

Health and Wellbeing Board 11 September 2014

ITEM 12

Report of Director of Commissioning

Integrated commissioning for Children, young people and family health services - 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 (2014/15).
- 1.2 These strategic commissioning intentions were developed in discussions with key commissioners across the health economy in Derby. This approach has resulted in 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 Wellbeing Board. It outlines the progress which has been made since the agreement of the Commissioning Intentions in April 2013.
- 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 March 2016.
- 1.5 Consultation has been taking place with key providers through both stakeholder events and the establishment of Commissioning Group focusing on each of the eight commissioning intentions. This 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.
- 1.6 Progress has been strongest in the area developing the integrated behaviour pathway, SEN&D, Best Start and Re-commissioning Children's Health Service. More progress is needed on Transitions and improving the health outcomes for Children in Care.
- 1.7 This paper also outlines an indicative timeline for work which will need to be completed over the next twelve months.

RECOMMENDATIONS

- 2.1 To note the progress which has been made over the last six 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 partners and 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 over the last six months, new developments and the timeline for the next 18 months.
- 3.2 At this stage in the development of integrated commissioning it continues to be 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 agreed by the Children, Family and Learners Board (CFLB). The CCG's planning process continues to reflect shared priorities. Joint planning is a key characteristic of this integrated commissioning approach. 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 coordination.
- 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. Southern Derbyshire CCG has prioritised the need to develop integrated delivery 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.

The Children's Act 2014, Chief Medical Officer Annual Report; our children deserve better, prevention works (2014) and the Joint Commitment Statement (2014) continue to emphasise four key messages:

- Prevention and early help is important in enabling self-help,
- Integrated delivery will help reduce demand for provision,

- > Even closer working on the needs of children and young people with special needs and disabilities.
- Working across partners is essential to improve outcomes.
- 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. The new legislation on Special Educational Needs and Disabilities has also been a key focus for the last six months.

4.4 The Health and Well-being Board has previously agreed four areas of focus.

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 now embedded as the Integrated Commissioning forum for the City and Southern Derbyshire.
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 put in place with Commissioning Group on each key priority reporting to the ICG monthly.
		This has been supplemented by the creation of an integrated approach to the re-commissioning of Children's Health Services. DCC has been delegated to lead this work by SDCCG.
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.
4.	Regular reports will be produced outlining progress to the Health	This report is the second report on progress. Further progress reports will

and Wellbeing Board	follow on a regular basis.

4.5 Derby has a strong foundation for partnership working. There 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.

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: - • Reducing early childhood and maternal health risks • Supporting healthy child development in the 0-5s • Integrating service delivery • Reducing inequalities. Progress has been developed in the following areas: > Agreement to use the 2.5 year child review as building block for achieving School Readiness. > Inner City Ward project to see how further provision can be developed for nursery places. > Link to other broader priorities e.g. dental health. > There is now clear direction, plans and leadership.
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. This has gone live with the Local Offer available on line, a new Education, Health Care Plan agreed, and pathway close to completion, We are currently completing the refresh of the current section 75 agreement on the integrated disability services. The partnership engagement on the new SEN&D programme has been positive. Further work will continue to embed the new legislative changes.

Commissioning Intention 3 This is the most developed area of To commission an integrated care integrated commissioning. This has pathway for behaviour including all moved into an implementation phase services for behaviour, emotional, with the piloting of a Single Point of mental health and wellbeing Access and Assessment. The early indications is that this is making a positive difference. This will develop further over the next six months with the inclusion of Local Authority services. **Commissioning Intention 4** Joint work has taken place to improve To further improve the health outcomes key performance measures for the for Children in Care health of Children in Care. This is an on-going priority for the work. Initial progress was made in 2013/14 however performance this year has not maintained this progress. Further work is being undertaken to embed improved performance. Initial work has started on bringing together the provision responding to the emotional and mental health needs of this important group of children and young people. A needs assessment has been completed and service options are being considered. **Commissioning Intention 5** This has been address through the To improve the transition arrangements work on the new SEN&D legislation, from children to adult services on-going discussions with AHH, and is being linked to the re-commissioning of Children's Health Services. **Commissioning Intention 6** This work programme is led by Derby To reduce harm associated with key City Council's Public Health team. The risk-taking behaviour by young people Developing Well Planning and through positive healthy lifestyles. Coordination Group' has been set up to deliver against the following priorities: - Reducing risk taking behaviour in childhood and adolescence Supporting healthy lifestyles and resilience Integrating service delivery · Reducing inequalities. A work programme has been reviewed and stakeholder engagement has started.

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.

This workstream is being reviewed to fit alongside the re-commissioning programme as they share a need to reduce demand for higher cost interventions.

Commissioning intention 8

To commission the use of Priority Families and Think Family strategies across services.

We are building upon the excellent partnership which is already in place. An evaluation is currently being undertaken by Derby University. Our performance has been good and we are now working towards the second phase of priority families. The next phase will focus on a wider group of families and maintain a focus on early intervention and help.

4.6 The current financial climate is placing 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.

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 especially through the re-commissioning programme and closer alignment to other children's services.

The re-commissioning of Children's Health Services has begun with a timeline to October/December 2015. This includes key child health services and is a major piece of transformation. There are three phases to this work. Phase 1 (July to October) co-design, Phase 2 (November to April) Procurement, Phase 3 (May to October) Implementation. A key aspect of this is the reduction in demand for provision through more integrated delivery.

- 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.
 - Completion of consultation 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.
- The development of an integrated delivery model.

4.8 Indicative Timeline

- By December 2014 to ensure SEN&D reforms fully embedded.
- By April 2015 to have completed co-design and tendering arrangements for RCHS.
- By December 2015 new delivery model operational for children's health services.
- By April 2015 to have improved the health performance measures for Children in Care.
- By May 2015 to have reviewed current arrangements for Transition into Adulthood.
- By April 2015 to have agreed the commissioning arrangements for supporting the emotional and mental health needs of CiC.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Service Director(s) Other(s)		
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Background papers: List of appendices:		

IMPLICATIONS

Financial

1.1 There are no immediate financial implications from this paper. Any commissioning activities seek savings where appropriate.

Legal

2.1 There may be implications in terms of the use of section 75 agreements or potential changes in financial arrangements.

Personnel

3.1 There are no immediate HR issues.

ΙT

4.1 There are no immediate IT implications.

Equalities Impact

5.1 There are no immediate equality implications.

Health and Safety

6.1 There are no immediate health and safety issues.

Environmental Sustainability

7.1 None.

Property and Asset Management

8.1 None.

Risk Management

9.1 None.

Corporate objectives and priorities for change

10.1 None.