

**Agenda Item No: 11**

**Update on progress made by the Children's Health Joint Commissioning Unit (CHJCU) on the integration of children, young people and families (CYPF) service and the plan for the Healthy Child Programme (0-19 yrs)**

*To:* **Health Committee**

*Meeting Date:* **17<sup>th</sup> May 2018**

*From:* **Liz Robin and Wendi Ogle-Welbourn**

*Electoral division(s):* **All**

*Forward Plan ref:* **N/A**

*Key decision:*

**No**

*Purpose:* **To update Members on progress made by the CHJCU in developing an Integrated Children Young People and Families (CYPF) service and awareness of the plan to include the Public Health grant funded Healthy Child Programme (HCP 0-19) within this**

*Recommendation:* **To note the work done to date and what the CHJCU is trying to achieve  
To note the plans for inclusion of the Healthy Child Programme (HCP 0-19) in an integrated CYPF service**

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## 1. BACKGROUND

- 1.1 The Commissioning of children's and young people's health and care services including the 0-19 service in Cambridgeshire and Peterborough is strategically managed by the Children's Health Joint Commissioning Unit (CHJCU). Membership of the CHJCU consists of senior commissioners from Cambridgeshire County Council (CCC) Peterborough City Council (PCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG), and a children's public health specialist. The lead is the Executive Director People & Communities Cambridgeshire & Peterborough, Wendi Ogle-Welbourn. The CHJCU was set up with the following vision.

***“That all children and families in Cambridgeshire and Peterborough have the right to be kept safe and healthy, have excellent health services, enjoy school, play and family, helped to help themselves and are part of strong and inclusive networks of support.”***

- 1.2 To fulfil this vision, the aim and outcomes for this joint approach to commissioning are:

- Truly integrate health and care services
- Better outcomes for children and their families in Cambridgeshire and Peterborough
- High quality experiences when children and families access the service
- Investment in prevention and moving care to lower cost settings
- Where possible integrate and rationalise contracts for children
- Having the right service, in the right place, at the right time.

- 1.3 It is driven by the understanding that better integration between different types of health and care services is universally accepted as the right direction of travel for meeting the changing and growing needs of children, young people and families. Recognising that fragmented and disjointed services and poor alignment of health and care interventions can have a negative impact on children and families and lead to poor outcomes.

- 1.4 This aligns with the collective vision for Cambridgeshire's and Peterborough's transformation plans for children and young people's emotional and mental health needs over the next 5-years:

*We will work together with children, young people and their families/carers, connecting with schools and communities to improve the lives, health and emotional wellbeing of Cambridgeshire's and Peterborough's children and young people.*

## 2 NATIONAL CONTEXT

- 2.1 The Public Sector is experiencing unprecedented pressure, which presents as high demand for some health and wellbeing services in a climate of diminishing funding and cultural dependency on public services.



- 2.2 These issues have developed incrementally over many years and although significant efforts have been made to improve capacity and maintain quality, layering over long established services such as the NHS have created highly complex services which are not as effective as they could be and are often difficult to navigate.
- 2.3 The Government recognises this and in 2014, published the 5-year forward view which describes transformational models of health and care. Implementation of the 5-year forward view is managed by 44 Sustainability and Transformation Partnerships (STPs) across the country which are made up of local commissioners and providers charged with developing whole system Sustainability and Transformation Plans. Cambridgeshire and Peterborough is one of the 44 STPs. The CHJCU is a critical part of the STP Governance and provides leadership to the design and implementation of plans related to children's health and wellbeing, and upward reporting of progress to the STP board.
- 2.4 The role of the Children's Health Joint Commissioning Unit has involved bringing together a range of existing contracts across the three commissioning organisations (CCC, PCC, and CPCCG). The majority of these contracts are with two providers - Cambridgeshire Community Services (CCS) and Cambridgeshire and Peterborough Foundation Trust (CPFT) and a few are with the Voluntary sector. It is acknowledged that delivering a project of this size and complexity needs careful planning and time required to ensure that the appropriate specifications are developed.
- 2.5 The Public Health grant funded Healthy Child Programme (HCP 0-19 yrs) is a core part of this integrated CYPFs service with a significant contribution to the total budget. This includes:
- Health Visiting and Family Nurse Partnership (HCP 0-5 yrs, £7,253,199 per annum)
  - School Nursing and Vision screening (HCP 5-19 yrs, £1,506,540 and £167,000 per annum respectively)
- 2.6 Health Committee are aware that the proposed savings to the HCP 0-19 yrs budget in 2018/19 (total budget approximately £9 million) were deferred, in order to enable this transformation work to be undertaken over the year.

### 3. PROGRESS TO DATE

- 3.1 The CHJCU has made good progress to formalise joint commissioning arrangements and work with providers to identify an exciting programme that will deliver transformation of the CYPF services to an integrated model in line with policy directives, improving the quality of services for children and families including:
- **Speech and language therapy (SALT)**– total review of services with investment and alignment across the county resulting in 9 month waitings list now 6 weeks for the majority of children
  - Jointly delivering **Emotional Health and Wellbeing Practitioners Service** to help and support EHWPB in schools – service is now in place with complete joint arrangements, single management over staff from both organisations (CCS & CPFT), shared approach and fully thought through and defined governance/accountability.
  - **Neurodevelopment** – joint clinics Psychiatrist and Paediatricians for defined children and backed up through a service level agreement for children with Autistic Spectrum



Disorder (**ASD**) and Attention Deficit Hyperactivity Disorder (**ADHD**). CPCCG funded joint **ADHD training**.

- **Physiotherapy / Occupational therapy review** – now completed and will be implemented along the same lines as SALT
- **CCS infant mental health training** for CPFT Health Visitors (HVs) in place and will happen on an ongoing basis
- **Parenting groups** for children with behavioural problems – alignment and support across geographical boundaries
- **CCS dietitian** working fully within the CPFT Child and Adolescent Mental Health (CAMH) eating disorders team
- **Joint training for Children's Community Nursing across** Cambs and Peterborough
- **Joint / cross-organisational training** for Health Visitors
- **Collaboration when Healthy Child Programme** moved to Local Government as the LA boundaries necessitated transfer of children's cases seamlessly between the organisations
- Through CCG transformation investment and a pooling of budgets (CCC, PCC and CPCCG) to develop a **comprehensive Mental Health and Emotional Wellbeing Service** (counselling service) across the county. Contract awarded to CHUMS and service started in January 2018.

3.2 The CHJCU is receiving good feedback and improved performance from the work that has been jointly undertaken, but there is more that we need to do. We know from feedback that children and young people continue to have issues with accessing some services, and continue to be referred from one service to another sometimes without a satisfactory conclusion.

3.3 Over the last 2-years there has been considerable engagement with children, young people, families, staff and provider organisations. For example:

- Countywide workshops
- Attendance at key meetings such as schools' forum and patient participation groups
- One to one meetings with parents, GPs, children's groups and staff.

3.4 Additionally, whenever the CHJCU have re-commissioned or re-configured services, it has sought involvement from service users, patients, the public and staff.

## **4. WHAT HAVE PEOPLE SAID**

4.1 Feedback from events and consultations has been consistent and can be summarised as: People want access to services when they need them, don't want to repeat their story time and time again and want their information to be shared. They want to be involved in decisions about them and want to be kept informed about their progress.



## **5. WHAT THE CHJCU WANTS TO ACHIEVE; NEXT STEPS**

- 5.1 We are seeking a much closer working arrangement between commissioners and providers to deliver services within the defined budget, flexing services to manage local need and peaks within demand. Given national and local financial pressures, we need to have open and transparent financial accounting and focus efforts on solutions that ensure that we maintain high quality, safe and accessible services.
- 5.2 The CHJCU would like to move to 'one point of contact' for all organisations providing Children's services in the community to ensure consistency and continuity of services across both areas (CCC and PCC)
- 5.3 We plan to do this by coming together as commissioners through the CHJCU under a more formal section 75 arrangement rather than the current memorandum of understanding and aligning budgets and staff to commission a single specification across providers. Transforming service provision from multiple complex pathways to a less complicated streamlined provision where the emotional and physical health and wellbeing of a child, young person and their family is everyone's business.
- 5.4 Over the next year, we will be working intensively with providers to transform services based on these approaches:
- Children, Young People and Families Focused
  - 'Think Family' whole family approach, Multi-disciplinary team (MDT) with lead professional
  - Focus on health promotion, prevention, early intervention
  - Need-led using i-THRIVE principles
  - Integrated, accessible, flexible (Integrated front door/Single Point of Access, sharing information)
  - Single service ethos, no hand-offs, thresholds & criteria minimised
  - Outcomes focused
  - Evidence based
  - Consistent across the two Local Authorities (CCC & PCC)
- 5.5 In addition to an improved service for children and young people, we are planning to achieve savings from the current portfolio of contracts valued at almost £39m (subject to confirmation of the CCG's 2018/19 budget) and would envisage the majority of this to be achieved through the reduction of back office costs/costs to serve and the development of multi-disciplinary teams that reduce duplication. Commissioners and providers are working together to identify the level of savings possible.
- 5.6 The CHJCU has developed and shared a high level specification based on the principles above (section 5.4) and an outcomes framework with CCS and CPFT working together to design how they will deliver the outcomes. In addition, key performance indicators will be developed to provide assurance that the activities required to achieve the outcomes are being delivered. The overarching outcomes for the integrated CYPF service are:
- The very youngest children have the best start in life with a good pregnancy and birth
  - Children experience good development in the early years and are school ready
  - Families, Communities and services have high aspirations for all children
  - Children and young people (CYP) are in good physical health and can make healthy lifestyle choices



- Children and young people live free from harm in their families and communities
- Children and young people and their parents have good emotional wellbeing and mental health
- Children are supported to be resilient in the face of adversity
- The outcomes for vulnerable CYP is as good as their peers

5.7 Progress will be driven through a robust programme management framework which will be operationally monitored through a Transformation Board including commissioners, providers and public health and strategically through the CHJCU.

## **6. FUTURE UPDATES**

6.1 Officers will continue to provide updates to Health committee on the implementation of this integrated CYPF service.

## **7. ALIGNMENT WITH CORPORATE PRIORITIES**

### **7.1 Developing the local economy for the benefit of all**

Children contribute to the future economy. Good physical and mental health of children is important to make the NHS and the economy sustainable.

### **7.2 Helping people live healthy and independent lives**

The outcomes and vision the integrated CYPF service is trying to achieve is to promote health and self-help (sections 1.1 & 5.6).

### **7.3 Supporting and protecting vulnerable people**

One of the outcomes for the CYPF service is to narrow the gap in outcomes between the most vulnerable children and their peers

## **8. SIGNIFICANT IMPLICATIONS**

### **8.1 Resource Implications**

Provided savings are made as expected, this will result in a saving to the public health ring-fenced grant. 2018/19 saving have been deferred and funded through reserves in order to allow the transformation to happen.

### **8.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies to exercise certain local authority functions and for local authorities to exercise various NHS functions. The Partners (CHJCU, CCS and CPFT) are committed to better integration of the



NHS Functions and the Authority Health-Related Functions, and therefore could legally enter into a Section 75 agreement.

### **8.3 Statutory, Legal and Risk Implications**

There is always a possibility that the Council may be challenged by another NHS, Voluntary or Private Sector provider.

### **8.4 Equality and Diversity Implications**

Each service change has an impact assessment as part of the process.

### **8.5 Engagement and Communications Implications**

Over the last 2-years there has been considerable engagement with children, young people, families, staff and provider organisations (section 3.3, 3.4). Healthwatch, Family Voice and Pin Point will be involved in the Transformation.

### **8.6 Localism and Local Member Involvement**

Health Committee and Children and Young Peoples committee will be provided with updates.

### **8.7 Public Health Implications**

The foundations for virtually every aspect of human development including physical, intellectual and emotional; are established in early childhood. Professor Sir Michael Marmot and the Chief Medical Officer have highlighted the importance of giving every child the best start in life and reducing health inequalities throughout life through universal provision and targeted support. Public Health is responsible for commissioning the Healthy Child Programme 0-19 yrs included in this integrated children's service and the 18/19 budget is approximately £9 million in CCC. The success of this transformation programme in achieving improved outcomes for children while also delivering on the savings will be essential to improving population health now and in the future.

The Health and wellbeing strategy seeks to ensure a positive start to life for children, young people and their families. The provision of high quality, integrated CYPF will be fundamental to this.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes Name of Officer: Clare Andrews
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS</b>	Not Applicable



<b>Head of Procurement?</b>	
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	Yes Name of Officer: Kathryn McFarlane
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Each service change has an impact assessment as part of the process
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes Name of Officer: Matthew Hall
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes Name of Officer: Wendi Ogle-Welbourn
<b>Have any public health implications been cleared by Public Health</b>	Yes Name of Officer: Raj Lakshman/ Liz Robin

<b>Source Documents</b>	<b>Location</b>
Best start in life and beyond: Improving public health outcomes for children, young people and families Guidance to support the commissioning of the Healthy Child Programme 0-19: Health visiting and school nursing services.	<a href="https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning">https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning</a>
Public health contribution of nurses and midwives: Guidance:	<a href="https://www.gov.uk/government/collections/developing-the-public-health-contribution-of-nurses-and-midwives-tools-and-models#pregnancy-to-child-aged-5">https://www.gov.uk/government/collections/developing-the-public-health-contribution-of-nurses-and-midwives-tools-and-models#pregnancy-to-child-aged-5</a>