

**PROPOSED JOINT COMMISSIONING ARRANGEMENTS FOR CHILDREN'S
HEALTH SERVICES BETWEEN CAMBRIDGESHIRE AND PETERBOROUGH
CLINICAL COMMISSIONING GROUP AND CAMBRIDGESHIRE COUNTY COUNCIL**

To: **Cabinet**

Date: **15th April 2014**

From: **Executive Director: Children, Families and Adults**

Electoral division(s): **All**

Forward Plan ref: **2014/018** *Key decision:* **Yes**

Purpose: **To seek agreement from Cabinet to establish joint commissioning arrangements with Peterborough and Cambridgeshire Clinical Commissioning Group (CCG) for children's health services.**

Recommendation: **That Cabinet agrees to the establishment of the joint commissioning of children's health services with Cambridgeshire and Peterborough CCG and that a legal agreement be drafted to support this arrangement.**

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1. BACKGROUND

- 1.1 On 27th March 2012, the Health and Social Care Act was passed and became law. The Act represented a major restructuring, not just of health care services, but also of the Council's responsibilities in relation to health improvement and the co-ordination of health and social care.
- 1.2 Since April 2013, the responsibility for commissioning health services for children and young people across Cambridgeshire and Peterborough sits with four strategic commissioners:
 - NHS England (specialised commissioning) e.g. In-patient units for mental health
 - Clinical Commissioning Groups (CCGs) - Acute Services, Community Health and Community Mental Health e.g. Paediatrics at Hinchingsbrooke Hospital and Community Child Health, CAMHS
 - NHS England (Local Area Team) - Health Visiting, Family Nurse Partnership, Child Health Records
 - Cambridgeshire County Council and Peterborough City Council (Public Health) - School Nursing and from 2015 Health Visiting and Family Nurse Partnership.
- 1.3 These arrangements potentially risk fragmenting the healthcare of children and young people. Cambridgeshire and Peterborough CCG (the CCG) and the Council have explored how best to approach the system-wide commissioning of healthcare for children and young people to improve integration, efficiencies and ultimately, outcomes. The Children's Programme Board has been established by the CCG to co-ordinate this work and includes the Council (both Children, Families and Adults (CFA) and Public Health), Peterborough City Council, the CCG and NHS England.
- 1.4 The Board recognised that at times services were disconnected and this was in the main due to a lack of joint commissioning focused on agreed outcomes for children and young people
- 1.5 The CCG's five-year plan presented at the Health and Well Being Board in January 2014 confirms their intention to move toward integrated commissioning for children's services. Peterborough City Council in partnership with their Local Commissioning Group - a subdivision of Cambridgeshire and Peterborough CCG - have already progressed in establishing a Joint Commissioning Unit for children's services via a Section 75 legal agreement.
- 1.6 In Cambridgeshire some joint commissioning arrangements already exist between Cambridgeshire County Council and NHS Commissioners, including the CCG. These include the provision of Children with Disabilities Residential Short Breaks and the Early Support programme, integrated Occupational Therapy, substance misuse services for young people, bereavement counselling, domestic violence, youth offending service, parent participation, young people's counselling and Home Start family support services. Each of these activities has a separate legal agreement.
- 1.7 The Council and the CCG also jointly fund a Head of Joint Commissioning employed by the Council. This post leads and supports partnership working between the Council, the CCG and health providers as well as undertaking

contract monitoring of provision, implementing health reforms and aligning commissioning intentions. This post will play a key role in supporting and establishing joint commissioning arrangements for children's health services in Cambridgeshire.

2. ARRANGEMENTS JOINTLY TO COMMISSION CHILDREN'S HEALTH SERVICES WITH THE CCG

2.1 It is proposed to establish joint commissioning arrangements between the CCG and the Council. The arrangements would allow for the two organisations to commission together children's health services linked to outcomes. The CCG commissioned services included in the joint commissioning arrangements would be Children's Community Health Services and Children and Adolescent Mental Health Services currently provided by Cambridgeshire Community Services (CCS) and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

2.2 The proposal sets out how key statutory commissioners will come together to ensure services are delivered in the right place at the right time. The proposal is not to pool resources or for any organisation to delegate budgets to another. The arrangements would be facilitated through a Board made up of key statutory commissioners including the Council, the CCG, the Children's Trust and NHS England. The terms of reference for the Board are set out in Appendix 2. The Board would link to the CCG's Children's Programme Board to ensure appropriate joint commissioning of children's health services across Cambridgeshire and Peterborough. It is proposed that the Board would report on progress and issues to the future Children and Young People Committee on an annual basis. There will also be annual updates to Cambridgeshire and Peterborough CCG and the Health and Wellbeing Board through the Children's Trust.

2.3 The delegated function to commission will include:

- to analyse needs and prioritise services,
- to ensure integrated pathways of care are developed and integrated service delivery provided,
- to collate performance data and manage the children's health provider market
- to ensure children and young people's engagement in service design and
- to procure services where required.

2.4 The arrangements will be formalised through a Section 75 legal agreement whereby Cambridgeshire and Peterborough CCG will delegate its commissioning function to Cambridgeshire County Council to allow for joint commissioning. NHS England will be a key commissioner partner and once commissioning arrangements for Health Visiting have been transferred from NHS England to Local Authority in 2015, this function would become part of the Joint Commissioning Board responsibilities.

3. ALIGNMENT WITH PRIORITIES AND WAYS OF WORKING

3.1 Developing the local economy for the benefit of all

3.1.1 Benefits of establishing joint commissioning arrangements for children's health services include:

- Aligning commissioning intentions
- Improving functions within the commissioning cycle, integrating pathways and eliminating duplication
- Increasing children's services performance and delivering improved health outcomes
- Ensuring services offer quality and value for money
- Ensuring that the experiences of children, young people and families/carers continually improve
- Ensuring a system-wide approach to children's health commissioning to improve outcomes for children and young people.

3.2 Helping people live healthy and independent lives

3.2.1 The joint commissioning arrangements will improve the experience and outcomes for children, young people, family and carers through their participation in service design and also by improving provider performance through joint contract management.

3.3 Supporting and protecting vulnerable people

3.3.1 The joint commissioning arrangements will ensure providers continue to improve standards of practice, design and deliver integrated pathways and ensure service user participation for all and in particular our most vulnerable people.

3.4 Ways of working

3.4.1 A framework to agree ways of working has been developed and agreed with Cambridgeshire and Peterborough CCG, as set out in Appendices 1 and 2.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource and Performance Implications

4.1.1 Cambridgeshire and Peterborough CCG and Cambridgeshire County Council remain responsible for their own budgets. The joint commissioning arrangements aim to improve provider performance and undertake to report regularly on performance to key bodies.

4.2 Statutory, Risk and Legal Implications

4.2.1 There are clear and robust governance arrangements as described in Appendices 1 and 2. The Section 75 formalising the joint commissioning arrangements is being led by Legal Services and complies with law.

4.3 Equality and Diversity Implications

4.3.1 The joint commissioning arrangements aim to maintain service and provision to children and young people at the right time and in the right place for them.

4.4 Engagement and Consultation Implications

- 4.4.1 The joint commissioning arrangements will ensure that children, young people and their families are part of the commissioning and contract monitoring process to deliver improved service user experience and outcomes.

4.5 Public Health Implications

- 4.5.1 Where public health ring fenced funding contributions are made to contracts the following is necessary:
- Public health ring fenced funding contributions are identified separately so that they can be reported quarterly
 - Public Health is consulted on any changes to funding arrangements.
 - Public health as a key partner of the joint commissioning arrangements will sign off the service specification and outcome measures for these contracts
 - Public health contributes fully to strategy development (for example through the Healthy Child Programme Board).

Source Documents	Location
None	

**CAMBRIDGESHIRE CHILDREN'S HEALTH JOINT COMMISSIONING BOARD
(CHJCB)
OPERATIONAL POLICY**

February 2014

Strategic Functions

The strategic aim for the CHJCB will be to align commissioning activity and improve children's provider performance by:

Integrating and co-ordinating the commissioning intentions of CCG and Councils to reflect local priorities: commissioning intentions and priorities will be aggregated and will form the basis for developing the overall commissioning strategy of the Children's Health Joint Commissioning Unit (CHJCU). This will ensure the CHJCU strategy is grounded in local priorities and reflects local development needs and fully aligns to the Health and Wellbeing Board strategy and action plan. In addition, NHS Commissioning Board child health developments will be reflected in the strategy ensuring comprehensive commissioning.

Ensuring equity and quality of service delivery: the CHJCB will determine the required delivery approach to deliver on the integrated commissioning intentions. This goal ensures that the children's services are aligned to meet the needs of the local population, close gaps in current service provision and enables children and young people to receive quality services in their community. Achieving this goal will also mean that children and families experience a seamless pathway regardless of the different organisations providing services or who commissions them. All those services in the pathway of care will be involved in shaping the work of the CHJCB.

Increasing children's services performance and delivering improved health outcomes: the CHJCB will work with providers and develop a performance framework by which local and national targets and outcome based performance indicators will be measured. Quality and experience of early access and appropriate support will be monitored while effective delivery models will be explored reduce admission rates to acute and specialist services and address inequalities in access. This will enable an effective delivery of QIPP plans as a system wide approach to commissioning and delivery will be adopted.

Ensuring services offer quality and value for money: by developing close collaboration and commissioning relationships with a variety of providers, the CHJCB will be able to drive up quality and value for money through identification and dissemination of best practice.

Ensuring that the experience of children, young people and families/carers continually improves: through improved feedback mechanisms the CHJCB will fully understand children & young people's concerns such as dignity, choice and quality of care, access, clean and safe environments, and the CHJCB will be able to address these priorities through improved commissioning relationships and more effective performance management of providers.

Delivery of effective children's commissioning function to the partners: the CHJCB will enable all partners to significantly improve their commissioning competencies relating to children's commissioning. The CHJCB will operate as a delivery vehicle, which serves its partners equally whilst recognizing their varying needs. It will consider and align its functions with other commissioning priorities and cycles i.e. Health and Well Being Board and Children's Trust/Partnership and work with Public Health and the NHSCB to deliver on the Outcomes Framework, inform the Joint Strategic Needs Assessment (JSNA) and facilitate the Healthy Child Programme.

Principles of Operation

- The CHJCB will seek to improve the children, young people, family/carer experience at every possible opportunity by improving provider performance. Children and young people are at the heart of all activity. Commissioning is the key lever to ensure children and young people receive quality services and care. The CHJCB will be designed with the necessary ability to effect positive change for children and young people.
- Do things once rather than five or more times, wherever beneficial. Where there is opportunity to minimise bureaucracy and maximise value for money, activities will be undertaken once only for the CCG and Council Children's Services.
- Lean, simple and robust governance. The governance structure of the CHJCB must not add to bureaucratic procedure; the design will ensure the CHJCB management structure is lean and the governance is simple to navigate, but not at the expense of quality or effectiveness.
- A delivery vehicle that serves its CCG and Council Children's Services as equal customers. The joint arrangement is a delivery vehicle and does not challenge the statutory basis of the CCG and Council Children's Services remain accountable for commissioning. The CHJCB will undertake commissioning activities to achieve the CCG and Council children's services strategic goals. In this role, the CHJCB will serve its partners equally and be responsive to their needs.
- The CHJCB will build on the existing capabilities of people, recruiting additional resource or buying external support, as necessary. The CHJCB is about all the partners becoming better commissioners, not about removing and changing existing capabilities. To achieve effective commissioning, the CCG and Council Children's Services are committed to enhancing their capabilities and expertise within the CHJCB by developing expertise as required, to deliver its objectives.

Operational Functions

The CHJCB will support integrated working and will offer:

- A comprehensive analysis of need
- A whole system approach to planning and investment
- An alignment of commissioning cycles and intentions
- An effective use of resources that:
 - prevent duplication of activity/effort
 - offer solution focused early intervention
 - increase efficiencies in activities
 - create seamless, co-ordinated pathways to service delivery
 - deliver value for money, investing to achieve greatest community impact and reduce inequalities
- Improved access to and effective provision for service users

- Seamless, co-ordinated, flexible and responsive services
- A common market development approach and
- Most important, improved outcomes for children, young people and their families.

Our approach to the use of resources will be:

- Streamlining inputs, achieving statutory targets and measuring outcomes and impact on service users
- Reducing costs by reducing duplication (procurement, labour costs etc) for the same outputs, results and impact
- Measuring activity against cost and workforce skill mix
- Seeking proportionally more outputs and improved results and impact or improved quality in return for an increased resource.

Specifically the CHJCB will:

Assess needs and prioritise

- Analyse health and local authority data to identify health and wellbeing needs: disease and population group
- Develop detailed plan for service delivery design

Develop care pathway and service design

- Support roll-out of new pathways and develop comprehensive service specifications
- Provide a basic workforce framework to accompany both care pathways and service design
- Make the necessary link with other CCG contracts to support the above

Offer strategic and capacity planning

- Build a baseline of current activities and capacity (financial and operational)
- Offer strategic options based on trends and models of good practice
- Calculate the necessary capacity to match demand and study how capacity can be further developed
- Provide budget management via aligned budget arrangements
- Prepare reports for Boards and Partnerships
- Work across services and directorates to oversee any additional health related commissioned work

Ensure service user feedback

Whilst insight is critical at every stage, this is where it really matters. Finding out as much as possible about the service users; their needs, experiences and barriers. Evidence sources can include surveys, community engagement, focus group participation, demographics, and social trend data. The approach will not just be a dialogue, but will involve co-design and co-production

Stimulate the market

- Monitor the current provider market
- Work with providers to develop new delivery models
- Develop new providers and identify opportunities for integrated delivery

Manage the supplier network

- Work with the existing providers to ensure optimum delivery of the strategic plan
- Develop robust performance management methodology and tools
- Monitor provider performance and analyse activity

- Benchmark data against national and international standards
- Manage the improvement programme for failing providers
- Identify where pathways are not working or do not exist
- Ensure Action Plans are implemented
- Work with services, directorates and partner agencies to identify need, gaps in provision and plan for system wide delivery
- Decommission existing services where these are no longer required
- Work with providers to offer Integrated Provision

Inform contract and procurement activity

- Develop commissioning strategies
- Develop service specifications
- Inform contract negotiations

Resources Implications

Accommodation

Officers supporting the functions of the CHJCB will be based at Council premises and should have access to an nhs.net account and any other health premises to enable working across the two partners.

Human Resources

The CHJCB will be managed by the Head of Children's Joint Commissioning in Local Authority working in partnership with Directors and Heads of services to deliver the aims and exercise key responsibilities of the CHJCB. There will be close working with the children's commissioning lead in the CCG.

The CHJCB will be directly supported by LA appointed officers, including performance, quality assurance and data analysis and CCG existing contracts and finance officers

The Head of Children's Joint Commissioning will support:

- a) The required clinical governance of all the commissioning activity
- b) Interface with CCG and LCG structures
- c) Engagement with other CCG commissioning activity and contracts, particularly the Head of Commissioning for Children's Acute Services and Maternity.
- d) Link to NHS England and LA commissioning structures
- e) Guidance and updates on any policies and regulations

Additional Support Requirements

The following support needs have been identified and would be required from CCG and Councils:

- Performance management data
- Public health support including identifying needs as part of the JSNA process, advice on the evidence base, outcome measures and evaluation
- Links into Participation, Professional and Clinical Networks
- Communication (strategy, protocols, partnership agreements and pathways)
- Workforce development
- Specialist input re Procurement and Tendering
- Finance

- Legal services
- HR
- Formalised agreements for information sharing and appropriate NHSNet accounts, etc
- Commercial support for market stimulation and development

What will not be included in the Children's Health Joint Commissioning

- Children's acute and maternity services
- Specialist services commissioned by NHS England.
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Financial Baseline

To be agreed

Governance

The CHJCB will be formally constituted through Section 75 of the Health Act using a Section 75 Agreement to enable transfer of funding.

The Board with representatives of all interested parties will be established to manage the partnership arrangements and the management of the Section 75 and in particular oversee these operations, evaluate impact of such functions and monitor delivery and impact of services for children and young people in Cambridgeshire. Its membership will include representation from CCG and LCGs the County Council, Member (s), NHS England and Public Health.

Furthermore, an operational group will also be established to provide a focus for the operational functions as described above. Members will include leadership officers across Councils and CCG who will review performance management information, identify issues and where provision needs improving, make recommendations and inform planning and future commissioning. See Appendix 1 Governance Structure

Financial Governance

Compliments and Complaints

Compliments and complaints will be dealt with through the host organisation's policy and procedure.

Risk Management

The CHJCB will develop and maintain a risk register.

Review

The Section 75/256 Agreements may be reviewed at the request of Cambridgeshire County Council or the CCG/LCGs. The Agreement will be reviewed in two years

Public Health Reporting Requirements

Where public health ring fenced funding contributions are made into contracts the following is necessary:

- Public health ring fenced funding contributions are identified separately so that they can be reported quarterly
- Public Health is consulted on any changes to funding arrangements.
- Public Health as a key partner of the Joint Commissioning Arrangements will sign off the service specification and outcome measures for these contracts.
- Public health contributes fully to strategy development (for example through the Healthy Child Programme Board).

**CAMBRIDGESHIRE CHILDREN'S HEALTH JOINT COMMISSIONING BOARD
TERMS OF REFERENCE**

1. Purpose and Remit

Health and Local Authority Commissioners will work together to improve the quality and provision of services delivered to children and families, and performance management the identified services as part of Section 75.

2. Objectives/Tasks and Duties

2.1 Analyse health and local authority data to identify health and wellbeing needs

2.2 Plan, procure and evaluate the commissioned and provided health services making sure these reflect the changing needs of families and have capacity at the right level to meet needs and prevent escalation into crisis

2.3 Monitor and ensure delivery of all relevant targets and quality of services

2.4 Ensure service users' and carers' views are properly represented in the planning and evaluation of services

2.5 Ensure best value for money through effective commissioning

2.6 Monitor the management of any Aligned and/or Pooled Funds to ensure the Funds do not overspend and review the financial position of these budgets.

2.7 Approve minor service redesign and pathways and to recommend major service redesign to the CCG Children's Programme Board where there is a need for an impact assessment and subsequent public and staff consultation

2.8 Oversee the work of Commissioners in the management of contracts with all relevant providers

2.9 Review monthly and quarterly performance management information, agreeing areas of performance that need to be investigated and remedial actions to improve performance in relation to commissioned services. This could lead to making recommendations for contract variations.

2.11 To contribute to the Annual Review process and inform an annual report to the CCG Children's Programme Board and the Children's Trust.

2.12 To respond to contract queries and performance issues from the CCG Children's Programme Board

2.13 To respond to requests for audit/inspection/investigation or research information from the CCG Children's Programme Board in relation to the service.

2.14 To work with partners to meet the statutory requirements of the Children's and Families Bill 2013

2.15 To contribute to a system wide approach in supporting emotional wellbeing and mental health needs alongside the monitoring of specialist mental health provision

3. Accountability

3.1. The Cambridgeshire Children's Health Joint Commissioning Board (CCHJCB) will report to the Cambridgeshire and Peterborough Children's Programme Board to which CCG will be represented and provide regular reports on the implementation and performance against targets of the Section 75 provision

3.2 The Cambridgeshire Children's Health Joint Commissioning Board will also inform members by reporting to the Local Authority Children's and Young People's Committee and as requested the Health Committee

3.3 In order to ensure a coherent flow of communication but also inform partnership planning and commissioning the Cambridgeshire Children's Health Joint Commissioning Board will provide regular reports to the Children Trust Board.

4. Financial Governance

4.1. The CCHJCB will consider any in year financial variations in response to changed service specifications or resources and propose action required to the Cambridgeshire and Peterborough CCG Children's Programme Board and implement as agreed.

4.2 Obtains agreement from the CCG Children's Programme Board to further align or pool funding to improve outcomes, quality and achieve financial savings.

4.3 Where public health ring fenced funding contributions are made to contracts the following is necessary:

- Public health ring fenced funding contributions are identified separately so that they can be reported quarterly
- Public Health is consulted on any changes to funding arrangements.
- Public health as a key partner of the Joint Commissioning Arrangements will sign off the service specification and outcome measures for these contracts.
- Public Health are part of any strategy development (for example public health to continue to chair the Healthy Child Programme Board).

5. Members

- Children's Lead Member
- Director of Strategy and Commissioning, Cambridgeshire County Council – Children Families and Adults Services
- Representative District Council officer
- Director of Enhanced and Preventative Services
- Representatives from LCGs/CCG
- NHS England
- Head of Children's Joint Commissioning
- Head of Enhanced Commissioning
- Public Health
- Representative from service user for a

5.1. The Chair

tbc

6. Link with Local Commissioning Groups

6.1 The CCHJCB will ensure to interface with Local Commissioning Groups in Cambridgeshire and engage with them throughout the whole commissioning cycle

Needs Analysis:

- JSNA at LCG level
- Local intelligence shared

Plan:

Reflect LCG commissioning intentions in joint commissioning plan -Combined priorities

- Engagement with LCG's children's champion (s)
- Identify joint commissioning opportunities with LCGs and link to Area Partnership commissioning
- Specify outcomes
- Identify resource allocation

Do :

- Jointly Commission with LCG and Area Partnerships if required
- Procure if needed
- Ensure pathways are working and further enhanced if required

Review :

- Performance manage and measure impact
- Review budget and joint commissioned activity

6.2 The Cambridgeshire Children's Health Joint Commissioning Board will also ensure to make the appropriate links with Area Partnerships

7. Frequency of meetings

The CCHJB will meet every other month.

8. Resources Implications

8.1 Accommodation

Officers supporting the functions of the CCHJCB will be based at Council premises and should have access to an nhs.net account and any other health premises to enable working across the two partners.

8.2 Human Resources

Lead responsibility for the work carried out by the CCHJCB will sit with the jointly funded Head of Children's Joint Commissioning who represents CCG and Local Authority. The CCHCB functions will be supported by Local Authority officers, CCG contracts and finance officers, LCG children's leads and Public Health to deliver the aims and exercise key responsibilities of these arrangements.

The CCHJCB will be directly supported by LA appointed officers, including project management, performance, finance, quality assurance and data analysis.

The Head of Children's Joint Commissioning will engage with:

- a) The required clinical governance for all the commissioned activity
- b) Interface with CCG and LCG structures
- c) Other CCG commissioning activity and contracts, particularly the Head of Commissioning for Children's Acute services and Maternity.
- d) NHS England and LA commissioning structures
- e) Guidance and updates on any policies and regulations

8.3 Additional Support Requirements

The following support needs have been identified and would be required from CCG and Councils

- Performance management data
- Public health support including identifying needs as part of the JSNA process, advice on the evidence base, outcome measures and evaluation
- Links into Participation, Professional and Clinical Networks
- Communication (strategy, protocols and pathways)
- Workforce development
- Specialist input re Procurement and Tendering
- Finance
- Legal services
- HR
- Formalised agreements for information sharing and appropriate NHSNet accounts, etc
- Commercial support for market stimulation and development

9. What will be included within the remit of Joint Commissioning

- The Looked After Children Health Team
- Therapy services including Occupational therapy, physiotherapy & speech and Language therapy
- Nursing Services including community and special school nursing.

- Community Paediatrician services
- Children's and Adolescent Mental Health Services
- Early support (jointly commissioned)
- Residential Short breaks (jointly commissioned)
- Health Visiting
- School Nursing
- Relevant VCS contracts (counselling/bereavement)
- Clear links will be made with continuing health care and maternity
- Other joint commissioned activity within S256 arrangements

10. What will not be included under the Joint Commissioning remit

- Children's acute and maternity services
- Specialist services commissioned by NHS England and Specialist Commissioning