

## **Integrated commissioning for children, young people and families - progress report**

### **SUMMARY**

- 1.1 This report provides a summary of the progress on key children, young people and family priorities which have been developed from the Health and Well-being Strategy – everyone's business, the NHS Outcomes Framework (2013/14), the Public Health Outcomes Framework (2013 to 2016) and the Derby Children and Young People's Plan (2012/13).
- 1.2 These strategic commissioning intentions were developed in discussions with key commissioners across the health economy in Derby. This approach has resulted in considerable support for an integrated commissioning approach to delivering better health outcomes. This 'whole-systems' approach acknowledged that patients do not see distinctions between services, want ease of access and early help.
- 1.3 This paper has been written at the request of the Children and Young People's Board and the Health and Well-being Board. It outlines the progress which has been made since the agreement of the Commissioning Intentions in April 2013.
- 1.4 The report outlines that progress has been made regarding the governance, capacity and work-streams to implement the commissioning intentions. It also outlines the key activities which will be taking place over the next eighteen months up to April 2015.
- 1.5 Consultation has been taking place with key providers through both stakeholder events and the establishment of Commissioning Groups focusing on each of the eight commissioning intentions. These groups include voluntary sector representation.
- 1.6 A robust governance structure has been established and is maturing well. The Integrated Commissioning Board, which sits under the Health and Well-being Board and Children, Family and Learners Board is well established and is meeting monthly.
- 1.7 Progress has been strongest in the area developing the integrated behaviour pathway. A specific paper on this development is in Appendix 2.
- 1.8 This paper also outlines an indicative timeline for work which will need to be completed over the next fifteen months. This is consistent with the need to put in place new arrangements following the Transforming Community Services contract in health ending in March 2015 and the need to implement new legislation for children with special needs and disabilities.

## RECOMMENDATIONS

- 2.1 Members are asked to note the progress which has been made over the last nine months on this integrated commissioning approach.
- 2.2 To note the indicative timeline and key activities over the next fifteen months.

## REASONS FOR RECOMMENDATIONS

- 3.1 This paper outlines the progress since the Commissioning Intentions were agreed by the Health and Well-being Board in April 2013.
- 3.2 At this stage in the development of integrated commissioning it is important to keep Members aware of progress and also the indicative timeline for the next fifteen months.

## SUPPORTING INFORMATION

- 4.1 The Derby Children and Young People's Plan (2013 to 2015) has been refreshed and was agreed by the Children, Family and Learners Board (CFLB) at the start of September 2013. The CCG 'plan on a page' for 2013 reflects the agreed Commissioning intentions.
- 4.2 The Health and Social Care Bill created a duty on Local Authorities through the statutory Health and Wellbeing Boards to improve health and reduce inequalities with the aim of delivering progress against the Public Health Outcomes Framework. The shared vision of the Children and Young People's Plan and the commitment to an integrated 'whole systems' approach to commissioning and delivery are central to fulfilling these duties with regard to the Children and Young People of Derby. The NHS Outcomes Framework (2012/13) creates a priority around the need to develop further integration, improve quality and outcomes. The CCG has prioritised the need to develop integrated care pathways for example for children, young people and families. The NHS Outcomes Framework (2013/14) enhances this focus on integrated care by stressing the importance of improving people's experience of integrated care.  
  
This means we have achieved strategic agreement across the Health and Well-being Board, Southern Derbyshire CCG and CFLB. This synergy is enabling a 'whole-systems view and better strategic co-ordination.
- 4.3 The Health and Wellbeing strategy – everyone's business identified four outcomes in the Derby Plan:
  - More people living longer in better health

- Better health at work
- Better mental health and wellbeing
- More choice and influence over services

The Health and Well-being Board stressed the importance of focusing on the improvement of our response to the mental health and well-being of children, young people and families. This has led to the commissioning intention focusing on developing an integrated care pathway on behaviour being our top priority. Considerable progress has been made including the completion of a needs assessment, service mapping, young people engagement and stakeholder engagement. A more detailed report is contained in Appendix 2. This has been presented at the Health and Well-being Board and the Governing Board of Southern Derbyshire Clinical Commissioning Group

#### 4.4 The Health and Well-being Board agreed four key actions in April 2013.

1. The Health and Wellbeing Board has mandated the creation of an Integrated Commissioning group to oversee this work.	The Integrated Commissioning is now in place and has met monthly since agreed by the H&WB. It includes presentation from SDCCG, the NHS Area Team, Public Health and the City Council.
2. A more detailed integrated commissioning programme will be put in place with timescales and deliverables.	An agreed approach to integrated commissioning has been developed. Each of the Commissioning Groups are in place. This report outlines an indicative timeline for the re-commissioning of provision over the next fifteen months.
3. Joint capacity will be developed across South Derbyshire CCG, the City Council, including Public Health, to deliver this programme	An integrated commissioning team is in place and located in the City Council. This resource is being deployed across the commissioning intentions. It is led by the Director of Commissioning which is a joint appointment across the CCG and City Council. A new Integrated Commissioning Manager (Health) has been jointly appointed and began work in September 2013.
4. Quarterly reports will be produced outlining progress to the Health and Wellbeing Board	Regular reports are being produced for key fora including for the CFLB, H&WB and this scrutiny board.

#### 4.5 Derby has a strong foundation for partnership working. This is reflected in the

considerable support for the integrated commissioning approach. This is being demonstrated by the positive engagement from key partners and stakeholders in the work on the eight Commissioning Intentions. The table below summarises the progress being made across the eight priorities.

<b>Health and Well-being Board and CFLB Commissioning Intention</b>	<b>Summary of Key Progress.</b>
<p><b>Commissioning Intention 1</b> To commission an integrated care pathway across services for 0-5 year olds including the healthy child programme.</p>	<p>This work programme is jointly led by Derby City Council's Public Health team and the Area Team NHS England. The 'Best Start Planning and Coordination Group' has been set up to deliver against the following priorities: -</p> <ul style="list-style-type: none"> <li>• Reducing early childhood and maternal health risks</li> <li>• Supporting healthy child development in the 0-5s</li> <li>• Integrating service delivery</li> <li>• Reducing inequalities.</li> </ul> <p>A work programme for the group has been developed running through to March 2015. This links to the Derby Plan and focus on key inner City wards. The objective is to integrate delivery to this age group.</p>
<p><b>Commissioning Intention 2</b> To consolidate the integrated Disability Service in response to the current SEN white paper.</p>	<p>The key deliverable for this intention is implementation of key legislation in September 2014. A programme plan has been agreed and a commissioning group is in place to oversee this programme and including key partners. It includes updating the current section 75 agreement on the integrated disability services and developing a new offer in line with the new legislation.</p>
<p><b>Commissioning Intention 3</b> To commission an integrated care pathway for behaviour including all services for behaviour, emotional, mental health and wellbeing</p>	<p>This is the most developed area of integrated commissioning. Consultation has taken place with young people and key stakeholders. A new delivery model has been designed and a new specification and offer is being produced.</p>
<p><b>Commissioning Intention 4</b></p>	<p>Joint work has taken place to improve</p>

To further improve the health outcomes for Children in Care	key performance measures for the health of Children in Care. This has resulted in improved performance for 2012/13. A new integrated service for the emotional needs of children in care will be commissioned in 2014.
<b>Commissioning Intention 5</b> To improve the transition arrangements from children to adult services	This is the least well developed area. However, initial meetings with Adult services have taken place and a stakeholder event took place in November 2013. This has resulted in an integrated action plan.
<b>Commissioning Intention 6</b> To reduce harm associated with key risk-taking behaviour by young people through positive healthy lifestyles.	This work programme is led by Derby City Council's Public Health team. The 'Developing Well Planning and Coordination Group' has been set up to deliver against the following priorities: - <ul style="list-style-type: none"> <li>• Reducing risk taking behaviour in childhood and adolescence</li> <li>• Supporting healthy lifestyles and resilience</li> <li>• Integrating service delivery</li> <li>• Reducing inequalities.</li> </ul> A work programme for the group is being developed for final agreement in December 2013, with a delivery plan running through to March 2015.
<b>Commissioning Intention 7</b> i) To reduce the demand for hospital planned and unplanned care for long term conditions, lower respiratory tract infections and not usual required emergency admissions. ii) To reduce the time spent in hospital for children and young people with long-term conditions.	This work is focusing on specific paediatric elements of the NHS Framework 2013/14. This includes a focus on reducing hospital planned and unplanned admissions and reducing the time spent in hospital for children and young people. This will link to work already underway looking at key data and the Emergency Department.
<b>Commissioning intention 8</b> To commission the use of Priority Families and Think Family strategies across services.	The commissioning of the Priority Families programme has now been integrated into this programme of work. We are building upon the excellent partnership which is already in place. A new commissioning group has been established across the Council and its partners. Performance is positive and

	we are looking towards the second phase of the programme from 2015.
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- 4.6 The current financial climate is going to place increasing pressure on services in terms of demand, the need to improve quality and outcomes. Closer working is going to be one way to manage these pressures going forward. Areas of particular pressure are related to children with disabilities, emotional health and well-being and children in care.

There are going to be difficult decisions to be made going forward and also opportunities to make savings through integrated working across all Children's services. This will be a key aspect of how new delivery models are commissioned across the eight priority areas.

- 4.7 There remain a number of significant challenges to the delivery of this complex programme, these include;

- Ensuring providers are actively engaged in this process.
- Ensuring there is sufficient capacity to maintain pace.
- The continuing development of a shared commissioning culture with Providers and Commissioners.
- The development of an integrated delivery model across all Children's services.

#### 4.8 **Next Steps for the Integrated Commissioning Group**

- Agreement of the procurement strategy.
- Agree contract variations for 2014/15
- Completion of the Integrated Care Pathway on Behaviour.
- Completion of an integrated care pathways and delivery model.

Identification of savings across the 'whole system'.

**This report has been approved by the following officers:**

<b>Legal officer</b> <b>Financial officer</b> <b>Human Resources officer</b> <b>Service Director(s)</b> <b>Other(s)</b>	Ben Anderson, Consultant in Public Health, DCC Kate Brown, Director of Primary Care and Development (SDCCG) Steph Cook, Senior Commissioning Manager; Area Team (NHS England)
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<b>Background papers:</b> <b>List of appendices:</b>	Appendix 1 – Implications Appendix 2 - Behaviour Pathway report Appendix 3 – Commissioning Principles

<b>IMPLICATIONS</b>
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**Financial and Value for Money**

- 1.1 None arising from this report

**Legal**

- 2.1 None arising from this report

**Personnel**

- 3.1 None arising from this report

**Equalities Impact**

- 4.1 None arising from this report

**Health and Safety**

- 5.1 None arising from this report

**Environmental Sustainability**

- 6.1 None arising from this report

**Asset Management**

- 7.1 None arising from this report

**Risk Management**

- 8.1 None arising from this report

**Corporate objectives and priorities for change**

- 9.1 This report contributes to the following Council objectives:
- Good quality services that meet local needs
  - Achieving their learning potential
  - A strong community
  - Good health and well-being
  - A skilled and motivated workforce.



### **Appendix 3 - Commissioning Principles**

- Early help, prevention and early intervention is essential to offer early support and reduce demand for services.
- Integration is recognised as a key enabler to improve outcomes and quality of care. The Derby approach will be through the development of integrated care pathways leading to integrated commissioning.
- The Derby model will be through understanding different levels of need and services as described by universal, targeted and specialist services.
- Schools are an essential focus for this approach at the universal and targeted level of service delivery and commissioning.
- Users/patients need to be actively involved, have a positive experience of healthcare and influence in commissioning.
- We aim to reduce inequalities and narrow the gap in health and well-being and Children's outcomes through this approach.
- We will be relentless in our focus upon and drive to improve outcomes.
- Improving the quality and delivery of safe care, parenting in a safe environment and protect children and young people from avoidable harm.
- To ensure commissioning focus upon value for money and cost effective interventions.
- On-going work will take place to analysis data and performance across the health economy and to inform the commissioning programme.
- To ensure the needs of children, young people and families are met through other Derby-wide initiatives including in the development healthy lifestyle programmes.