



Item No: 10

Meeting Date: Wednesday 15th March 2017

Glasgow City Integration Joint Board

Report By: Susanne Millar Chief Officer Strategy, Planning and Commissioning / Chief Social Work Officer

Contact: Mike Burns

Tel: 0141 420 5880

CHILDREN'S SERVICES TRANSFORMATION

Purpose of Report:	To seek approval of a number of proposals in respect of Children's Services to transform the balance of care; to maximise the infra-structure available in the City; and, consequently to radically reduce the cost and use of high cost placements out with the City in tandem with enhanced locality family support.
---------------------------	--

Recommendations:	The Integration Joint Board is asked to: a) approve the proposals and approach outlined in this report; and b) direct the Council and Health Board to develop or redesign services as outlined in this report.
-------------------------	--

Relevance to Integration Joint Board Strategic Plan:

Directly contributes to transforming the balance of care outlined on pages 18-19 of the strategic plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Section 5.1 of this report outlines the impact that this work will have on the nine national outcomes.
--	--

Personnel:	None
-------------------	------

Carers:	Partnership working with education and third sector organisations will help improve the early identification and support for young carers reducing any negative impact of their caring role on their own health and well-being.	
Provider Organisations:	The re-investment of the money previously spent on outwith Glasgow placements into locally provided family support services will provide opportunities for provider organisations in Glasgow.	
Equalities:	EQIA previously completed and will be subject to refresh as the change programme is implemented.	
Financial:	Transforming the balance of care and critically shifting investment from high cost care packages will realise £1.4m savings in 2017/18	
Legal:	None	
Economic Impact:	The reduction in use of high costs care packages outwith the city and the enhancement of locality based support will have a positive economic impact across the city.	
Sustainability:	None	
Sustainable Procurement and Article 19:	None	
Risk Implications:	The statutory duties continue to require to be met during this period of change, and this may have an impact on delivery of savings targets.	
Implications for Glasgow City Council:	There will be an ongoing need for continued close liaison with Education Services, to continue existing close partnership working with social care	
Implications for NHS Greater Glasgow & Clyde:	Discussions are ongoing with NHSGGC in respect of other Children's Services provided on a Health Board wide basis.	
Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	✓

1. Purpose

- 1.1 To seek approval of a number of proposals in respect of Children's Services to transform the balance of care; to maximise the infra-structure available in the City; and, consequently to radically reduce the cost and use of high cost placements outwith the City in tandem with enhanced locality support.

2. Background

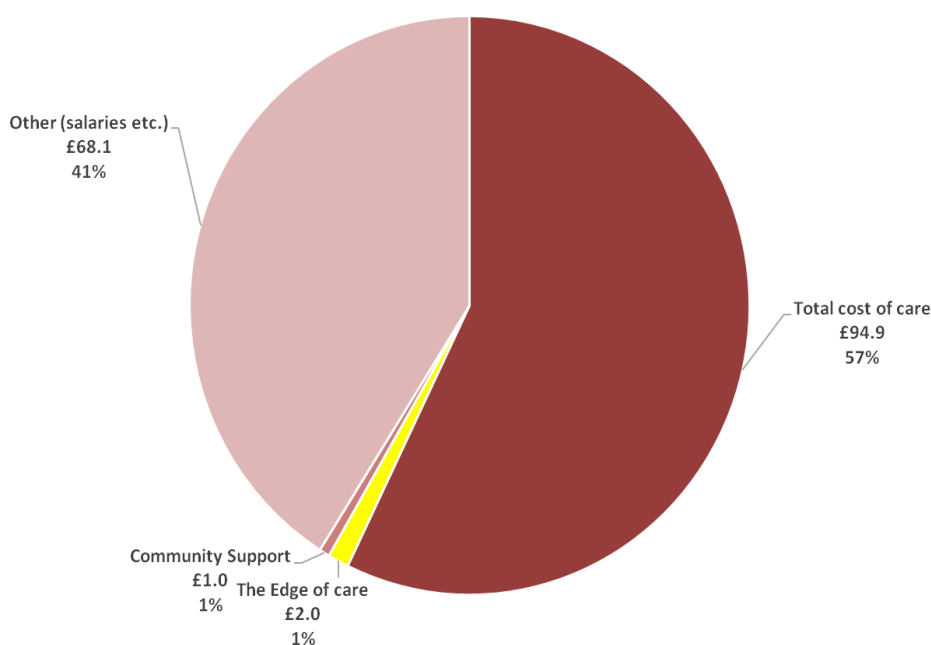
- 2.1 Significant progress has been made across Children's Services by Social Work, Health, Education and our other key partners to improve services and outcomes for children, young people and their families.
- 2.2 The Child Care system has continued to build very impressive and solid foundations including recently:
- (a) Investment in 13 new build children's homes to the cost of £13m. This infra-structure has been immensely positive and contributed to a reduction in placement breakdowns (only 5 throughout 2016) and the promotion of positive engagement in education, college and work with currently 78% of the 144 young people in school, college and work. There is work ongoing to engage with the remaining 22% of young people across the range of employability options open to them.
 - (b) Continued focus on recruitment of foster carers and the development of a substantial and robust approach to provide a family experience for the vast majority of children and young people in foster care.
 - (c) Strengthening and sustaining the role and contribution of our Kinship Carers. The Council took the decision to reconcile payments to kinship carers with respect to foster allowance, recognising not only their immense and valuable contribution to the recovery and development of the 1,000 children and young people in their care, but critically their contribution in securing better outcomes, promoting resilience and assisting children / young people towards full and active citizens in Glasgow. The HSCP has gone further to transform the approach to Kinship Care in the City to provide this option as a requirement to be considered prior to any admission into foster care (a legal requirement) and furthermore to introduce a family finding service to seek out family connections far and wide.
 - (d) The work across localities and in tandem with colleagues in Education has seen significant improvement in attainment and a closing of the gap for Looked After Children.
 - (e) Additional and significant investment in the Health Visiting workforce in Glasgow has strengthened the 30 month assessment and secured improvements in both the universal pathway and also in prevention through the Early Years Joint Support Teams with Nurseries and colleagues in Education.

- (f) The ongoing implementation of Family Nurse Partnership, Triple P (Positive Parenting Programme), Mellow Parenting, Solihull Approach and the Incredible Years has all contributed to promoting a nurturing approach in the city and has demonstrated a commitment to early years, earlier intervention and prevention. This has all strengthened activity around health improvement and tackling health inequalities. Getting it Right for Every Child remains at the heart of our children services.

3. Analysis of Spend and Associated Outcomes

- 3.1 The detailed analysis of spend illustrates that the balance of spend remains too heavily weighted towards the later stages of the care journey, and that the system is spending significant amounts on some young people without securing the commensurate outcomes reflecting that investment. A detailed analysis of the trend in spend for 2015 / 2016 demonstrates that the investment for too many is too late and insufficient in securing the better outcomes the Health and Social care Partnership and the city requires. The improvements required to further close the attainment gap and secure positive destinations illustrate that further action is necessary.

Audit of Total £166m Current Spend



- 3.2 Our audit of the current total HSCP spend of £166m on Children's Services shows that the HSCP spends:

- £20.8m on 95 Purchased Residential Care
- £21.5m on 144 Provided Residential Care
- £16.8m on 316 Foster Care Purchased
- £19.5m on 791 Foster Care Provided.
- £7m on 1,300 in Kinship Care.
- £9.3m on Leaving Care.
- £2m Edge of Care Support.

- £1m Family Community Support

- 3.3 The HSCP has identified the need to transform the balance of care and critically shift investment from high cost and on occasions “failure demand” into better outcomes for children and young people in the City of Glasgow.
- 3.4 The HSCP expenditure of £20.8m on 95 young people is arguably imbalanced and, for those numbers of young people who do require high cost care, the HSCP believes that better outcomes should be achieved for these young people for the cost involved. The deployment of this resource can and should be improved for them, their families and indeed our communities. Fundamentally, there is a need to review not only the balance of care but the full cost of care. The total cost of investment in formal care needs to be considered in the context of the investment in locality family support and prevention.
- 3.5 In light of the above the HSCP should transform the balance of care, to maximise the infra-structure available in the city, and consequently to significantly reduce the use of high cost placements out with the city and therefore expenditure levels at this end of the child care continuum of care provision. Our work throughout 2016 in reducing such placements from 116 to 95 is an important start but there remains a need to go further in reducing such usage. Our analysis of individual cases shows that the placements are costly (average £219,000 per year per child) and limited in securing good outcomes. Young people also inevitably return either to home or back to Glasgow and the scale of the investment is therefore not commensurate with the quality of outcomes secured
- 3.6 It is also necessary to acknowledge that the analysis of the full cost of care requires to be considered in the context of the financial resources available in the HSCP.

4. Priorities for Action

- 4.1 Reshaping the investment in our Glasgow system of care provides a significant opportunity to transform the nature of our intervention and ensure that more effective use of the £20.8m is secured for efficiencies and importantly, re-investment for family support and prevention.
- 4.2 The current level of demand and activity within core Social Work Services is unsustainably high. Around 7,000 of the open cases within the localities relate to the provision of family support. A new approach is therefore required to provide early support and choice as both a preventative and anticipatory approach. Previously, this has been characterised as helping those families who are “just coping”. We need to adapt and adopt a much more strength based and asset based approach.
- 4.3 We will work to reduce the number of young people accommodated outwith Glasgow by a further 10-15 during 2017-18 (to a total of 80-85) and a further 10-15 during 2018-19. The re-investment of the money previously spent on outwith Glasgow placements into locally provided family support services will allow us to ensure the whole system is working as one and young people in need of help and support are identified, assessed and provided with appropriate interventions at the earliest point.

- 4.4 The Partnership will seek in the first instance to reduce placements by 7 (on average £219,000) to secure the planned savings for 2017/2018 of £1.4 million. Thereafter, the intention is to shift resource out of high cost care and into local prevention and family support. While the intention is to contribute towards further savings in 2018/2019, the transformational plan is predicated on securing such savings to commence investment into family support and therefore shift the balance of care.
- 4.5 We need to develop a healthy and long term sustainable family support sector in Glasgow which will provide a strong foundation for the transformation of services by enabling services to move from a reactive focus at point of crisis and acute care, to providing preventative and early intervention. Effective family support services will also assist families to build their own capacity, thereby reducing their reliance on statutory services and reducing the intergenerational cycle of multiple deprivation and poor outcomes for children.
- 4.6 To this end, a Short Life Working Group to develop this family support strategy will be established with membership from public and third sector organisations that have an interest in improving the provision of family support in Glasgow. The Group's focus will be:
- Agreeing a definition of family support.
 - Undertaking a more robust needs assessment for family support and a locality mapping exercise of existing services and referral and care pathways which operate between organisations.
 - Developing a robust long term commissioning framework.
 - Establishing a sustainable and equitable funding framework for third sector organisations, including developing a consensus amongst funding bodies of the priorities for the City.
 - Agreeing priorities for future funding.
 - Further development of referral and care pathways into family support and between different providers to create a robust network of services.
 - Aligning the family support strategy with other key strategies, such as the Glasgow Challenge and the HSCP Transformational Programme.
 - Engaging with families and key stakeholder to make sure the strategy meets their needs.

5. Anticipated Benefits

- 5.1 The anticipated benefits of this work impacts on the nine National Health and Wellbeing Outcomes as follows:

Outcome 1: Investment in locally provided family support services will build capacity within our young people and their families to look after and improve their own health and wellbeing.

Outcome 2: Children and young people are able to live, as far as reasonably practicable, at home or in a homely setting in their community.

Outcome 3: Our improved engagement with young people and their families will help ensure those who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4: Our engagement with young people will ensure we focus our service delivery on improving outcomes that matter to them and are centred on helping to maintain or improve the quality of life of people who use those services.

Outcome 5: Our partnership working across statutory and third sector organisations will ensure we identify, assess and provide appropriate interventions that contribute to reducing inequalities.

Outcome 6: Partnership working with education and third sector organisations will help improve the early identification and support for young carers reducing any negative impact of their caring role on their own health and well-being.

Outcome 7: Protecting our children and young people remains central to all of our plans and our constant review of risk ensures that those using our health and social care services are safe from harm.

Outcome 8: Our engagement and communication strategy will ensure that those who work in our health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Outcome 9: Our overall aim is to ensure resources are used effectively and efficiently in the provision of health and social care services. Our continuous improvement focus will help to ensure our pathways, interventions and outcomes are as effective and efficient as possible.

6. Recommendations

6.1 The Integration Joint Board is asked to:

- a) approve the proposals and approach outlined in this report; and
- b) direct the Council and Health Board to develop or redesign services as outlined in this report.



DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	150317-10-a
2	Date direction issued by Integration Joint Board	15 th March 2017
3	Date from which direction takes effect	15 th March 2017
4	Direction to:	Glasgow City Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	All functions as they relate to Children's Services as outlined in this report.
7	Full text of direction	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to develop or redesign services as outlined within this report.
8	Budget allocated by Integration Joint Board to carry out direction	As advised by the Chief Officer: Finance and Resources.
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	March 2018