**005600 – NEPO – Education, Health and Social Care**

**Independent Children’s Residential Homes – Third Provider Consultation Event 28.09.16 – Feedback**

**Set out below is the feedback that the NE12+ Collaborative has received to date. Newcastle, as Lead Authority for this collaborative commissioning exercise will continue to gather all feedback received during the consultation period for consideration and to share our responses once all feedback is collated. All feedback received will be taken into consideration when co-designing the final commissioning model for this new solution.**

**Feedback obtained from Providers who attended the event has been recorded below. Providers have until 14 October 2016 to provide additional feedback.**

|  | **Feedback – Comment/question/Point of clarification** | **Response from the NE12+ Collaborative** |
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|  | **Feedback on a potential Lotting Structure** |  |
| **1** | Definitions:* Lots agreed, but Definitions of eg ‘therapy’ and ‘disabilities’ need to be clear, as well as what to do for dual diagnosis
* Lots approved but further work required to agree definitions / headline descriptors
* Definitions to be agreed for headline Lots
* Therapeutic Lot still requested for specialist placements – To be covered under definitions of ‘disabilities’?
* Lot 3 resource intensive - to be covered under definitions
* Lots agreed. Definitions required
* Lot 2 to be split between LD/PD. Autism may cross Lot 1 & 2 – Cover both in definitions
* Therapy definitions required
* Occupational Therapists to have identified qualifications/accreditation. Cover in definitions.
* Are therapists accredited? Cover in definitions.
* Business model required for minimum staffing – Staffing to be covered under definitions
* Can staffing reduce during school day? Cover under definitions.
* Does Lot 3 include emergency placements? Identify and agree when refining definitions.
* Emergencies are cause of key stress for LA’s. Would an additional Lot encourage Providers to offer these? Could they included under Lot 3 at higher price?
* Out of area Lot discussed – What is “the area” – Cover under definitions
* Define Key Worker role
* Additional menu – Move element of therapy out of Additionals and into Core - BR – Core therapies are all part of their offer.
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| **2** | Lots agreed, but request to review removal of CSE as a Lot, as there is recognition that it is a growing need. Originally removed as it was unclear what would need to be in a Provider SoP over and above EBD to make this a separate Lot – Cambian to send their definition to identify whether this should be included in Core or if CSE needs to be reconsidered as a separate Lot. Identification of CCTV as a key requirement for this potential Lot, although this is heavily regulated. |  |
| **3** | * Discussions on need for a solo Lot resulted in agreement that a supplement/enhancement for solo Lots would be appropriate as the Core definition would only be appropriate for 4+ bedded homes. Therefore cost of solo placement would become £Solo = £Core + £Enhancement + £Additionals. No figure identified as appropriate for enhancement cost.
* Discussion on home size. EBD to be banded/sub-lotted into home size and which home size could be best to be identified at call-off.
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| **4** | Education:* Education to be added to Addtionals menu (Social Care driven placements, with education)
* Education to be added to Additionals menu
* Guideline fee for education
* Education Additional for Lot 3 required
* Educational required as Additional
 |  |
| **5** | Governed Intervention Therapies:* Additionals menu to include ‘Holistic Therapies’ group (sensory/aqua/equine/art/trampoline etc) at average hourly rate. Source from CAMMS then external
* Additionals menu – Sensory therapies
* Additional Menu – Add group of play/music/sport/taster sessions (for those not in education – alternative provision)
* Play/music/sport therapy required.
* Personal training sessions for obese children/YP.
* CCG funding – feel that the responsibility should sit with Local authorities to chase the applicable funding.
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| **6** | Additional menu – Interpreter (essential for asylum seekers) |  |
| **7** | Psychological assessment as single fee, not as a rate |  |
| **8** | The nursing elements removed from the Additionals Menu need to be reinstated for Lot 2. |  |
|  | **Feedback from discussion on Core Services Requirements for Lots 1-3** |  |
| **1** | Lot 1 Core:* Some Lot 1 Core to move to Additionals menu
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* Some core to move to Additionals menu
* Some therapy to be brought into Core for all Lots
* Level of therapy to be in Core – Therapeutic environment. Clinical consultation/oversight benefit to EBD, but ensure not already being provided by CAMMS on admission.
* 1.1.1b Remove therapeutic – Use ‘nurturing environment’, but more definition required
 |  |
| **2** | Staffing:* Costs may be kept down by considering necessary staffing levels during the school day
* Staffing levels to be considered to reduce cost of Lot 1
* Staff levels could reduce during school day/children’s holidays? Cambian – No, as staff undertake paperwork during this time.
* If reducing staff during school day, could additional staff if required be on Additionals menu?
* Staff qualifications query level
* Query staff quals levels – NVQ3 in Social care with medical accreditation, not Level 3.
* L3 not funded but L2 is
* Additional training (1.1.2 staffing of core costs) eg NVQ3 administration of medication – Not required, would be outsourced. Saving on training requirement.
* Is medical provision not available through CCG?
* Minimum level of training/qualification to be defined
* Staffing (Core 1.1.2h) (min of 2 members of staff) PTP indicated that they have a number of single cover homes that have operated for many years on that basis and therefore this would be an unnecessary financial burden (3 Homes just have a home manager).
* Staffing would depend on model (waking/sleeping)
* Where CYP in a separate education setting, staff are engaged in a range of other duties such as admin and therefore remain a staffing cost.
* 1.1.3 Preparation for adulthood Travel of 2 hours per day with CYP, staff need to be on hand to collect CYP if sick at education setting. Needs to be staffing flexibility to cover all eventualities.
 |  |
| **3** | Home size:* Core costs agreed for 4+ bedded homes
* Instead of a cap, evaluate and tier pricing based on home size.
* Larger organisations, with experienced staff will benefit from economies of scale. Organisations with full time staff would have to pay for staffing regardless of how many CYP they have in residence.
 |  |
| **4** | Lot 1 price considered low, although this could be reduced by exploiting NE12 opportunities ie networking regarding training opportunities and shared costs of contracting out services/therapies |  |
| **5** | Lot 2:* Cost of £3100 suggested by Providers for Lot 2, depending on definition
* Lot 2 price is in infrastructure and staffing, therefore definition once agreed may increase cost. However, once infrastructure in place, SoP of setting should include ability to deliver service, therefore ongoing service should not be at increased cost.
* Lot 2 to define LD/physical disabilities separately
* Lot 2 to separate autism/mild behaviour.
* Does Disability home need an EHC plan? Lots of referrals with mental health issues recently.
* Higher staffing as standard.
* DLA/PIP to be considered for Lot 2 – Who receives and how can it be spent?
* DLA seen as belonging to the CYP but should be used to offset/fund the cost of necessary adaptations and equipment. Should be responsibility of LA to fund adaptations.
* Higher staffing ratios required for Lot 2.
* Environment requirements to include equipment & additional training
* Lot 2 to include sensory equipment
 |  |
| **6** | Lot 3:* Call this Pre-Placement Assessment?
* Lot 3 definition to consider step up/down to/from secure
* Does this cover emergency placements? Lots 1&2 will still offer emergency beds
* Agreed need for Lot 3 but price is low when some are up to £6K.
* Are we saying that the assessment of often chaotic CYP will be strictly time limited and there inevitably lead to further upheaval at its cessation?
* Additional element of Education required
* Paragraph N is not the same as Lot 3 assessment – Make clear
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| **7** | Common sense approach to Additional Menu with escalation procedure defined and Lead Authority offering mediation service if required. |  |
| **8** | Additional RCO:* RCO fee too low
* Agency RCO staff £20 / hr
 |  |
| **9** | Core Allowances:* Allowances require further definition/capping
* Allowances levels may come from fostering data.
* Legislation to support?
* Minimum to be identified, age related, ethnic related, not gender related, to include toiletry allowance.
* Savings to be defined as well as what happens to budget if not used, is it saved for the child/YP? What is the audit process?
* Pocket money to be less if child goes home on weekends, but not necessarily based on age.
* PTP advised that they have one fee which covers all eventualities and that additionalities added as hourly rate would be an administrative nightmare. They accommodate all hobbies etc and on very rare occasions would ask for additional contribution.
* Artemis allow £10 phone topups where the first £10 used to buy basic handset
* Support YP managing finance with OSPER card/app to track mobile usage
 |  |
| **10** | Core Reports:* Monthly reports for first 12 weeks, then reports could reduce to monthly with weekly phone conversations if required.
* General, O, reports, PTP indicated that reports are undertaken as and when determined necessary and this was governed by CYP behaviour (good or bad) and therefore should not be an additional weekly task.
* 72 Hour planning meeting & 28 day assessment/review not included
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| **11** | Return Interviews:* Return from missing interviews – Responsibilities/costs to be defined.
* Return interviews may be able to be offered by the Provider
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| **12** | Notification of Placement:* Notification of host authority of placement – break out into LAC nurse/placements at a distance (section s)
* LA responsibility, not Provider
 |  |
| **13** | Travel:* Consider if contract is national (geographical boundaries) or for ‘Placement at a distance’. ‘Out of area’ agreed to be outside host authority, ‘Placement at a Distance’ agreed to be placement outside LA + 1 bordering authority. Revisit language.
* Consider in staffing ie if minimum staffing in home, additional staff required to operate travel service.
* Most LA’s operate 20m radius.
* Pebbles offer 1 contact visit per month inclusive.
* Mileage: TH pointed out that the frequency of contact could increase from that initially envisaged and was not just the cost of mileage but could potentially be 2:1 staffing to accompany CYP. This should therefore be a trigger for variation in the cost of placement.
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| **14** | On call service:* 24 hour access to management – Define access (in person/phone/on call)
* Core 1.1.1q Rota/Shift Leader/External to home?
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| **15** | Clothing:* Needs to specify ‘on arrival’. There is expectation that child arrives with basic clothing.
* Definition of clothing allowance for basic clothing/school uniform
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| **16** | Passports:* Provider to bear cost, but question over responsibility? Provider to be responsible with support from LA where required to track documentation.
* Should not be included. Additional.
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| **17** | Driving lessons:* Driving lessons at discretion of setting manager.
* Driving lessons to be negotiable with the LA.
* Negotiations re Additionals is burden on Provider
* Should not be included. Additional.
 |  |
| **18** | Sign language 1.1.8 u – Move to Additionals menu. |  |
| **19** | Counselling requires clear definition as some children/YP cannot engage if traumatised. To be accredited? |  |
| **20** | Therapy for bereavement and loss required |  |
| **21** | Therapy rates require review. |  |
| **22** | Additional training (1.1.2 staffing of core costs) eg NVQ3 administration of medication – Not required, would be outsourced. Saving on training requirement. |  |
| **23** | Lessons for hobbies eg golf to be considered when moving YP to independence. |  |
| **24** | OT more expensive if bought in |  |
| **25** | Core 1.1.2e Appropriate adult cannot be part of core plan |  |
|  | **General Feedback** |  |
| **1** | Need mechanism to vary provision if needs change |  |
| **2** | Offers always made ‘in principle’ with impact risk assessment required to ensure suitable match |  |
| **3** | Not clear on how solution will determine the priority need between Education with Residential and Residential with Education |  |
| **4** | Timescales for agreeing any additional services (i.e. staffing) could there be a timescale applied, sometimes additional staff hrs take many months for LA to commit to and supplier is picking up the cost. (Escalation policy to resolve any decisions) |  |
| **5** | Staff Safety and Job satisfaction:Secure transport – Need to keep staff safe.Staff retention and morale need to be considered in relation to this solution. Some settings might see agency workers or short term employment contracts as the answer to peaks in demand but this will not deliver a good service and is likely to impact on staff retention. |  |
| **6** | Core 1.1.1f Monitoring – What is ‘qualified’ and what is ‘regular’? |  |