

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 Partnership and the Health and Well-being Board. It outlines the progress which has been made since the agreement of the Commissioning Intentions in April.
- 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.
- 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 is well established and is meeting monthly.
- 1.7 Progress has been strongest in the area developing the integrated behaviour pathway. The Health and Well-being Board is receiving a specific paper on this development.
- 1.8 This paper also outlines an indicative timeline for work which will need to be completed over the next eighteen months. This is consistent with the need to put in place new arrangements following the Transforming Community Services contract ending in March 2015.

RECOMMENDATIONS

- 2.1 To note the progress which has been made over the last four months on this integrated commissioning approach.
- 2.2 To note the indicative timeline and key activities over the next eighteen months.
- 2.3 To encourage all providers to continue to engage with this integrated approach and to take the opportunity to respond to key intentions during the next eighteen months.

REASONS FOR RECOMMENDATIONS

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

SUPPORTING INFORMATION

- 4.1 The Derby Children and Young People's Plan (2013 to 2015) has been refreshed and is due for final agreement by the Children, Family and Learners Board (CFLB) at the start of September. The CCG 'plan on a page' 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 will be presented to the Health and Well-being Board.

4.4

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

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 plan will be put in place with timescales and deliverables.	An agreed approach to integrated commissioning has been developed through the work on the Integrated Behaviour Pathway. Each of the Commissioning Groups have or are developing work plans. Appendix 2 gives an example of the work-plan for key commissioning intention groups. This report outlines an indicative timeline for the re-commissioning of provision over the next eighteen 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 begins work at the start of September.
4. Quarterly reports will be produced outlining progress to	This report is the first report on progress. Further progress reports will

the Health and Wellbeing Board	follow on a regular basis.
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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. Appendix 3 outlines five of the commissioning intention summaries. More detailed plans are already in place on the Disabilities and Priority Families intentions.

Health and Well-being Board Commissioning Intention	Summary of Key Progress.
Commissioning Intention 1 To commission an integrated care pathway across services for 0-5 year olds including the healthy child programme.	This work programme is jointly led by Derby City Council's Public Health team and NHS England. The 'Best Start Planning and Coordination Group' has been set up to deliver against the following priorities: - <ul style="list-style-type: none"> • Reducing early childhood and maternal health risks • Supporting healthy child development in the 0-5s • Integrating service delivery • Reducing inequalities. A work programme for the group is being developed for final agreement in October 2013, with a delivery plan running through to March 2015.
Commissioning Intention 2 To consolidate the integrated Disability Service in response to the current SEN white paper.	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. It includes updating the current section 75 agreement on the integrated disability services.
Commissioning Intention 3 To commission an integrated care pathway for behaviour including all services for behaviour, emotional, mental health and wellbeing	This is the most developed area of integrated commissioning. Consultation has taken place with young people and key stakeholders. This will continue. The next phase will include the design of a new integrated delivery model.
Commissioning Intention 4 To further improve the health outcomes for Children in Care	Joint work has taken place to improve key performance measures for the health of Children in Care. This has resulted in improved performance on

	previous years.
Commissioning Intention 5 To improve the transition arrangements from children to adult services	This is the least well developed area. However, initial meetings with Adult services are taking place and a stakeholder event is planned for November.
Commissioning Intention 6 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"> • Reducing risk taking behaviour in childhood and adolescence • Supporting healthy lifestyles and resilience • Integrating service delivery • Reducing inequalities. A work programme for the group is being developed for final agreement in December 2013, with a delivery plan running through to March 2015.
Commissioning Intention 7 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.
Commissioning intention 8 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.

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 commissioning. This will be a key aspect of how new delivery models are

commissioned across the eight priority areas.

- 4.7 The Health and Well-being Board is asked to support work to be completed on looking at how savings can be achieved across the children's system in order to improve quality, improve value for money and raise outcomes.

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

- Ensuring providers are actively engaged in this process.
 - Completion of stocktake/reviews on current services over the Autumn.
 - Ensuring there is sufficient capacity to maintain pace.
 - The continuing development of a shared commissioning culture with Providers and Commissioners.
- 4.8
- The development of an integrated delivery model.

Indicative Timeline

- By December 2013 to have completed stocktake on former TCS services.
- By April 2014 to have completed preparation for agreed procurement model.
- By October to have completed any tendering or service redesign arrangement.
- By April 2015 new delivery model operational.

4.9

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:

Legal officer Financial officer Human Resources officer Service Director(s) Other(s)	Ben Anderson, Consultant in Public Health, DCC
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	Kate Brown, Director of Primary Care and Development (SDCCG)
For more information contact: Background papers: List of appendices:	Frank McGhee (Director of Commissioning CYP) 642667 Email frank.mcgee@derby.gov.uk Appendix 1 – Implications Appendix 2 – Commissioning Principles Appendix 3 – Commissioning Intention Summaries

Appendix 1

IMPLICATIONS

Financial

- 1.1 There are no immediate financial implications. As the programme moves forward there are likely to be implications in terms of identification of efficiencies.

Legal

- 2.1 There may be implications in terms of the changes in contractual arrangements.

Personnel

- 3.1 There are no immediate HR issues.

Equalities Impact

- 4.1 There are no immediate equality implications.

Health and Safety

- 5.1 There are no immediate health and safety issues.

Appendix 2 - 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.

Appendix 3 – Commissioning intention summaries

Programme/Project	<i>Commissioning Intentions CIC including Adoption</i>
Senior Responsible Officer	<i>Jackie Colley</i>
Start & End Date	<i>April 2013 to March 2014</i>
Lead	<i>Commissioning Manager Name tbc</i>

Aim and Objectives

The commissioning intentions outlined in the next section have been informed by the work completed between August 2010 and December 2012. The work was initiated as part of the ODOC Transformation programme with the objective of making savings but also improving quality and moving to evidence based programmes. The work has been led through a clear governance structure, using a commissioning approach and involving all the key stakeholders including children and young people. Work achieved so far is outlined in more detail in – **Commissioning Intentions Children in Care (CIC) and / or on the edge of custody 2013 – 2015**
Author Jackie Colley HOS Integrated Commissioning

Scope

The scope includes –

- A report that informs on commissioning activity including performance, information management and financial information
- Commissioning activity that supports an integrated model for fostering and adoption
- A review of all high cost placements in partnership with Health
- Looking at need around complex and remand fostering in partnership with providers within the East Midlands framework and extending the range of fostering placements available to meet need locally
- Looking at a more integrated system for allocating higher end resource linked to decision making on admission to care
- Confirming the specification for the Exit from Care team and reviewing outcomes
- Assessing the current performance on health outcomes for CIC and improving performance in partnership with health
- Developing a resource within Commissioning that broadens placement finding into a brokerage role for wider resources

Benefits
<p><i>Benefits to people who use our services, their carers and families:</i></p> <ul style="list-style-type: none"> • Improved health and wellbeing and overall life chances for vulnerable groups • Improved responsiveness with individually tailored packages of support • Access to more local resources including those that prevent out of home placement • Improved service integration with health • Contribution to the reduction of health inequalities <p><i>Benefits to staff:</i></p> <ul style="list-style-type: none"> • Improved use of resource and best use of professional time • The development of services that meet gaps and ensure the meeting of placement sufficiency requirements • Clearer focus on quality and outcomes for all services, and understanding their contribution to this <p><i>Benefits to the organisation:</i></p> <ul style="list-style-type: none"> • Improvements in health and wellbeing of people who use our services, their carers and families users, and staff. • Contribution to inspection outcomes • More efficient use of resources • Cost savings and improved outcomes by reducing out of home placement • Contribution to the achievement of a number of national and local initiatives.
Metrics
<ol style="list-style-type: none"> 1. Health indicators CIC 2. % cyp in fostering placements 3. Recruitment timescales fostering and adoption 4. Timescales for adoption 5. Cost savings on placements CIC including external placements
Timescales and key milestones

1. A commissioning plan for adoption	September 2013
2. Review completed High Cost placements	September 2013
3. Pilot remand / specialist fostering scheme	April 2014
4. Review of panels completed	April 2014
5. Specification in place Exit from Care and review of outcomes	April 2014
6. Improved system for monitoring health indicators CIC	April 2014
7. Access to Resources team in place and working	April 2014

Programme/Project	<i>Developing a report for the CIC Commissioning Group that brings together information, performance and finance</i>
Senior Responsible Officer	<i>Jackie Colley</i>
Start & End Date	<i>3 months from May 2013</i>
Lead	<i>Jackie Colley with handover to Commissioning Manager CIC when appointed</i>

Aim and Objectives

This work will deliver a single report that informs future commissioning activity for CIC, including information management, performance and finance

Scope

The scope will include CIC including those children with a plan for adoption

Benefits

- *Ensures the meeting of our sufficiency requirements*
- *Highlights areas of financial risk*
- *Highlights changing trends which may be at variance from our comparators and worthy of further investigation*
- *Informs performance on key areas particularly around recruitment*

Metrics

Draft report specification

Timescales and key milestones

- *First meeting 29 April*
- *Draft specification for report 8 May*
- *Discussion CIC Commissioning Group 15 May*
- *Further revisions and working draft by 30 June*
- *Reports every 4 months through CIC Commissioning and CYPs Integrated Commissioning group ongoing*
- *Report to be reviewed in January 2014*

Programme/Project	<i>Commissioning Intention 7 (CYP)</i>
Senior Responsible Officer	<i>CCG – Kate Brown, Dr Andrew Mott</i>
Start & End Date	<i>2013/14</i>
Lead	<i>CCG – Dr Andrew Mott</i>

Aim and Objectives

To meet the specific paediatric elements of the 2013/14 NHS Outcomes Framework, which are as stated in the scope below.

Scope

The scope includes –

- 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.

Benefits

Benefits to people who use our services, their carers and families:

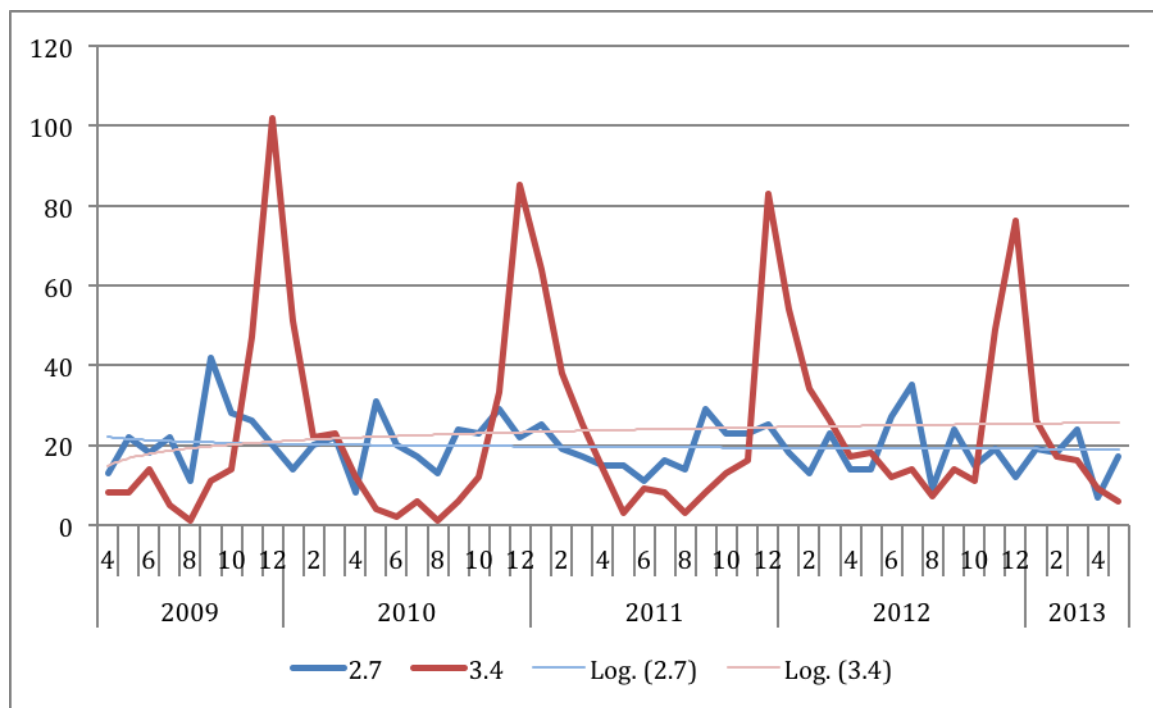
- *Reduced hospital referrals and unplanned admissions for children with long-term conditions, and if they are admitted having shorter lengths of stay in hospital by optimizing their care.*

Benefits to staff: n/a

Benefits to the organisation:

- *Reduced costs by avoiding/reducing unnecessary referrals or admissions, allowing better use of resources in the system.*

Metrics



Operating Framework Paediatric Indicators Emergency Admissions for - (2.7) Asthma, Diabetes and Epilepsy, & (3.4) Respiratory Lower Tract Infections

Timescales and key milestones

April 2013 – mentioned at the paediatric Clinical Improvement Group (CIG) as a priority area

July 2013 – initial metrics finally obtained – as above

- further more detailed information requested from GEM in relation to benchmarking, historical data to show trend, and breakdown by specific diagnosis (mainly for the respiratory infections) – still awaited

August 2013 – paedics CIG will meet on 29th (though I am away on leave)

There is a significant project underway to develop a Paediatric Observation Unit within the Emergency Department. This should have a significant impact on the admission data, especially for respiratory infections as it allows a longer period of time for

observation within CED without incentives to admit to avoid breaching the 4 hour target. Hence many children with (eg) croup or bronchiolitis who may respond rapidly to treatment and no need admission.

The capital funding for this has been agreed, and we are still awaiting to agree local tariff cost. The plan is for the build to happen this autumn and to be open in time for the winter months.

Programme/Project	<i>To integrate service delivery across the early years to deliver the best start for children in Derby City</i>
Senior Responsible Officers	<i>Stephanie Cook / Ben Anderson</i>
Start & End Date	<i>On-going</i>
Lead	<i>Stephanie Cook / Ben Anderson</i>

Aim and Objectives

Aim

To provide the Best Start in life for children in Derby City ensuring children start school healthy, happy and ready to learn.

Objectives

- Reducing infant mortality and associated risk factors
- Improving Child Development scores and School Readiness
- To promote further integration within MAT teams and to ensure the allocation of resources to areas of highest need within the city
- Coordinating and maximising the contribution of all partners in delivering and reducing inequalities across the city in the 'Best Start' indicators
- To reduce duplication, identify gaps in services and maximise the effectiveness of partnership work within the city
- To improve uptake of the Healthy Start vitamin programme amongst eligible women and children

Scope

The scope includes –

- Maternity Services
- Family Nurse Partnership
- Health Visiting

- Children's Centres
- Early Years Provision
- Healthy Child Programme for 0-5 Year Olds
- Transition into school and Public Health Nursing for School Aged Children services

Benefits

Benefits to people who use our services, their carers and families:

This work programme will: -

- ensure consistent, evidence based messages with regard to early child development are provided to families through all providers in Derby City
- maximise the opportunities for prevention and early intervention to ensure families receive the right level of support at the right time to contribute to the achievement of their child's potential and improved outcomes across the city
- ensure clear pathways to appropriate support regardless of where in the system a child's needs are identified
- Reduce duplication between services delivering a smoother pathway for children and families
- Balance the availability of resource against the levels of need across the city to improve access to services for those with the greatest potential to benefit

Benefits to staff:

- Ensuring coordination of work across all early years services will support staff to understand their own roles and to understand pathways through which they can access appropriate support for children and families with whom they are working
- The opportunity to work across traditional boundaries to maintain the central focus on the needs of the child and their family
- Providing a consistent approach to delivering Best Start across the city will avoid issues of services giving mixed messages and conflicting advice and support

Benefits to the organisation:

- A reduction in duplication of work enabling capacity to be released and offering potential savings

Metrics

- HVIP

- HV dashboard
- FNP dashboard
- FNP coverage
- Maternity dashboard
- Best Start indicator set
- Children's minimum data set (national data set expected by 2014)

Timescales and key milestones

- HVIP delivery – September 2013 and January 2014 recruitments
- FNP recruitment to new nurse posts – September 2013
- Further implementation of the Healthy Child Programme (coverage of antenatal visits, 2-2.5 year assessments)
- Maternal smoking audit completion – September 2013
- Breastfeeding Audits –
- Maternity and Newborn Strategy development – Sept 2013
- Maternal mental health - TBC
- Healthy Early Years Programme in place – Jan 2014
- 2 year old expansion - TBC

Programme/Project	<i>To reduce harm associated with key risk-taking behaviour by young people through positive healthy lifestyles.</i>
Senior Responsible Officer	<i>Ben Anderson</i>
Start & End Date	
Lead	<i>Michelle Slater / Marie Cowie</i>

Aim and Objectives

Aim

To support the development of Healthy Lifestyles for children and young people and reduce adolescent risk taking behaviours in Derby City

Objectives

- To bring together work across the city to support healthy lifestyles and to meet the needs of children and young people who are partaking in risky behaviours through the Developing Well Planning and Coordination Group
- To produce a Developing Well Strategy for Derby combining the healthy settings approach with work to tackle adolescent risk taking behaviour
- To deliver a child centred approach to risk taking behaviour to reflect the fact that vulnerable children are exposed to and engage in multiple risk behaviours
- To consider how we align the commissioning of universal services with those services targeted to meet specific needs around unintentional injury, sexual health, tobacco control, substance misuse and alcohol to holistically meet the needs of children and young people

Scope

The scope includes –

- Unintentional Injury
- Sexual Health
- Substance Misuse Services for CYP
- Alcohol Support for CYP
- Healthy Settings
- Public Health Nursing Services
- B-You service for CYP

- Transitions to adult services and support for those leaving care

Benefits

Benefits to people who use our services, their carers and families:

This work programme will: -

- ensure consistent messages with regard to healthy lifestyle are provided to CYP and their families through all providers in Derby City
- Ensure that services are able to holistically meet the needs of CYP who are engaged in multiple risk taking behaviours

Benefits to staff:

- Ensuring coordination of work across all services on lifestyle and risky behaviours will support staff to understand their own roles and to understand pathways through which they can access appropriate support for CYP with whom they are working

Benefits to the organisation:

- A reduction in duplication of work enabling capacity to be released and offering potential savings

Metrics

- Developing Well Indicator Set
- Children's minimum data set (national data set expected by 2014)

Timescales and key milestones

- Development of an Unintentional Injuries strategy and action plan – Autumn 2013
- Development of an Adolescent Risk and Harm Reduction strategy and action plan – Spring 2014
- Aligning of commissioning intentions for sexual health services, drug and alcohol services, lifestyle support services and universal prevention and early intervention services to the developing strategies, with re-commissioning work as appropriate – Spring/Summer 2014.