is expected to see the commissioning of improved value for money services and better outcomes for children and families.

All partners have identified current and likely future resources available to deliver the priorities, to align and, where appropriate, combine to deliver effective and efficient services. Some existing services are being decommissioned or reconfigured if they are not meeting identified needs and/or achieving desired outcomes.

NHS services are commissioned through the Bedfordshire PCT with indicative budgets increasingly being devolved to Practice Based Commissioning (PBC) groups. Currently, NHS commissioning for children's services is separate as services are provided by a range of primary, community, secondary and tertiary services, independent and voluntary sector provision.

Over time, the intention is to work with PBC groups and the PCT to agree joint commissioning strategies for appropriate service areas. Initially, this will be supported by an alignment of budgets while pooled budget pilots in selected areas will be developed for the future. BCC and PCT officers are working with PBC groups and other primary care professionals to raise the profile of the children's agenda and the benefits of close partnership working.

It is envisaged that partners such as district and borough councils, Connexions and the Learning and Skills Council will align or join up funding where appropriate.

Key features are:

- > A review of all budgets
- > The responsibility for budgets has moved to the Commissioning Service
- > The creation of a flexible pot
- > Multi-agency alignment of complex needs budgets
- > A grip on expenditure – there is knowledge of what is being spent and on what
- > Budgets are in on target

Developing choice, sustainability and more alternatives to care

Initiatives have been introduced to improve multi-agency working and sustainability to support the delivery of seamless, timely, needs-led services for children and families. Family support services are commissioned at four levels:

Tier 4

Services for children at high risk e.g. adoption, fostering, residential and inpatient care and respite care.

Tier 3

Services for children with complex needs e.g. social care services, child and adolescent mental health services, youth offending, targeted parenting support, services for looked after children and children with disabilities.

Tier 2

Services for children with identified needs e.g. special educational needs, special schools, speech and language therapy, education psychology, young carers services, Connexions and Children's Fund projects.

Tier 1

Services for all children in identified areas e.g. Children's Centres/Sure Start.

The CYPSP commissioning group has developed a commissioning strategy. This is a framework for identifying needs and gaps in service provision, setting priorities and evaluating options, including market development, drawing up outcome-focused service specifications, negotiating and managing contracts, and reviewing and reporting performance. The Commissioning Service ensures that services commissioned meet a defined set of quality standards including safeguarding policies and procedures.

Bedfordshire has brought together, largely under one roof, the diverse sectors involved in children's services to support a co-ordinated, multi-agency approach. One benefit is the service now manages the external market for placements, domiciliary care and family support. There is a portfolio of qualified and registered providers which have clear objectives set against measurable outcomes. The service monitors and evaluates providers' performance, keeps key stakeholders informed and ensures value for money.

Some of the key tasks and issues from the strategic approach to commissioning have been:

- > It takes six months to complete a list of providers and to track expenditure
- > There is a need to work with providers to refocus and re-align services
- > Services must be re-commissioned or decommissioned

Savings can be used to build capacity e.g. funding for a link post to support and sustain relationships with PVI sector.

Because of concern about quality, lack of capacity and declining public confidence in local residential care, Bedfordshire has endeavoured over the past two years to tackle the situation locally and regionally. It has invested heavily in in-house fostering and residential care. A tender for the management of its own homes in 2005 awarded a contract to a not-for-profit organisation which has changed the service culture, raised the occupancy rate and improved inspection reports. The leaving care and after care team was also strengthened.

Multi-Agency Allocation Groups (MAAG)

In Bedfordshire, the three key processes to promote early intervention are Common Assessment Framework (CAF), Lead Professional and the Multi-Agency Allocation Groups. There are also panels, such as the Bedfordshire Allocation Panel and the Joint Agency Panel (see below), that meet more complex levels of need.

MAAG members:

- > Represent their service
- > Bring their experience and skills to the group
- > Liaise and feed back information to their own service or organisation about referrals to MAAG
- > Promote MAAG within their service or organisation
- > Can allocate work from MAAG on behalf of their service
- > Bring local knowledge about services and communities

The Bedfordshire Allocation Panel sits weekly and is responsible for agreeing high level family support, therapy and education packages as alternatives to accommodating children, care and criminal proceedings, accommodation and therapy linked to court proceedings. This 'gate keeping' forum has driven the preventative strategy enabling more children and young people to remain living at home.

The Joint Agency Panel of Commissioners from Health, Education and Social Care sits monthly and agrees joint funding for accommodation or support packages for children with complex and challenging needs. The panel has developed multi-agency packages of interventions to enable children to remain within the county rather than access out-of-county provision.

These structures have been designed to:

- > Focus on enabling and promoting independence
- > Deliver evidence-based resource allocation
- > Provide robust financial control systems
- > Set outcome-focused specifications/contracts
- > Satisfy a performance framework – outcome monitoring
- > Deliver the commissioning strategy

Within a relatively short time they have yielded:

- > A timely response to identified needs
- > A reduction in bureaucracy
- > An improvement in information sharing
- > An increase in local knowledge and accountability
- > Multi-agency ownership of safeguarding and promoting children's welfare
- > An increase in multi-agency decision making
- > More seamless service delivery and a reduction of service duplication
- > Co-ordinated multi-agency packages of intervention
- > The identification of training needs and service development
- > An increase in referrals from school to MAAGs

Objectives

Bedfordshire had identified its significant challenges as stemming from Social Care having been in special measures since 2002. There was a record number of looked after children with £15 million spent on external placements, a key factor in an overspend over successive years. There was an inappropriate mix of unco-ordinated services and inter-agency working was poor. The number of looked after children was unknown, children drifted in care and had poor placement stability. Spending on family support was low, services were reactive and demand-led with limited quality assurance or performance management.

The solution was seen as:

- > Building commissioning capacity
- > Developing new multi-agency structures
- > Moving money to where it was needed and applying controls
- > Developing a growth strategy, including effective engagement with the PVI sector
- > Developing sustainability

Benefits achieved

- > Earlier assessment, intervention and prevention
- > A reduction in bureaucracy
- > A reduction in looked after children from 441 to 308
- > A reduction in out-of-county placements: from 121 to 95 placements with independent foster agencies and from 66 to 29 residential placements
- > An improvement in placement stability
- > An improvement in Foundation and Key Stage 1, 2 and 4 performance
- > Exclusions down by 25%
- > Rates of re-offending reduced
- > £4 million saved and reinvested 2004-2007

Critical success factors and lessons learned

- > The Commissioning Service is multi-agency as Health and Education commissioners are positioned within it. This aids dialogue and decision-making at the front line while spend is forecast effectively
- > Formal audit of MAAG referrals and allocations substantiate anecdotal evidence
- > MAAG impacts to be assessed via a random cross-section of families and providers
- > CAF/MAAG manager to be appointed to collate information

Further information

This case study is adapted from an original case study published in April 2007 by the Centre for Procurement Performance, Department for Children, Schools and Families which is available at www.everychildmatters.gov.uk/resources-and-practice/EP00341

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>Transforming Procurement

Getting a better deal – assessing unit costs and engaging with the market

Blackpool Council

Summary

This case study shows how Blackpool Council has assessed its costs for placements and determined a reasonable price range for residential provision. It also explores how the council has engaged with children's residential suppliers, and the benefits of good analysis, market management and negotiation. The approach has delivered £400,000 savings per year, established baselines for the required provision, developed sustainable markets and improved relationships with providers.

Project background

Blackpool had been concerned for some time that placement costs had been rising year-on-year and a wide range of fees for similar placement types was being seen. This was leaving the council with an increasing overspend. Hence, Blackpool decided that it needed to understand unit costs better, work with its providers to understand their cost drivers and to improve market management.

Benefits achieved

Blackpool established a regular price that they were prepared to pay for residential care. This was £1,950 a week in a four bed children's home and £1,850 a week in a six bed children's home. The council also prepared a ten year market development strategy and, based on its analysis, it reduced expenditure and started managing the market place more strategically. Furthermore, it put a halt to the construction of future care homes as these could now be seen as surplus to requirements.

Objectives

A strategy was developed to address these issues and to proactively engage with providers. This approach resulted in Blackpool being able to influence the market place, establish a standard price for placements and sustain positive relationships with its provider base.

By understanding the market place, the council could demonstrate that there had been an increase in the number of vacant beds. It used this provider information to make exploratory market management plans, which described:

- > How it wanted the market to look
- > What might be the best split of third sector, private and in-house providers
- > The relationship between providers and commissioners
- > The quality of provision to deliver better outcomes, including the most effective models of provision
- > The target range of prices

This work was undertaken with providers by engaging them directly in a dialogue about the need for future provision. Blackpool has moved closer toward their planned ten year model for placement providers and has improved the efficiency, effectiveness and sustainability of outcomes.

As a result of this work, Blackpool has been able to negotiate a £400,000 reduction in costs a year, two homes have been closed because there is no need for referrals from Blackpool and one home has been taken over by an existing provider.

Critical success factors and lessons learned

The Commissioning Manager of Blackpool Council possessed a good understanding of the costs of running a children's home. This knowledge combined with the indicative placement cost and average cost information gathered from the 'understanding the marketplace' exercise was used to check whether the council was paying a reasonable price.

Much of this information about facilities, bed numbers and running costs is available by working closely with providers. By understanding reasonable costs of a service, Blackpool is in a better position to negotiate improved contract terms without running the risk of making services unprofitable for providers.

Factors that contribute to the cost of a placement in an externally provided residential placement include:

- > Staff time – day and night rates, professionals, support staff etc.
- > Ongoing costs of facilities – mortgage, rent etc.
- > Physical upkeep of buildings
- > Consumables – food, clothes, equipment etc.
- > Overheads – management, head office, full cost recovery etc.
- > Cost of borrowing – loans, shareholder dividends etc.
- > Profit – acceptable ranges of profit or surplus

By costing these variables, Blackpool could work out whether current charges for placements were reasonable. This formed the backbone of negotiations with providers, both a logical argument for why costs should reduce and the evidence that providers could accept a lower price for their services. This was then matched with Blackpool's costing data – how much they were really paying.

Blackpool could also work out which providers were most efficient and therefore which models best suited placement provision in Blackpool. This highlighted dominant cost drivers, such as the number of beds in each home which had a significant impact on the costs of placements.

Blackpool held individual discussions with all providers that were delivering outcomes effectively for children in care. It was important to prepare for the negotiations:

- > Rehearse the approach, techniques, questions and arguments so you can control the discussions and reach your target outcome. Negotiations tend to take longer than anticipated
- > Prepare data to support logical arguments. In Blackpool's case, information about the local market and provider costs were essential to achieving agreement
- > Split negotiating points into variables and think about what would be the best and worst acceptable targets for each variable. Once you have completed this, it is important not to move beyond your minimum target in the negotiation
- > Understand the position of the provider. How will they respond to your points? What will they want to get out of you as a commissioner?
- > Think about what you are selling to the provider so that you can emphasise these points during the negotiation. For example, why does the provider want to deliver services to you? Could you offer an expanded role to this provider in the future? Are you expecting to use this provider for more expensive care in the future? Can you be a good reference for the provider to help them seek additional work in other local areas? Are you able to include the provider in the commissioning decision-making process?

Further information

This case study is adapted from an original case study published by the Centre for Procurement Performance, Department for Children, Schools and Families in January 2007 which is available at www.everychildmatters.gov.uk/resources-and-practice/EP00295

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> Transforming Procurement

Front office shared services

Braintree Children's Trust

Summary

Braintree Children's Trust began as one of 35 national pathfinders funded by the Government until March 2006. Essex County Council then funded the service for 2006-7 before mainstreaming it across the county. The Trust offers services to children who are at risk of social or educational exclusion and have additional needs but would not meet the thresholds for other services. It provides a single point of access for referrals and for those needing to engage with authorities. Services can be specifically configured and personalised because of the range of expertise available in the Trust.

The Trust is a single, co-located team of practitioners seconded from Essex County Council, the local Primary Care Trust and the Police. Braintree District Council provides policy support.

The Children's Trust works on an outreach model, meeting children and families in their own homes and communities. The work of the Trust has contributed to reducing the number of looked after children. In the first two years of operation, 13 more children were able to remain with their families rather than be taken into care. The pathfinder was so successful that it was extended by one year and now Essex County Council plans to deploy this outreach model throughout the county.

Project background

The Braintree Children's Trust is a national pathfinder designed to implement the main proposals of Every Child Matters, the National Service Framework for Children and Young People and Maternity Services. It aims co-ordinate services in line with the 2004 Children Act.

Initial funding for the project came from a Department for Education and Skills pathfinder grant. Further funding came from Essex County Council and the Witham, Braintree and Halstead Primary Care Trust. An officer was seconded by the police and The Children's Fund provided outreach workers.

The team comprises a police officer, an education welfare officer, youth worker, assistant psychologist, primary mental health nurse, health visitor, nursery nurse, outreach workers and a social worker. More recently, two extended schools co-ordinators were recruited and are managed through the team.

The Children's Trust operational manager supervises all team members with some of the seconded workers also receiving supervision from their parent agency. The project manager is line manager to the operational manager and provides strategic leadership across the Trust and its partners.

There is a single point of access to all practitioners in the team. An allocation meeting decides which professionals are most appropriate to work with a particular child or family.

Objectives

The Trust aims to ensure that children and families get the support they need without falling into the gaps between the relevant agencies. This requires both effective engagement with children and families and effective communication between the practitioners within the Trust and external partners.

Benefits achieved

Single point of access

Children and families and their referrers find it easier and more convenient to engage with the authorities because the Trust provides a single point of access in a PCT building. The Trust receives most of its service requests via referrals from schools, GPs, other health professionals and the police. It offers access to all the professionals and practitioners in the team and decides who is best placed to handle the referral.

Because of the range of expertise available in the Trust, services can be specifically configured and personalised. Where a case is best handled by a particular source of support, the Trust points the referral in that direction. This leads to more accurate onward referral and more effective case management.

Co-location, capacity and communication

Co-location has enabled the Trust to bring a pool of skills together and become an accessible, trusted and comprehensive source of support. The whole is greater than the sum of the parts. Referrals can be processed quickly and effectively rather than agencies communicating and reaching a decision by telephone calls or e-mail. The co-located team know each other, know their locality and know the range of support available which means they can discuss and make arrangements in real-time, without hand-offs or delays.

Engagement

Children and families no longer have to attend an office. The Trust consciously goes out to visit them in their homes at agreed times, making it less likely that cases of need will fall through the net by missing appointments, mistrust of bureaucracy, remoteness, transport problems or simply being unable to leave home through disability.

Research with service users has shown that they often failed to get their issues resolved after months of seeing different practitioners in their separate offices. The Trust deliberately goes to the family, instead of the other way round which can secure positive results in weeks.

Early help to avoid more serious problems

The Trust focuses on children who are at risk of social or educational exclusion and have additional needs, but who would not generally meet the thresholds for other support services. This strategy of early intervention – defined as either early in a child's life or early in the development of a problem – means that help reaches many families before they reach crisis point and before problems become entrenched.

Assessing and communicating needs

Children's needs and those of their families can now be assessed more comprehensively and understood because of the Trust's use of the common assessment framework. The new arrangements for children's services in Essex will use this framework, which is not only child-centred but also a valuable tool for information capture and sharing.

In complex social settings, it is difficult to prove cause and effect, particularly when the explicit strategy is to prevent serious problems developing. However, the experience of the Trust has been:

- > A greater reduction in the number of children becoming looked after in Braintree compared to other districts in Essex
- > A reduction in the number of children excluded or truanting from school
- > A reduction in the number of children entering the criminal justice system

Children referred to the Trust have shown a statistically significant improvement on the Goodman Strengths and Difficulties Questionnaire, a widely accepted inventory that assesses the level of difficulty that a child is having in terms of their conduct problems, emotional symptoms, hyperactive behaviour, peer problems and their social skills.

Cashable savings

The work of the Trust has contributed to fewer children in care. Thirteen places were saved in the first two years, each saving on average £600 a week for an average of 135 weeks. Cashable savings for the four years 2004/5 – 2007/8 from placement costs and social worker time were £1.053 million.

Non-cashable savings

The project also achieved a non-cashable staff time saving due to a reduction in the number of children in care. The non-cashable savings over the four years 2004/5 – 2007/8 were £70,200.

Customer value

The most positive outcome from the Braintree pathfinder is that thirteen more children were able to remain with their families who otherwise would be looked-after by the authorities.

There are additional benefits that have not yet been quantified but represent a significant service improvement. School non-attendance rates in Braintree District have fallen slightly ahead of the average for Essex since the Trust was established. As the creation of the Trust is the single differentiator between Braintree and other districts in the county, it is likely that the Trust has played a role in this decrease.

Critical success factors and lessons learned

Formal arrangements

Essex County Council, Witham Braintree and Halstead PCT and Braintree District Council have a formal agreement that outlines financial arrangements, clarity of purpose, lines of accountability and inter-agency governance agreements. Essex Police have seconded an officer to the Trust. A Children's Trust board, chaired by an Essex county councillor and including members and officers from partner agencies and local schools, was developed to oversee the development of the Children's Trust.

Team development

Co-location has enabled the Trust team to develop quick, clear and effective communications, to build inter-disciplinary trust and to build their own capacity by learning from each other and problem-solving jointly.

Leadership and management

Essex County Council has provided strategic leadership and steerage which has facilitated the effective operational working of the Trust. Added strength and a different dimension were gained by the secondment of a PCT senior manager for a period of transition in the Trust's implementation.

Latterly, the management of the Trust by a County Council senior manager has enabled it to trial a broader way of working. Practitioners are available from a wider range of services through three 'virtual' multi-agency teams based in a locality rather than at district level. These teams were developed as part of the transition arrangements towards a more sustainable model.

The team, as a pathfinder, operates flexibly and takes advantage of opportunities to innovate and challenge previous practice. For example, they have been able to ensure that while a medical assessment is awaited other forms of support and action are in place.

The full-time secondment of a police officer has enabled the Trust to link extremely effectively with operational police tasking groups, neighbourhood officers and specialist teams such as Safer Schools Partnership officers and domestic violence officers.

Child-centred working

The Trust has adopted a 'whole-system' approach to its work. Attempts to accommodate the individual targets and performance indicators of each partner agency simply did not work. This ensures a clear and shared focus on the five outcomes at the heart of the Every Child Matters policy:

- > Be healthy
- > Be safe
- > Enjoy and achieve
- > Make a positive contribution
- > Achieve economic well-being

Broadening the partnership approach

The power of the Trust concept and the momentum created by the partnership has influenced other professionals and practitioners, such as teachers and GPs, with a vital role to play in the well-being of children. Although they are understandably driven by the targets and performance indicators within their own professional settings, the multi-agency Trust has helped them to address the problems they face by, for example, enhancing a school's capacity through training and the joint management of cases. From the Trust's point of view, there is value in extending the partnership ethos to teachers who spend more time with children than other professionals and to doctors who have insight into the health and well-being of children and families.

Sector learning

It is inevitable that different partners come to a partnership from different positions and with different priorities and preconceptions. Staff have different terms and conditions, performance management and accountability arrangements. It is important not to underestimate the stresses that these may cause and the importance of careful implementation and clear leadership.

The outreach model in the Children's Trust has proved effective in addressing some of the issues of rural exclusion. Some families find it difficult to attend clinic or school-based services in areas with infrequent public transport. However, teams working in this way should note the time it takes to cover a large geographical area.

Partners in local arrangements also have relationships with different government departments. Although the Trust has been able to innovate and develop flexibly with a degree of freedom from the performance regimes of individual agencies, there are still pilot schemes and funding streams which may deflect partners away from agreed outcomes.

Further information

This case study is adapted from an original case study published by the Improvement and Development Agency in May 2007 which is available at www.idea.gov.uk/idk/aio/6441806

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> Transforming Procurement

Joint funding arrangement

Brighton and Hove City Council

Summary

This case study details the arrangements that have been put in place to pool the budgets of Brighton and Hove City Council, South Downs NHS Trust and Brighton and Hove Primary Care Trust.

Project background

Brighton and Hove has a long history of effective partnership working that underpins the development of the Children's Trust Pathfinder in 2003 (further information about the pathfinders is available at www.everychildmatters.gov.uk). A joint commissioning team was established in 2004 which provided the basis for discussions on joint funding. The partners to the joint funding arrangements are the City Council, South Downs NHS Trust and Brighton and Hove PCT. Over a period of two to three years the partners have worked closely together to build trust.

Brighton and Hove adopted a project management approach whereby a project manager was supported by project leads who had delegated authority to undertake negotiations on behalf of the partnership. This was key to setting up the joint funding. An overarching Integrated Working Project Board was set up, chaired by the Director of Children's Services and supported by a series of project teams, each with their own work streams including finance, legal, ICT, human resources, property, communication, consultation and clinical governance.

Objectives

The shift in emphasis heralded by Every Child Matters towards integrated service delivery and a focus on outcomes for children and young people was the principal driver for Brighton and Hove to carry out service reviews. These included services for children with disabilities and a review of early years and provision for 0-5 year olds. They were central to the new approach of partnership working.

From October 2006, all children's services, including health, were being provided or commissioned by the Children and Young People's Trust (CYPT). A formal agreement for the delegation of functions and pooling of funding for services for children and young people started in April 2007. The budget setting process is managed by the Director of Children's Services and Brighton and Hove has pooled around £90 million under a Section 31 agreement between health and the local authority.

Benefits achieved

- > Although it is too early to report the impact of the pooled budget, savings in management costs of £255,000 were identified in 2006 across the whole budget for integrated children's services
- > Brighton and Hove took a gradual approach to identify improvements in outcomes and developed performance criteria to help assess how well integration works. Multi-disciplinary teams had been in place for some time in the Sure Start programme but from October 2006 these became fully integrated
- > The costs associated with setting up the pooled fund were substantial but they were considered to be an investment and much more secure. Joint funding provided transparency within the system so that all partners could have control over budget allocation

Critical success factors and lessons learned

"The key is the preparation that needs to go on before people have conversations about pooled budgets"

James Dougan

Assistant Director (East)

Early Years and NHS Commissioning Children and Young People's Trust

Project management

The project manager worked closely with each of the project teams to provide direction and to ensure an effective overview of the project. By sharing problems between teams, issues could be resolved without the need to elevate them to the project board. This system also prevented duplication of work across the project teams as the project manager had a clear oversight. For example, insurance was an issue identified by each of the project teams but it was delegated to the legal and clinical governance project teams to resolve.

Where individual teams could not resolve issues, the matter was delegated by the project manager to a different team or it was raised at the Integrated Working Project Board chaired by the Director of Children's Services and including senior representatives from health.

VAT

Rules governing VAT apply differently to local government and the health service. The CYPT operated under the VAT regime of the council and VAT was processed through the council's return. While for health, procedures were put in place to enable the NHS Trust to identify expenditure incurred on behalf of the CYPT, the end result being an electronic file that showed all gross expenditure with an appropriate VAT indicator, assigned to each transaction and interfaced with local authority financials.

Insurance

Without resolving the matter of which body would insure which activity, the agreement may not have been finalised. It was finally resolved through negotiation with the support of the PCT and local authority chief executives. Senior support at this level was seen as essential to overcome major obstacles or difficulties. The amounts involved were initially quite high but were finally resolved by paying an additional £13,000 to gain adequate NHS and local authority cover.

Reporting on different funding streams

In the absence of national guidance, Brighton and Hove found it difficult to determine how they should report the different national funding streams. Their audit report was the key as it provided clarity for their audit framework. A major challenge related to the Direct Schools Grant (DSG) as it was not included in the joint funding arrangement. For example, it was not clear where expenditure outside the DSG but part of the Section 52 statement should be reported. In addition, Brighton and Hove encountered particular problems with the DSG ring-fence and the role of the Schools Forum in making decisions on the joint funding. In response, Brighton and Hove aligned the DSG through an integrated management structure.

Capital

The property project team produced a schedule of buildings so that each project team knew who owned which building. It was agreed that the costs associated with the buildings would remain with the existing owners. Where buildings were shared with adult services, costs were apportioned based on floor space and primary occupancy.

Staff

It was decided that the process of restructuring should be cost neutral. A number of employment and secondment questions arose in relation to national secondment arrangements and TUPE.

It was seen as vital that the skills and experience of staff, who previously worked within Brighton and Hove and the NHS Trust, were fully utilised by the CYPT. It was also essential that existing staff did not feel that their employment position would be adversely affected by the changes. A joint protocol for the management of staff was drawn up as part of the Section 31 agreement. This included the secondment, management and employment of all staff working within the CYPT. In practice, the PCT and the NHS Trust staff were seconded to the CYPT under the management of the City Council on existing terms and conditions.

Legal issues

It was essential for lawyers to assist in drafting and checking the Section 31 agreement to ensure that it was robust. However, the cost of lawyers' expertise was substantial as they needed to resolve some complex and technical details such as employment, secondment and TUPE, insurance, schemes of delegation and clinical governance.

Further information

This case study is adapted from an original case study published by the Centre for Procurement Performance, Department for Children, Schools and Families in May 2007 which is available at www.everychildmatters.gov.uk/resources-and-practice/EP00308

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> Transforming Procurement

Foster care tendering

Bristol City Council

Summary

Bristol City Council has introduced a new tendering scheme with independent fostering agencies and providers to formalise the purchasing of care placements for children. Its aim is to reduce spot purchasing and costs while at the same time building positive relationships with a select group of providers to improve care. For the first time in years, the council has balanced its budget for the independent fostering sector.

Project background

Bristol City Council's Social Services and Health Department needed to develop a robust and strategic approach to commissioning child care services after reaching financial crisis as a result of unplanned spot purchasing from independent fostering agencies and providers. Council staff were using these providers when the in-house fostering service was not in a position to provide the right carers at the right times, largely via individual ad hoc contracts. This resulted in little control over price and service quality.

Purchasing from over a dozen independent providers grew unplanned and in March 2005 there were at least 130 looked after children that were placed through independent providers, equivalent to about 20% of the looked after children population in Bristol.

A new commissioning strategy looked to resolve the resulting financial crisis by managing the market more effectively and planning for an appropriate balance of in-house and external placements. A Commissioning Team and new gatekeeping panel were put in place to provide a focal point for placement decisions and relationships with the independent sector. A select list scheme was also introduced which gives partnership status to a restricted number of agencies and providers, thereby enabling closer business relationships.

Independent fostering providers were asked to apply for the select list scheme and seven were chosen. Applicants were scored on statutory requirements and conditions which reflected the services, standards and quality levels required by the council in its commissioning from the independent sector. The scheme was launched in April 2006.

Objectives

The aims of the select list scheme are to:

- > Improve relationships with foster care providers in order to improve the quality of care and deliver better outcomes for children
- > Make savings on the cost of foster care through more robust working relationships with providers and to establish a better balance of in-house and external placements
- > Formalise the process of procuring foster care placements and to manage the market more effectively to meet the needs of Bristol's looked after children
- > Encourage providers to supply more local services so that children can remain closer to their families, friends and natural communities. Many placements were outside the local area and a significant minority were outside a twenty mile radius
- > Improve stability as measured against PAF A1 and PAF D78 by building better relationships and holding pre-disruption meetings

Benefits achieved

It is becoming clear that significant cost and efficiency savings are possible as a result of building closer working relationships with agencies through the introduction of a Commissioning Team and select list scheme.

Managing the market is enabling more effective negotiations over prices and a more co-operative approach to providing the best care, which is leading to better services and more stable placements. A condition of select list status is that agencies agree that placements can be negotiated on an individual basis. This has resulted in significant savings. Independent providers are benefiting from greater consistency in the purchasing of placements and two agencies are now providing a management presence in Bristol and more local placements.

For the first time in years, the council is on budget for the independent fostering sector. At the same time, spending on its in-house fostering service has risen which will lead to efficiency savings. The council is also on course to reduce the number of placements with independent providers to around 110 with a longer term aim of reducing this to less than 100. The total cost of an independent placement is £42,000 a year whereas the annual direct costs of an in-house foster placement (excluding staff support and overheads) are £11,000 for a child and £18,000 for a child with complex needs.

Critical success factors and lessons learned

A key factor in the success of the select list scheme was the preparation of a clear specification and a robust scoring system for selection. This essential planning has resulted in the selection of the most appropriate providers and it enables the council to withstand challenges from unsuccessful applicants. Consultation and fairness are vital in such schemes.

Good communication with staff has also been essential to help them through the culture change of working with a new gatekeeper – the Commissioning Team – and to help them to understand and use the resulting benefits.

Further information

This case study is adapted from an original case study published by the South West Centre of Excellence in Spring 2007 which is available at
www.swce.gov.uk/workstreams/childrenservices/Childrenservicescasestudies.htm

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> Transforming Procurement

Sub-regional placement commissioning

Devon County Council, Cornwall County Council
and Torbay Council

Summary

Devon County Council has developed a revolutionary approach to commissioning placements for children and young people which has demonstrated reduced costs and improved outcomes. In 24 hours or less, a child or young person's needs are assessed, a competitive tender is undertaken and a placement agreed which is designed to meet needs and deliver outcomes. The process can support longer term planning and more urgent placement needs.

Devon, Cornwall and Torbay councils are extending this approach by establishing a sub-regional Central Purchasing Body across the area. Set up costs are £18k. Its aims are to improve sub-regional market management, implement fast competitive tendering, share back-office functions, ensure consistent and high placement quality across the local areas, build placements around needs, and use cash rewards in contracts to incentivise the delivery of improved outcomes.

Objectives

Devon, Cornwall and Torbay councils recognise that working together to manage the market and commission complex and expensive services will lead to better outcomes for children and young people. The three children's trusts have faced significant challenges in the past regarding placement commissioning including:

- > Overspends and poor value for money
- > Lack of choice and tailored services
- > Uncertain supply of placements
- > Spot purchasing and variable costs with significant cost pressures
- > Uncertain quality and outcomes for children and young people

These issues can be found across the country, both in rural and urban areas. To tackle these issues, Devon, Cornwall and Torbay councils plan to secure better outcomes by:

- > Improving market management of providers through improved supplier engagement and increased purchasing power. This builds market capacity and matches demand predictions
- > Implementing an efficient competitive tendering process for each placement. Competition between providers will keep costs down while the quality of services are improved
- > Sharing back-office functions, increasing productive time for social workers, providers and commissioners to deliver cashable and non-cashable savings
- > Ensuring consistent quality assurance of placements across the sub-region
- > Building placements around the needs of children and young people, with longer-term contracts that have financial incentives to improve outcomes

Benefits achieved

- > £250k annualised savings from tenders in the first three months
- > 450% increase in placement choice
- > Improved placement quality
- > More efficient use of time for practitioners, commissioners and providers
- > Evidence of innovation, efficiency, effectiveness from providers

Critical success factors and lessons learned

Developing the outcome based model for measuring performance took a year of collaborative work with practitioners, providers and young people. It also takes time for all parties to understand how to articulate outcomes in a measurable, helpful way. Embedding outcomes from the start of the placement process and the engagement of Devon's Independent Review team is helping develop a sustainable system.

Extensive pre-competition dialogue with the market place is necessary to meet demand. The process has been successful in meeting the majority of placement needs but cannot meet all needs. For example, the process cannot meet the needs of children or young people who need the most specialist of services, such as children and adolescent mental health services tier 4 or services for children with life-limiting conditions.

If no pre-qualified provision can meet the needs of a child or young person, a wider search could be undertaken with alternative providers being used to spot purchase a placement. This has not yet been necessary. While this is not the preferred route because of a reduction in competition, it ensures that the process focuses on needs. The lack of success in securing a placement is fed back into the performance management process to build the capacity with pre-qualified providers to meet needs in the future.

Developing sub-regional collaboration took time and commitment. Dialogue had been underway for a year before the parties signed up. A key to meeting this challenge was to keep dialogue with potential neighbouring authority partners open through regular meetings that had a wide range of potential collaborative opportunities. Devon also developed the process while negotiations were ongoing and implemented the model on its own at first as a leap of faith.

Further information

This case study is adapted from an original case study published by the Centre for Procurement Performance, Department for Children, Schools and Families in November 2006 which is available at www.everychildmatters.gov.uk/resources-and-practice/EP00290/

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>Transforming Procurement

Regional framework to support the commissioning of children and young people's services

East Midlands Regional Partnership

Summary

Children and young people's service partners across the East Midlands have signed up to the first ever regional commissioning framework designed to improve the way care services are commissioned. An ambitious project, it involves the collaboration of a number of agencies including health, social care, education and voluntary organisations. The project was co-ordinated by the Regional Partnership and funded by the East Midlands Centre of Excellence in response to the legal duty on partners to co-operate on joint planning and commissioning.

The framework was officially launched in May 2007 and consists of a website and handbook offering resources and materials as well as a step-by-step guide to support commissioning. It is designed to encourage more consistent commissioning practice across the region, establish principles and guidance to underpin the commissioning of services for children and, for particular population groups, promote greater collaboration in procurement between commissioning organisations.

Project background

The need for a framework to support commissioning activity for children and young people's services was identified in Spring 2006 through a series of consultation events led by representatives of the regional group of Directors of Children's Services. Local authorities, PCTs and other organisations across the region concerned with planning and commissioning worked together to develop the framework to ensure that improvements in commissioning were made in ways that promote consistency and cost effectiveness and minimises unnecessary overlap.

The project built on a strong record of success in collaboration across organisational boundaries and these well established regional arrangements formed a platform for its development. The framework is unique and confirms that the region is at the forefront of national developments in commissioning and procurement of services for children and young people.

Objectives

The framework is intended to:

- > Build capacity for effective commissioning within and between all partner organisations in the East Midlands
- > Provide consistent language and arrangements required to underpin effective joint working between partners within the region

The framework achieves this by providing practical guidance and resources in the form of a unique handbook and website. The handbook is a step-by-step guide to the stages of commissioning and details how strategic partnerships in the East Midlands are committed to improving outcomes through a commissioning approach. It contains a set of principles to inform and guide commissioning work that have been endorsed by the executive leadership of local authorities and PCTs. It also illustrates a number of the potential gains which can be derived from a regional approach to commissioning and provides links to other sources of support.

The website www.regionalcommissioning.co.uk mirrors the handbook and provides access to a set of resources, guidance materials and tools for each stage of the commissioning cycle. It will develop as needs change and when additional resources become available.

Overall, the framework seeks to:

- > Introduce commissioning in plain language
- > Support all stages of the commissioning cycle
- > Support all levels of commissioning activity
- > Show how commissioning provides a process to enact plans effectively
- > Be relevant to all partners who plan services for children and young people
- > Illustrate how some services might be improved and better value achieved
- > Help all partners in the East Midlands to collaborate appropriately and to improve services

Benefits achieved

As soon as the framework was launched it attracted considerable local, regional and national interest as it provides direct, practical support for those involved in commissioning. The handbook and website are being used by the partner organisations to support training and workforce development. Children's Trusts are following the framework guidance to develop joint commissioning strategies for specific population groups and central government departments are considering the best ways of adopting and/or promoting the framework as a national resource.

By promoting improved effectiveness in service design, procurement and contracting the framework contributes to improvements in outcomes across the region and reduces the proportion of service users who experience negative outcomes from services.

Common, streamlined commissioning arrangements promote effective working relationships, trust and good communication between organisations. Common approaches encourage better data analysis and promote more effective strategic decision-making, ultimately reducing the proportion of children, young people and families who receive inappropriate or ineffective services.

The framework also contributes to improvements in the efficiency and effectiveness of commissioning across the region, the financial benefits of which will be seen in:

- > Reductions in commissioning overlaps between local authority and PCTs which will lead to infrastructure and efficiency savings
- > Reductions in expenditure on high cost placements for small numbers of children and young people with complex needs through a more effective market
- > Management and joint negotiation with providers
- > Improved matching of needs and services for children and young people which will reduce inappropriate demand and ineffective provision

Critical success factors and lessons learned

The development of the framework itself was a significant success where regional collaboration can add significant value. The project was initiated and sponsored by a small number of strategic partners but the substantive development of ideas and shaping was a team exercise by a reference group with representatives from as many partner organisations as possible.

Although creating the reference group was a major task in itself, it was critically important to draw in such wide contributions as this has led to executive endorsement from almost every partner. It has also instated champions in each organisation who will disseminate and embed the framework in practice and help develop the framework over time.

Another significant lesson learned has been the value of bespoke, dedicated project leadership. The project team that developed the framework contained a distinctive blend of commissioning expertise, local authority and government leadership, with a particular strength in project and partnership management. The team developed the framework around the reference group's requirements while maintaining a fresh, uncluttered style that makes it very accessible.

Further information

This case study is adapted from an original case study published by the East Midlands Centre of Excellence in August 2007 which is available at: http://www.emce.gov.uk/case_studies.htm
Please scroll to Social Care section and use the link "NEW Regional Commissioning Framework"

To find out more about the framework visit www.regionalcommissioning.co.uk

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> Transforming Procurement

Maximising procurement expertise and achieving savings

Essex County Council

Summary

This case study describes the way Essex County Council has maximised the use of procurement expertise in relation to children's services commissioning. Restructuring has forged strong links between merged procurement and contract management experts and social care staff to ensure the delivery of efficiency savings.

The commissioning and procurement work stream was responsible for identifying areas for efficiencies and developing and implementing a procurement approach to address overspends. Work carried out by the project team successfully reduced the cost of externally purchased specialist services for children and young people in care and the provision of agency social work staff.

Project background

In 2003/4, Essex County Council faced a budget pressure of £4.27 million in children's services as a result of the cost of specialist social care and special educational needs services exceeding the available budget. The most significant reasons for this were:

- > An increase in demand for services
- > An increase in the number of children in care
- > An increase in costs of external services for children in care and children in special educational needs placements
- > An increase in home to school transport costs due to an increase in the number of children in care and inflationary pressures
- > A legal ruling which has increased relative/friend carer allowances which are attributable to the numbers and ages of children supported

In the same year, there was also a requirement for local authorities to shift their resources from specialist services to early intervention and preventative services in line with the Every Child Matters agenda.

The challenge facing the local authority was to:

- > Understand and begin to address the overspend
- > Redesign service delivery to free up resources and invest in early intervention and preventative services

Objectives

In response to this challenge, the local authority instigated a service review of Children's Services. A number of work streams were set up to look at:

- > Commissioning and procurement
- > Redesigning services and assessments
- > Early intervention and prevention
- > Information sharing
- > Change management and communication
- > Further integration of the Children's Services review into the wider Every Child Matters programme

This case study focuses on the commissioning and procurement work stream. Its purpose was to carry out a market, supplier, need, supply and demand analysis to identify potential areas for efficiencies and to develop and implement a procurement approach to address the overspend.

Benefits achieved

- > A procurement team with the right skills and experience
- > Price reductions from negotiating discounts on long-term fostering, volume discounts, pilot cost and volume contracting arrangements
- > A saving of £736k by negotiating a reduction in annual inflationary uplift
- > Introduction of a vendor managed system for social care agency staff which has successfully achieved a £30,000 to £40,000 per month saving on agency staff

Critical success factors and lessons learned

The procurement team has made significant steps in mapping the local market, negotiating new contracts, testing the market and guiding social worker decision-making regarding placements. A number of steps were taken to aid the successful delivery of the procurement and commissioning work stream.

Employing procurement specialists with the right skills and experience. The County Council required its staff to have either a CIPS qualification or be working towards the qualification, a degree in a business related area or relevant formal management training. They were also required to have:

- > Three to five years purchasing experience, preferably in a large, multi-disciplined environment
- > A track record of setting up and managing contractual arrangements to deliver and maintain high levels of customer service
- > Experience of developing and implementing strategies and policies in a purchasing environment

Developing tools and systems to help the central placements team gain a better understanding of both residential and fostering markets. This involved establishing a tiering mechanism to enable the central team to prioritise which independent fostering providers should be contacted when seeking a placement. Supplier databases were also developed to hold and maintain all supplier information and benchmarking templates were created to help determine best value. Essex asked providers to give a breakdown of their standard costs and costs for all additional services. This helped the local authority to calculate the market average for various services.

Delivering contracting and negotiation training to all front line social work teams, team managers, finance and the central placements teams. Training was provided by the procurement team and sought to explain the types of contracts in use, their purpose, their benefits and the importance of terms and conditions. This helped staff to understand the cost elements of care packages and the importance of monitoring placements to ensure that children were receiving a high standard of care.

Establishing cost effective arrangements for procuring temporary social care agency staff. The total social care agency spend was £9.7 million a year and particular issues with the system of purchasing agency staff at the local authority included:

- > Too many suppliers which led to loss of control, accountability and excessive back office costs
- > No cohesive approach to recruitment of agency staff across various social care divisions
- > A lack of properly tendered/contracted arrangements which could lead to potentially high risks including a risk of a legal challenge
- > A lack of management information necessary to analyse supplier performance and care staff sourcing
- > No restrictions on the length of contracts for temporary staff

The County Council considered three options:

- > Prime/master vendor where a single agency sources staff from its own resources
- > Vendor neutral vendor where an agency sources staff from other companies
- > Direct management where the local authority manages a range of individual contracts with suppliers

Following evaluation, the County Council chose the vendor neutral model because it offered the least risk and the greatest opportunity to guarantee efficiencies. Under this model, one supplier, following a tendering exercise, provides a single point of contact for resource requests and sources social care agency staff from other agencies. It has no directly employed social care staff of its own but is responsible for selecting the agencies and managing relationships. Technology also features highly in these arrangements and is used for sourcing, ordering, time-sheeting and invoice processing as well as providing management information on agency performance and individuals' history.

Establishing that Essex County Council was achieving good value from its legal support services. In 2005, it was agreed to review the service level agreement between the Children and Young People's Service and Legal Services. The main driver for the review was cost but an evaluation of the in-house service against external providers also included other criteria such as specialist experience and understanding of the need and willingness to act in the corporate interests of the local authority. Based on the evaluation against these criteria, it was found that the best option was the retention of the in-house service.

Further information

This case study is adapted from an original case study published by the Centre for Procurement Performance, Department for Children, Schools and Families in February 2007 which is available at www.everychildmatters.gov.uk/resources-and-practice/EP00315

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> Transforming Procurement

Procuring services for children and young people from the voluntary and community sector

London Borough of Newham

Summary

This case study describes the way in which Newham's 'commissioning intentions' for Children's Services were applied to shape and clarify the preventative role of the voluntary and community sector. It also sets out how these intentions were used to select the best providers to run services through a fair and open process.

It highlights the need for clarity in commissioning, contracting and provider development. Councillor involvement throughout the commissioning, re-commissioning and de-commissioning process is important and there should be continuous communication on the need for change. There must also be support and guidance for the voluntary and community sector in all aspects of the selection process.

Newham has created a level playing field and a fresh relationship is evolving with the voluntary and community sector. New small-scale, black and ethnic minority providers are successfully competing for contracts for mental health and education awareness programmes for the prevention of female genital mutilation. A model of integrated partnership working across organisational boundaries is being established and there has been a shift in the balance of provision to prevention. Efficiencies of £3 million and savings of £350,000 in transaction costs have been achieved while further efficiencies of £2 million are projected.

Project background

Newham has a vision. By 2012, Newham will be a place where people choose to live and work. Partnership working can help achieve this and in Newham's Compact there is a firm belief that the 2012 vision will be achieved by forging a strong, effective and meaningful relationship between organisations and with the community they serve. There is a recognition that different organisations work in different ways to achieve similar ends and by bringing together skills, expertise and opportunities, they can be better supported to achieve their objectives and outcomes. Newham's vision is closely aligned with the Every Child Matters agenda.

The Compact is being developed to support four themes of:

- > Consultation
- > Funding
- > Equalities
- > Capacity building

There is a vibrant voluntary and community sector in Newham that has developed to offer 'second tier' and capacity building provision, liaison and lobbying roles. Over 1000 voluntary and community groups are in operation. These range from playgroups to large charities and provide a broad range of provision to residents of the borough. Over £20 million is spent on contracts with these organisations to meet the needs of children, young people and families (excluding residential and foster care provision).

The Local Strategic Partnership and the Community Forums play key roles and benefit from voluntary and community sector input and expertise. Partners are fully signed up to the Children and Young People's Plan and collectively there is agreement to progress 15 priorities in the next five years.

In 2002 following a re-organisation, the commissioning structure has evolved into an integrated joint commissioning model with the Primary Care Trust. The unit is staffed by jointly funded commissioning posts and the approach is now very much geared to joint commissioning with partner agencies.

Objectives

Gearing up the voluntary and community sector to respond to the preventative agenda was a challenge and a priority. Following a council-wide best value review, grant budgets across the council were refocused so that all social care grant funding was transferred to the then Social Services Grants budget. A process began of gathering intelligence about what each provider was delivering, the value of the grant, different funding streams and the quality of the service. A database was established to collate and add to this information.

Councillors decided that 'commissioning intentions' would be used to completely re-commission all externally provided preventative services against clear service specifications and a formal selection process. This would take place over a period of 18 months. This timescale would allow for:

- > The creation of support for new providers, especially black and ethnic minority groups, to respond to unmet needs
- > De-commissioning services where a provider was unsuccessful in securing a contract and to allow for transitional arrangements to a new provider
- > Nurturing the development of brokerage arrangements between small and large providers

Benefits achieved

- > A clearer relationship with the independent sector
- > A clear vision for preventative provision
- > A better understanding of outcomes for children
- > Efficiencies of £3 million from preventative work, procurement and market management of placements and packages for vulnerable children and young people
- > Rationalisation of monitoring arrangements
- > Savings in transaction costs of £350,000 from interagency provider development work, training programmes and lead arrangements for monitoring

Critical success factors and lessons learned

Historical barriers that existed between the former Social Services and the voluntary and community sector were being lifted and this process marked the beginning of a new relationship based on greater openness and trust. Equally, this period of change was difficult and painful for those organisations that were not successful in securing grant funding. The profile of the grants budget changed. There was an increase in black and ethnic minority service provision to address unmet needs and included provision for ethnic minority people with mental health needs, advocacy provision for parents going through the child protection process and a project to raise awareness about preventing female genital mutilation in the African community.

Successful organisations were put on a one or three year contractual footing. New organisations providing new services were put on one year contracts that were closely monitored and required development support to ensure sustainability. All organisations were subject to a formal annual review against the service specification. Previously, most organisations had been on annual grant arrangements and so longer contracts provided them with security.

The following issues were found to be necessary to successfully transform the voluntary and community sector.

Councillor approval and ratification of the process

- > Provide updates to councillors on a quarterly basis outlining the timetable and progress at each stage of the process
- > This will ensure that councillors are able to deal with challenges and lobbying from the independent sector as well as users
- > Councillors may be trustees, employees or supporters of voluntary organisations so it is even more important to get a political steer
- > Committee meetings take place in public to demonstrate transparency in the process

Explanation of why the commissioning approach has changed and the benefits that will be achieved

- > Communicate consistent, clear messages throughout the process in simple formats
- > Use umbrella groups to get messages across
- > Do not forget faith groups – they can apply for funding providing they meet Charity Commission requirements
- > Do not rely on communication just with paid staff in the organisations; direct it at management committees and users too
- > Set up a hotline for enquiries

Voluntary and community sector training needs

- > Recognise that small, medium and large organisations have different experiences of being able to compete for contracts. Encourage partnership arrangements between small and large providers
- > Some will need training, coaching, workshops and practice runs at each stage of the process e.g. completing application forms, interviews and presentation
- > Identify provider development needs

Application forms and shortlisting

- > Application forms should ask relevant questions and include guidance on how to complete them
- > Include the service specification in the application pack for the service being tendered. Some providers may tender for more than one service
- > Company accounts should be scrutinised to confirm the viability of the organisation

Interviews

- > Interviewees should include the chair of the management committee
- > Interviewers should involve commissioners, contract officers and operational service managers
- > Feedback is essential to those who are not successful so take notes

Market development

- > Intelligence should be gathered about the market's capability and capacity to respond to all service areas
- > Remember that it can take up to 12 months for a new organisation to be established
- > There should be a programme of support to providers to facilitate the establishment of a new organisation or service area

Monitoring arrangements

- > Enter into three year contracts for established providers and one year contracts for newly established providers, subject to an annual review
- > Consult on a transparent evaluation framework
- > Each contract should be signed by the chair of the management committee
- > Monitoring processes should include feedback from front line staff
- > Have an open communication line to other funding streams which have a relationship with the organisation

De-commissioning and re-commissioning

- > Plan this carefully with the co-operation of the organisations
- > Users' expectations need to be managed carefully and carry out risk assessments
- > Recognise that this can be a painful process for staff and service users and requires cultural change

Further information

This case study is adapted from an original case study published by the Centre for Procurement Performance, Department for Children, Schools and Families in February 2007 which is available at www.everychildmatters.gov.uk/resources-and-practice/EP00294/

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> Transforming Procurement

North East Regional Training Brokerage

Summary

The Facilitating Inclusion North East (FINE) Regional Partnership has developed a regional training brokerage service across the North East to provide high-quality, cost-effective and accessible training and continuous professional development for people who work with and support children and young people with special educational needs, additional needs, disabilities and those who are vulnerable.

Training is offered locally and makes use of regional expertise and practitioners in order to raise regional skill capacity. It has a strong practical focus and is aimed at professionals who work with children and young people, school-based staff, parents, independent providers and voluntary organisations.

Project background

The regional training brokerage service was set-up following a consultation event for representatives from education, health, social services, voluntary, maintained/non-maintained and private sectors. Following this, the FINE Partnership appointed a co-ordinator to set up the brokerage service to source and provide high quality, cost effective training and continuous professional development. The co-ordinator also established a network of practitioners with expertise in special educational needs and inclusion to share best practice across the children's workforce in the region.

Objectives

The brokerage aims to raise the skill capacity of the children's workforce by developing people who work in special educational needs and inclusion to the highest possible standard. It is doing this by developing training provision across the region, whether the training is delivered directly by the brokerage or by regional providers, such as specialists in local authority Children's Services, schools (special and mainstream), practitioners, private providers, independent sectors, health and other agencies. It is also in the process of developing a regional database of expertise, including trainers, facilitators, experts and practitioners.

Where schools wish to look for continuous professional development provision beyond their own local authority, the regional training brokerage will source quality trainers, facilitators, speakers and practitioners from local, regional, national and international sources and from the public and private sectors.

Benefits achieved

The regional training brokerage has:

- > Developed a wide range of training opportunities
- > Established accredited programmes through the Open College Network
- > Provided programmes in partnership with universities
- > Delivered the Ofsted licenced training for special educational needs in mainstream schools
- > Achieved approved trainer status from the Department for Children, Schools and Families for the delivery of the early support training programme

Business activity also includes:

- > Brokered work on behalf of schools and clients to match provision with specific needs
- > Established 55 trainers, facilitators and practitioners who regularly deliver training on a range of subjects across the region
- > Arranged national and international speakers
- > Conference and event management

Critical success factors and lessons learned

The regional training brokerage takes a joined up approach to ensure that special educational needs and inclusion continuous professional development are linked and complement the special educational needs strategy, Removing Barriers to Achievement, and the five outcomes of the Every Child Matters agenda.

It also believes in the need to ensure value for money and, wherever possible, retain resources in the local authority sector. All local authority education centres, for example, have been visited to assess suitability and quality of provision as well as hotels and other venues in the region to ensure support for the wider regional economy.

Further information

This case study is adapted from an original case study published by the FINE Partnership in May 2006 which is available at:

www.wmcoe.gov.uk/uploadfiles/file/Case%20Study%20NE%20Training%20Brokerage%20services%20Dec%202006.doc

You can also visit www.fine-partnership.org.uk

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>Transforming Procurement

Commissioning for prevention

North Lincolnshire Council

Summary

This case study highlights the long term commitment by North Lincolnshire Council to focus on prevention and early intervention, together with more integrated and holistic services delivered by multi-disciplinary teams. It describes:

- > The integration of field staff from multi-disciplinary agencies
- > The focus on preventative services
- > How service redesign requires collaborative and strategic based evidence in child protection/welfare practices
- > The importance of staff committing to change and the role of the centre to promote the right messages

Project background

Integration and partnership

The North Lincolnshire model of Children's Services is one of integration and holistic service provision. Since 1996, the service has used Hardiker's Grid¹ to understand the purpose of the different levels of involvement in the lives of children and families. Level one covers universal services while level four covers the need for specialist interventions to support children and families with significant needs. This may require providing accommodation for a child or where a child's educational or personal needs are so profound that they cannot be met while they continue to live at home.

North Lincolnshire Council has defined prevention as 'working together to promote positive outcomes, to increase the resilience of children and communities and to prevent the need for children and families to become dependent on specialist help'.

The Hardiker approach provides a fluid framework where families or individuals receive services at the level appropriate to their needs. As their needs change so the level of their service changes. The intention is to enable people to access universal services wherever and as soon as possible.

The voluntary sector in North Lincolnshire

The voluntary and community sectors in North Lincolnshire are key partners in delivering services to children and young people and their families. Voluntary organisations and groups throughout North Lincolnshire provide invaluable grass roots services by many volunteers who give their time to supporting children and young people.

North Lincolnshire created a voluntary sector compact, Better Together, which was launched in 2002. Its aim was to support closer working relationships and help the voluntary sector to be more consistent. The compact provides a strong basis for partnership working but, while all the main statutory and many voluntary organisations have signed up to it, some smaller voluntary and community groups have been reluctant to do so until they see more tangible benefits from taking part.

¹ P Hardiker, K Exton & M Barker (1996) The prevention of child abuse: a framework for analysing services, National Commission of Inquiry into the Prevention of Child Abuse, HMSO.

Voluntary organisations in North Lincolnshire work with the statutory sector in three main ways:

- > Providing a network of community support, links and consultation that enhances the quality of life for local people
- > Working in partnership with statutory organisations and others to develop new and innovative services to meet the needs of local people
- > Being commissioned to deliver specific services to local people

Commissioning for prevention

The commissioning described in this case study is a key part of North Lincolnshire's Every Child Matters programme. Preventative solutions are embedded in the whole joint planning and commissioning process, with particular emphasis on the first six steps of the ECM commissioning cycle:

- > Look at outcomes for children and young people
- > Look at particular groups of children and young people
- > Develop needs assessment with user and staff views
- > Identify resources and set priorities
- > Plan the pattern of services and focus on prevention
- > Decide how to commission services efficiently

North Lincolnshire has embarked on a challenging, long-term redesign process to create an holistic and sustainable children, young people and family service. All funding and local decisions now go through a single point in the Children's Trust to get the most out of the system by co-ordinating and integrating services. The Local Area Agreement, Children and Young People's Plan, the Joint Commissioning lead and Children's Trust Board are all instrumental in achieving this strategic approach.

All future funding, services and initiatives will be designed around meeting the priorities for each ECM outcome. Each new service and any undergoing a review will be designed around meeting these outcomes and priorities to ensure a coherent approach, clear targets, strategic commissioning and a single structure for performance management.

Performance management

Using a system of outcomes and priorities, North Lincolnshire is able to performance manage all aspects of service delivery, contracts and individual staff. The system distinguishes between a performance measure for a service and a performance measure for local outcomes:

- > **A service performance measure** may include the Government's key performance indicators or measure the inputs or outputs achieved
- > **An outcome performance measure** must be related to the five ECM outcomes or fifteen local priorities and must show how people are better off

Every three months, performance data is reviewed at an outcome review. The data is aggregated to show the needs across North Lincolnshire and gaps or areas for improvement. The report is used to make strategic decisions across the whole of children's services so that services can be quickly redesigned, commissioned or decommissioned. North Lincolnshire has been using the Mark Friedman 'results based accountability/turning the curve' approach which can be found at www.everychildmatters.gov.uk/resources-and-practice/EP00201

Early identification of need

Early identification of need and preventative approaches are built into all services with the aim of stopping the child or young person requiring the next tier of services. This has been a big culture change for staff. Early identification takes place at a micro and macro level:

- > Micro identification is through individual assessments
- > Macro identification is from better data gathering and analysis across the Children's Trust

Senior workers dedicated for Common Assessment Framework (CAF) quality assurance

In parallel to the early identification of need, two senior staff members review all CAF assessments to quality assure that the assessment is robust and is likely to meet the needs of the child or young person.

How prevention is built into the commissioning process

Each tier of every service is set up to prevent the child or young person from escalating to the next tier. It is common experience that children can be quickly propelled up to the next level, but in North Lincolnshire the system has been modelled so the opposite is done. Services are commissioned to support children at the earliest opportunity to prevent needs escalating to the next level.

Objectives

The objectives of this approach are:

- > Integrated service delivery
- > A quarterly performance management framework
- > Multi-disciplinary teams focused on early intervention and prevention
- > Strong partnership arrangements across professional disciplines with agency-wide commitment to prevention and joint commissioning
- > Dedicated senior workers to quality assure CAF outcomes
- > Voluntary organisations represented on the Children's Board

Benefits achieved

Sustained staff commitment and partnership working have shifted service provision from a crisis-driven response to cover the full spectrum of service delivery, from prevention and early intervention to crisis and targeted interventions of the most critical nature. Staff have been helped by the introduction of robust inter-agency governance that has proper accountability for commissioning, managing and pooling budgets and managing performance.

Outcomes and outputs

- > Increased focus on prevention and early intervention/support to families
- > Offending by looked after children has reduced from 6.6% (2005) to 2.8% (2006)
- > Placement stability and permanence for looked after children is up from 44% (2005) to 56% (2006)
- > Re-registrations on the Child Protection Register have dropped from 18% (2005) to 11.5% (2006)
- > Four star Children's Social Care 2005/06

Critical success factors and lessons learned

Moving away from an initiative-based method of commissioning services driven by the availability of new resources, towards strategic commissioning driven by identified need across the whole system takes time, commitment and buy-in at every level of the service. People have to be prepared to give up traditional ways of working.

Embedding a consistent performance management system across all services, contracts and staff for all Children's Trust partners is a large task which needs clear sign up by all senior management. Often staff feel uncomfortable with this approach until they see the benefits.

Professionals often feel that they cannot measure prevention which can result in poor buy-in. However, outcomes such as the number of children in care and the Mark Friedman 'turning the curve' method will help with this.

Some small providers may have difficulties dealing with the outcomes data required and will need support from the Children's Trust. Some voluntary providers have not bought into the partnership arrangements, so ways to motivate and encourage them to participate should be examined.

A disparity between the ways that different Children's Trust partners collate data can exist which makes it difficult to bring data together and reduce double or even triple counting. Having a consistent approach and developing protocols for data and information sharing is key.

Children's Trust partners use different language for the many levels of need, prevention and service responses. Common definitions are helpful to ensure that gaps in understanding are not created.

A balance between redesigning a service to meet local needs and working as part of a coherent system must be achieved. Together with ensuring that the service will continue to meet key performance indicators and other performance metrics, this is vital for success.

Avoid knee-jerk reactions to needs. Do not implement a quick response in an area if it is not part of a strategic approach as it will often be incompatible with other work. It is important that all decisions are made strategically, supported by a single structure for performance management across all children's services.

Further information

This case study is adapted from an original case study published in March 2007 which is available at www.everychildmatters.gov.uk/resources-and-practice/search/EP00306/

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