0-19yrs Integrated Children's Commissioning Project

Commissioning Plan 2017 - 2020

Our community – Our future – Our vision

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Introduction

1.1. What is the purpose of this plan?

This plan sets out Torbay Council's ambition for our Public Health & Children's Services, universal and targeted offer for 0-19 year olds. This plan provides a road map to achieving these ambitions through a set of principles, priorities and shared outcomes.

This plan does not include Children's Services at a statutory intervention level. Successful implementation of this plan will result in fewer escalations into statutory services and fewer re-referrals into our statutory services.

We know that providing advice, information and support at the earliest possible opportunity prevents issues from escalating and ultimately improves outcomes and saves money compared to costly specialist interventions.

This plan is a work in progress. It will support collaborative working with our partners (including the public and people with lived experience of these services) to design and commission a service fit for our future needs.

1.2. Scope of commissioning plan

The scope of this commissioning plan includes:

- Health Visiting
- School Nursing
- National Child Measurement Programme
- Children's Centres
- Early Help Co-ordination
- Team Around the Family Co-ordination
- Family Intervention Team
- Young People's Substance Misuse Service
- Advocacy and Independent Visitors Service
- Missing and Return Home Interview Service

As part of the development work undertaken, all universal and targeted services for children (that are the responsibility of the Council) were reviewed and considered in terms of suitability for their inclusion. The assessment for the range of services included in this recommissioning programme is based on their suitability as part of the current delivery or commissioning arrangements in place for each service.

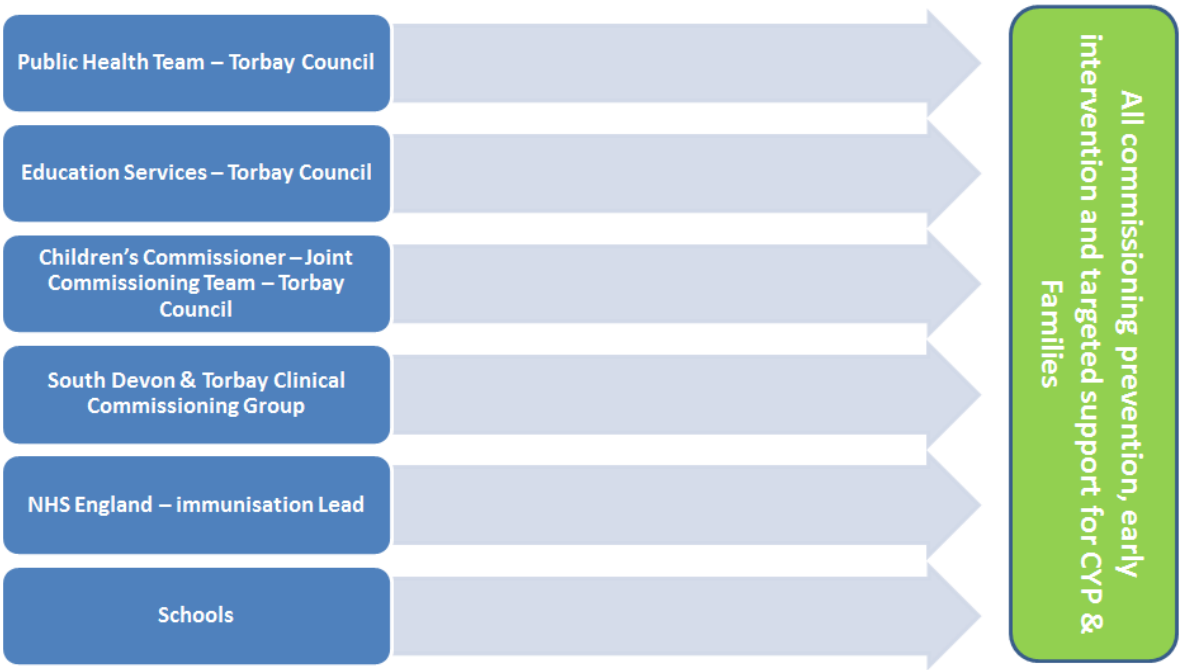
Some services have been identified as being potentially beneficial to the service design and delivery in the future but are not included in this programme. This is due to current contracting, financial or strategic reasons and they will be identified and considered for inclusion as opportunities arise during the life of this contract.

Where services for 0-19 years are not included within a future single integrated contract, there will still be a requirement for all services for 0-19 years to work together closely to provide services, improve the experience of users and improve outcomes for children and young people. This may include services for young people who are homeless and young parents.

1.3. **Where are we now?**

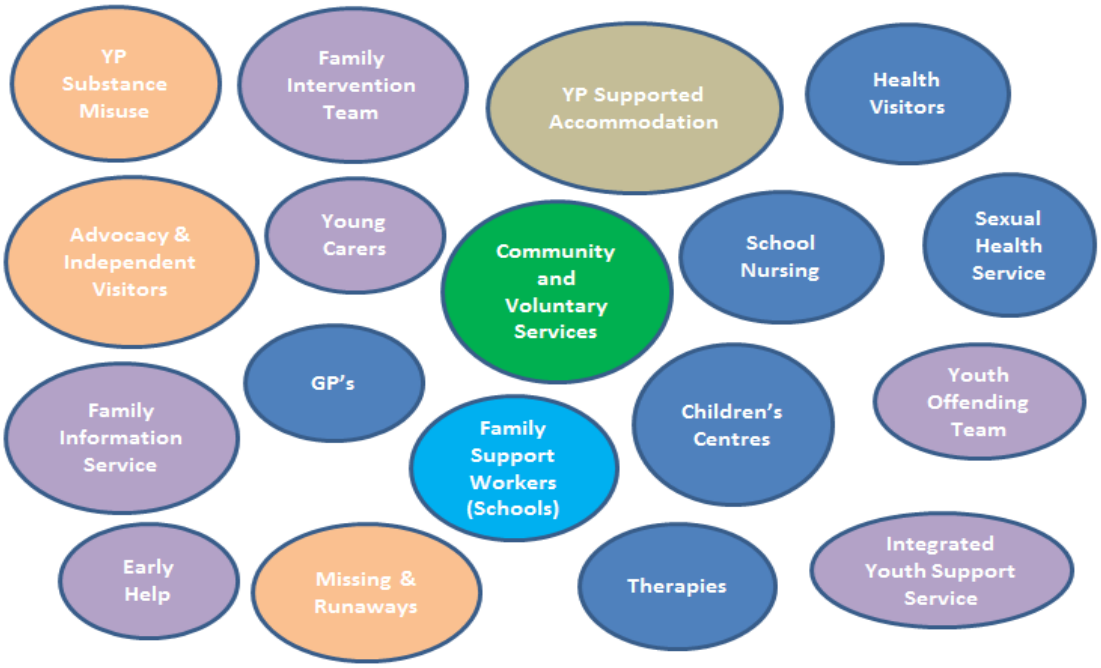
We have a spectrum of departments and organisations with duties and responsibilities for commissioning services for children, young people and families in Torbay (Fig 1). This complex landscape is not unique to Torbay and is a challenge many localities across the country face.

Fig 1: Diagram of current commissioning departments



Alongside the commissioning arrangements we have a wide provision of services delivered by a variety of organisations across Torbay to support children, young people and families – including a broad range of support offered by our community and voluntary sector (Fig 2).

Fig 2: Current services for children, young people and families.



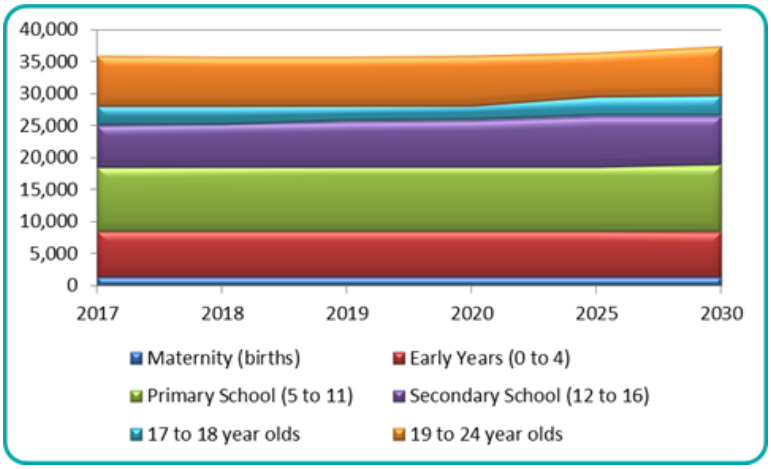
2. Overview of population profile and needs

Fig 3: Table to demonstrate population projections 2017-2030

Projected Year	All Ages	Age 0 - 4	Aged 5-9	Aged 10-14	Aged 15-19	Aged 0-19
2017	134,481	7,158	7,185	6,788	6,756	27,887
2018	135,077	7,112	7,278	6,946	6,623	27,959
2019	135,691	7,110	7,397	7,028	6,512	28,047
2020	136,366	7,141	7,355	7,167	6,530	28,193
2025	139,809	7,177	7,284	7,610	7,215	29,286
2030	143,140	7,094	7,343	7,553	7,619	29,609

Source: 2014 based sub national population projections, NOMIS

Torbay's position as a seaside community continues to prove popular as a retirement destination with the proportion of over 65's residing in the area being 45% higher than the England average.



Children and young people under the age of 20 make up 21.0% of the population of Torbay. The 0-19 population is estimated to increase by around 300 between 2017 and 2020, and then by a further 1,100 between 2020 and 2025. The population of 8 to 14 year olds is projected to increase by 9.7% by 2020. The recent publication of the Public Health England Child Health Profiles (PHE, 2017) identifies that the health and wellbeing of children in Torbay is mixed compared with the England average. It highlights:

- High levels of child poverty
- High levels of child protection cases and children in care
- High levels of smoking in pregnancy
- Low breastfeeding rates
- Better MMR immunisation rates than the national average.
- Average levels of children achieving a good level of development at reception.
- Average levels of obesity
- High levels of dental caries requiring hospital admission
- High levels of hospital admissions for young people for alcohol and substance misuse
- High levels of hospital admissions caused by injuries for children and young people
- High levels of hospital admissions for mental health conditions and as a result of self-harm
- Average levels of children achieving GCSE's

Fig 4: Overview of Child Health – CHIMAT 2017

Compared with benchmark: Better, Similar, Worse, Not Compared

Benchmark Value: Worst, 25th Percentile, 75th Percentile, Best

Indicator	Period	Torbay			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Infant mortality	2013 - 15	–	20	4.7	3.6	3.9	7.9		2.0
Child mortality rate (1-17 years)	2013 - 15	–	10	14.1	10.5	11.9	20.7		5.3
MMR vaccination for one dose (2 years) <90% 90% to 95% ≥95%	2015/16	↑	1,445	95.2%	92.9%	91.9%	69.3%		97.7%
Dtap / IPV / Hib vaccination (2 years) <90% 90% to 95% ≥95%	2015/16	→	1,480	97.5%	96.5%	95.2%	73.0%		99.2%
Children in care immunisations	2016	→	185	84.1%*	82.9%*	87.2%*	26.7%		100%
Children achieving a good level of development at the end of reception	2015/16	–	1,027	70.6%	69.5%	69.3%	59.7%		78.7%
GCSEs achieved (5A*-C including English & Maths)	2015/16	–	763	56.6%	58.4%	57.8%	44.8%		74.6%
GCSEs achieved (5 A*-C inc. English and maths) for children in care	2015	–	-	*	14.3%	13.8%	6.4%		34.6%
16-18 year olds not in education, employment or training	2015	↓	180	3.8%	4.1%	4.2%	7.9%		1.5%
First time entrants to the youth justice system	2016	↓	47	428.9	327.3	327.1	739.6		97.5
Children in low income families (under 16s)	2014	↓	5,325	23.6%	16.1%	20.1%	39.2%		7.0%
Family homelessness	2015/16	→	20	0.3	1.2*	1.9	10.0		0.1
Children in care	2016	↑	280	111*	53*	60*	164		21
Children killed and seriously injured (KSI) on England's roads	2013 - 15	–	11	16.6	13.7	17.0	49.3		1.4
Low birth weight of term babies	2015	→	40	3.1%	2.7%	2.8%	4.8%		1.3%
Obese children (4-5 years)	2015/16	→	133	9.5%	8.5%	9.3%	14.7%		5.1%
Obese children (10-11 years)	2015/16	→	235	18.0%	16.3%	19.8%	28.5%		11.0%
Children with one or more decayed, missing or filled teeth	2014/15	–	-	26.8%	21.5%	24.8%	56.1%		14.1%
Hospital admissions for dental caries (0-4 years)	2013/14 - 15/16	–	149	687.4	223.0	241.4	1,143.2		9.2
Under 18 conceptions	2015	↓	50	22.9	16.8	20.8	43.8		5.7
Teenage mothers	2015/16	→	16	1.2%	0.7%	0.9%	2.2%		0.2%
Persons under 18 admitted to hospital for alcohol-specific conditions	2012/13 - 14/15	–	46	61.5	44.8	36.6	92.9		10.9
Hospital admissions due to substance misuse (15-24 years)	2013/14 - 15/16	–	67	160.4	97.7	95.4	345.3		34.1
Smoking status at time of delivery	2015/16	↓	174	15.0%	11.2%	10.6%*	26.0%		1.8%
Breastfeeding initiation	2014/15	–	779	*	79.0%	74.3%	47.2%		92.9%
Breastfeeding prevalence at 6-8 weeks after birth - current method	2015/16	–	528	*	*	43.2%*	18.0%		76.5%
A&E attendances (0-4 years)	2015/16	↑	3,983	542.3	469.3	588.1	1,836.1		335.0
Hospital admissions caused by injuries in children (0-14 years)	2015/16	→	263	126.6	105.0	104.2	207.4		53.5
Hospital admissions caused by injuries in young people (15-24 years)	2015/16	↑	360	259.8	153.2	134.1	280.2		72.0
Hospital admissions for asthma (under 19 years)	2015/16	→	46	172.0	168.0	202.4	591.6		84.3
Hospital admissions for mental health conditions	2015/16	↑	43	170.4	95.1	85.9	179.8		33.8
Hospital admissions as a result of self-harm (10-24 years)	2015/16	–	237	1,167.9	597.8	430.5	1,444.7		102.5

Poverty and Deprivation

There are pockets of severe deprivation and inequalities within Torbay. These pockets tend to be communities that experience poorer outcomes such as poorer educational attainment, poorer socioeconomic status, lower earnings and the lowest life expectancy. They tend to experience higher levels of risk taking behaviours such as smoking, alcohol and drug abuse. In Torbay, just over 1 in 3 of under 18's (35%) live in areas ranked in the top 20% most deprived in England. 18.6% of primary school children are entitled to free school meals (national average is 15.6) and 12% of secondary school children (national average is 13.9%).

Minority ethnic groups

18.1% of children come from minority ethnic groups, which is much lower than the national average of 28.6%. The majority of the children in Torbay are recorded as 'any other white background'. 5.1% of children in primary schools have English as an additional language which is lower than the national average of 19.4%. For secondary school children it is slightly lower at 4.1% where the national average is 15%.

Children looked after by the local authority (Looked After Children)

In Torbay, the rate of Looked after Children (LAC) under-18 is more than double the rate for England and is increasing. Many Looked After Children have complex needs, frequently as a result of abuse, neglect, trauma, loss or attachment difficulties prior to coming into care. Looked After Children are twice as likely to enter the criminal justice system as non-Looked After Children.

This recommissioning programme will contribute to the Councils corporate parenting offer and responsibilities. The new designed service will be underpinned by the principle that all children (including those looked after and care leavers) will have comprehensive health care, consistent education and the use of specialist advice and therapeutic interventions when required.

Within the scope of this project are specialist services for looked after children and care leavers in relation to advocacy and independent visitors, alongside generic universal services such as health visiting, school nursing and substance misuse services.

Children with special educational needs and disabilities

Pupils with special educational needs are currently classified as those that require SEN support and those with a SEN Support Statement of special educational needs (statement) or Education, Health and Care (EHC) Plan. Torbay has a higher level of pupils with SEN (17.1%) than the national average (14.4%) (DFE, 2017).

Mental health

One in ten children aged 5-16 years has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14. Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders – with ten per cent of 15-16 year olds having self-harmed. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations.

Mental health problems and associated risk taking behaviour can result in a hospital admission if undiagnosed or a young person is not supported well enough by services. In 2014/15, 56 young people per 10,000 aged 10 to 24 years had a hospital admission for self-harm in Torbay. This is significantly higher than the England average of 41 per 10,000 young people aged 10 to 24 years.

Domestic Abuse

Domestic abuse between parents is the most frequently reported form of trauma for children. Domestic Abuse rates in Torbay are the highest across the Devon and Cornwall Police Force area. The emerging Domestic Abuse and Sexual Violence Strategy for Torbay highlight the following facts relating to children and young people in Torbay:

- Local analysis shows that a minimum of 40% of all Torbay Children's Services activity is related to domestic abuse.
- 12% of cases where children exposed to domestic abuse had alcohol as a factor.
- Torbay has amongst the highest rates of children looked after in England -failure to protect where there is domestic abuse is often a key factor in proceedings.
- 20% of female victims were aged 15-19.

Substance misuse

There is evidence to suggest that young people who use recreational drugs run the risk of damage to mental health including suicide, depression and disruptive behaviour disorders. Regular use of cannabis or other drugs may also lead to dependence. Among 10 to 15 year olds, an increased likelihood of drug use is linked to a range of adverse experiences and behaviour, including truancy, exclusion from school, homelessness, time in care, and serious or frequent offending.

Torbay has a lower percentage of exclusions from school for drug use compared to England. Alcohol was recorded in 9% (53 out of 623) of crimes where the victim was under the age of 18. Torbay has consistently had a significantly higher rate of under-18 year olds being admitted to hospital for conditions associated with alcohol (61.5 per 100,000 compared with a national rate of 36.6 per 100,000).

Last year 69 Torbay young accessed community treatment for substance misuse (YP Quarterly Activity Report, Q4 2017). 100% received treatment within three weeks and 85% have a planned exit. The majority of Torbay referrals come from local Education Services, Youth Justice Services, Children and Family services or self-referrals, family and friends.

3. How did we determine our commissioning plan?

3.1. Service user and stakeholder engagement

From the outset, we wanted children, young people and families to be at the very heart of everything we do. We wanted to ensure their voices influence the further development and implantation of this commissioning plan.

This commissioning plan has been informed by a range of engagement events and activities with young people and families. Views were sought from those with experience of using services in the past; those currently using services; and those that have not accessed services.

Our engagement plan started with an evaluation of what we already know in relation to the services included within this project. These activities were undertaken by a range of teams and organisations in Torbay.

We have developed an engagement plan that will form a central part of this commissioning project throughout its duration and following implementation of the new contract. We have a strong commitment to involving service users in the development and implementation of this new service at all levels – including representation on the project Board, within the procurement process and ongoing contract evaluation.

The initial stage of our commissioning programme will include testing with our population and stakeholders whether we have got our outcomes and priorities right, based on what they have previously told us.

3.2. How else are we being informed?

As part of our development work we have undertaken the following activities:

- A consultant registrar in Public Health undertook an evidence review that focused on partnership working and integrated service delivery in early year's services in the UK.
- In-depth partnership working with other areas undertaking similar pieces of work (informed by our evidence review) – we have had support from Essex County Council and Clinical Commissioning Group, learning from their recommissioning of an integrated 0-19 years' service.
- Partnership working with our local and neighbouring Clinical Commissioning Group's and Local Authorities on their commissioning plans for children focused services.
- Consultation and development work with service users and stakeholders for youth focused Local Authority commissioned services in Torbay.

3.3. What is working well?

Through contract management, collaboration with stakeholders and dialogue with users of our services we have a good idea of what is currently working well within our system. Some of the key successes for our services in 2016/17 include:

Public Health Nursing:

- Good level of coverage of the six mandated Health Visitor checks.
- Introduction of a School Nursing Health review in Year 6 to support transition to secondary school.
- The knowledge and level of support available on a range of child health related issues including, diet and nutrition, mental health, child development and sleeping.
- More intensive support for vulnerable children, young people and families.

Children's centres:

- The volume and offer of family support.
- Parenting programmes and evidenced based work.
- Reach targets for under 2's.
- Engaging parents in their child's learning at home.
- Tracking progress (Good Level of Development) of children receiving family support or nurture.
- Knowledge of and support for teenage pregnancy.

YP Substance Misuse, Missing and Advocacy and Independent Visitors Service:

- Excellent waiting times.
- Good successful discharge rate.
- Services that are young person friendly.
- A family approach to casework.

Early Help:

- Partnership working with Hampshire Council and all local stakeholders to review and refresh the Early Help Strategy for Torbay.
- Establishment of an Early Help sub group of the Torbay Safeguarding Children's Board.
- Introduction of a single access point through the Multi Agency Safeguarding Hub (MASH).
- Introduction of a consultation line for professionals to seek advice, guidance and support.
- A review of all processes within the Early Help system including updating all paperwork, panel processes and tracking of families requiring additional support.

Family Intervention Team:

- A holistic family based approach to case work.
- Multi – agency partnership approaches that address a families' needs and encourage and role modelling this approach.
- Supporting families where there are complex needs in order to prevent escalation or re-entry to social care.
- Providing robust parenting interventions.

3.4. What do we need to improve?

We know that despite the range and quality of services being provided in Torbay we are still not seeing the improvement in outcomes we would want for our children and young people in Torbay.

- We know that young people presenting at services are doing so with a range of complex vulnerabilities rather than a single 'issue' or 'need'.
- Young people for substance misuse treatment in Torbay are spending longer than the national average time in 'treatment'. This is attributed to the complex vulnerabilities identified that underlie a range of risk taking behaviours.
- As services are designed around specific needs e.g. Substance use, Sexual health, Mental Health, Health, Social Care – it can be difficult for agencies to identify underlying causes earlier and have a full assessment of an individual's situation.
- People are sometimes not aware of what support and advice is available to them and so are not able to access the right help at the right time.
- We know that people get frustrated with having to tell their story multiple times to access the help they need. They also get frustrated when referred to other services that information is not always passed on.
- We know that despite the range of services currently available that we are still seeing increasing numbers of referrals into statutory level for children's services (– for many children and young people we are not providing the right support, early enough to help them succeed.
- We know that our service users have experienced inconsistent advice and information.

- We know we need to change the ways in which people are able to access our services to meet the changes to modern day life. Services need to be available to children, young people and adults when they can access them and not just what makes it easier for the service.
- Parents want more guidance in relation to the transition to parenthood and where to access appropriate advice, information and additional support if required.
- Parents want more information about emotional health and wellbeing for both themselves and their children.
- Parents want more information about childcare choices and starting pre-school.
- We know that some children are starting school with issues that impact on their learning including communication and behavioural issues.

4. Our vision for the future.

We want to protect our children and young people and give them the best start in life.

We want to provide the right support at the right time for vulnerable children and families.

We want an early help system that identifies risk factors in order to provide help and support at the earliest opportunity so that resilience is developed within individuals and the community.

We want the right mix of interventions and support to be provided to not only address the presenting needs of individuals and families but also the underlying causes.

This will require a joined up approach working with partners across our community. This partnership includes both the commissioners and providers of services working together to a set of shared goals and outcomes.

We share the vision set out by NHS South Devon and Torbay Clinical Commissioning Group for Community Health Services for Children and Young People 2016-2020 which states:

"Children and young people will experience a more personalised and strengths based approach from services. This way of working supports and increases the capabilities of the individual and family, as well as their surrounding networks and communities. We will promote personalisation, choice and control and whole family approaches".

4.1. Principles underpinning this plan

Our new system must work with and for families across Torbay. We want local communities to be seen, understood and valued by the system as part of any solutions. In Torbay we want a system that:

- Focuses on preventing problems and offers support when it is required. The system must focus on both the presenting need or risk factors and also the underlying causes.
- Builds the resilience of children, young people, parents and communities to support each other and builds on their strengths.
- Works in partnership across the whole system – assigning resources so that families can be supported with what needs to be done, when it needs to be done.
- Bases all that it does on evidence – and is brave enough to change when things are not working.
- Is clear and consistent about the outcomes they are working to achieve and has practitioners that have a shared understanding of outcomes and success.
- Have practitioners that work closely with children, young people and families to understand what they need and build trusting relationships.
- Have practitioners who are skilled, knowledgeable and co-developing approaches that work for our local community.

4.2. Key challenges

- All public, community and voluntary services in our community are facing a rise in demand for services and significant budget challenges.
- The current configuration of services we provide for children, young people and families can be complicated and confusing for both users and professionals to navigate.
- The wider system of services provided in Torbay is complex in both its commissioning and provision – we need to work together across the whole system to find solutions and make accessing help and support as easy and as seamless as is possible.
- This legacy of complex commissioning, contracting and provider arrangements means that we cannot erase and start with a blank page. Our future work needs to understand and accept some of this legacy and work where possible to address problems that arise from this.
- There are a wide range of pressures on the system including rising and ageing populations, increased numbers of children in care, children with emotional and mental health needs, high levels of child poverty.
- Different providers have different reporting systems – in time we would want to see some movement to addressing this issue so that systems are able to 'talk' to each other and data can be transferred within the system, safely, securely and quickly.
- Expectations of what services should be provided and how they should be delivered is varied and changes over time.

The key challenge is therefore for partners to commission and re-design services collaboratively so that children, young people and families can continue to receive good services that meet their needs and improve their future life chances.

5. What do we want the future service to achieve?

5.1. Service model

This commissioning plan sets out the high level ambition and intentions for our Local Authority commissioned services for 0-19 year olds in Torbay.

We want to develop a service specification for a future 'Family Hub' service. Family Hubs will:

- Deliver holistic, early intervention services to the whole community.
- Co-ordinate existing services and support, creating better information-sharing networks, ensuring that children and families do not go missing between services.
- Make creative and effective use of funds.
- Focus on, and prioritisation of, actions that will reduce the number of children in need, the number of children on child protection plans and the number of children coming into care.
- Ensure that vulnerable groups of children (such as Looked After Children) are prioritised so that interventions are offered at the earliest appropriate opportunity.
- Coordinate statutory and voluntary approaches to tackling the root causes of inter-generational poverty, family breakdown and poor outcomes for children.
- Be friendly community based settings from which to access or be signposted to the most appropriate services.

We want to commission an integrated service that has the above features at the heart of its design. We want multi-disciplinary teams, which are easily accessible within communities, to be working with families using a whole family approach and building on their strengths and assets. Part of our consultation process will explore whether there is a need to have youth focused hubs based outside of family hubs or whether there is greater benefit to be gained in integrating them together.

We want our future model to be informed by the THRIVE Framework (Wolpert, M, Harris R et al, 2015). The recommendation to use this model is based on its ability to 'layer' support as required. Within this model the delivery of evidence based interventions, in a planned sequence linked to the readiness of the child is fundamental. The iThrive model describes the state of being of people and mirrors this with the type of support offered to people in that group.

As part of our consultation exercises we will be considering in more depth what type and range of services / interventions will be required to support children, young people and parents at each of these stages to inform our future service specification.

Having reviewed our current services, listened to what people have told us and looked at available evidence and best practice we want our future service to deliver at each of the stages below. This model mirrors the one proposed by South Devon & Torbay Clinical Commissioning Group in their "*Commissioning strategy for community health services – children and young people 2016-2020".*

Enable education settings, community based services and families.

- The new service(s) will be expected to provide an element of training, advice and consultancy to the wider workforce to support children and families in the most appropriate settings to carry on with their life.
- For example schools will be provided with training on spotting early indicators of needs and will know how to access appropriate support for the children they work with.

Access: easy access to information, advice, consultation and triage

- As part of the integrated service model it is expected that there will be simplified and well advertised and communicated options for children, young people, families and referrers to get information on how to refer and what can be expecetd.
- For example Parents are able to download copies of pathways alongside advice and information.

Assessment and Care Planning

- This requires good communication to both the referrer and the service user as to what is happening in their care and what they can expect. Good co-ordination with a lead professional where appropriate.
- For example, a family has one point of contact co-ordinating the care of their child.

Short and medium term evidence based intervention

- The new service will be expecetd to use evidence based practice and interventions with agreed outcome measures. Providing episodes of care when required.
- Children and families should not be disadvantaged when their intervention ends. If they should need to refer back in to the service they should not be disadvantaged by long waits.
- For example a family who have recieved parenting support when their children are very young should be able to reaccess support again if required when their children reach another developmental stage and they may require further/updated advice and support in order to maintain progress made.

Longer term intervention an support

- Services will be expected to work together to provide appropriate ongoing support and/or treatment when required, in a co-ordinated way.
- For example, children with complex care needs will need individualised, coordinated mutli agency and multi disciplinary care with good working relationships between education, health and social care.

"Getting risk support"

- For a small number of children and families that have accessed evidenced based interventions or the risk is considered beyond a single intervention or programme, the service will be expected to work collaboratively to manage risk and to ensure an appropriate multi agency response is provided.
- For example, working with partners when a child/family requires statutory intervention to maintain their safety and contributing to the multi agency plan to support this.

5.2. Draft system outcomes

We will know our system is successful when we deliver these outcomes:

- Children and young people are physically and emotionally healthy – children have positive attachments and are able to adopt healthy lifestyles.
- Children and young people are resilient and ready and able to learn.
- Children and young people are safe and live in environments that support their learning and development.
- Children and young people are supported by their families and communities – and when needed – professionals to thrive and be successful.
- Children, young people and families know where to get help if they need it.
- Parents are well informed about how best to help their child develop.
- Parents are supporting one another in communities.

Service outcomes will be developed to measure their contribution to the overarching system outcomes.

5.3. Draft priorities

- Broaden the work undertaken to address the underlying causes of problems – working in partnership to achieve this – with families and other partners.
- Broaden the skills of the whole workforce to be able to respond to children and young peoples and parents behaviours with particular reference to:
    - Child and parental emotional wellbeing and mental health – understanding that not all behaviour presentations require a traditional 'mental health' response and can be linked to a range of underlying causes including trauma, attachment, resilience and parental behaviour.
    - Domestic abuse and sexual violence – we need a system that identifies risk factors earlier and works to prevent perpetration at a much earlier stage.
    - Child and adult substance misuse – we need a system that is able to identify the risks, impacts and causes of substance use and addresses these at the earliest opportunities – recognising that substance misuse is often a symptom of wider underlying issues and complexities.
    - Utilising evidence based interventions and approaches that can be used across the whole workforce to support family and child focused working e.g. Signs of Safety, AMBIT, appreciative enquiry techniques, restorative practice (this is not an exhaustive list).
- Widen the innovative solutions to support self-management for children, young people and parents.
- Improve responses for children, young people and parents who repeatedly represent to services when interventions have ceased despite improvement whilst support was in place.
- Services are accessible and young person friendly - "No wrong door" approach for people accessing services. Ensuring that children, young people and parents know how to access and navigate the system.
- Utilising a whole family approach across the internal team and with external partners.
- Using strength based/asset based approaches.

- An ongoing commitment to building and strengthening the resilience of children and young people in Torbay.

6. Commissioning model

As part of our commissioning programme we want to explore and seek feedback from our provider market on a range of different commissioning models which are informed by Addicott (2014) 'Commissioning and Contracting for Integrated Care':

6.1. Prime Provider Model

This model would involve the Local Authority contracting with a single organisation which also delivers the care directly as part of the agreement. The prime provider could be a new or existing provider from within the local health and social care economy, or a consortium of providers and 'integrators'.

Within this model a prime provider would receive a capitated budget to provide all care specified within the contract. The prime provider would also use the budget to 'buy' additional services (through sub-contracts) that it cannot deliver directly.

6.2. Prime Contractor Model

This would involve the Local Authority contracting with a single organisation (or consortium of organisations) which then sub-contracts individual providers to deliver care/services. The Local Authority would retain overall accountability for the commissioned services, while the prime contractor holds each of the sub-contractors to account individually.

Within this model the prime contractor takes responsibility for designing a delivery model and pathways for care that will most effectively meet the terms of the contract. It uses the terms of sub-contracts to stimulate and incentivise the necessary behaviours and performance it wishes to see across providers.

6.3. Alliance Contract Model

An alliance contract model is a set of providers entering into a single arrangement with the Local Authority to deliver services. Commissioners and providers are legally bound together to deliver the specified contracted service, and to share risk and responsibility for meeting the agreed outcomes. As such they should be incentivised to innovate and identify efficiencies across the system, rather than solely within their organisation.

The alliance is reliant on high levels of trust across its relationships. Members collectively govern the alliance through a leadership board with an agreed term of reference.

The Project Board will make a decision on the commissioning model to be used based on provider market feedback and an analysis of the benefits and risks associated with each model.

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