

CHILDREN'S JOINT COMMISSIONING WITH HEALTH BOARD UPDATE

To: Children and Young Peoples Committee

Meeting Date: 13 January 2015

From: Adrian Loades, Executive Director: Children, Families and Adults Services

Electoral division(s): All

Forward Plan ref: N/a **Key decision:** No

Purpose: In April 2014 the proposal to establish Children's Joint Commissioning Arrangements with Health was approved by Cabinet. It was agreed that a progress report should be brought through the member process within six months of the Joint Commissioning Board's commencement. The purpose of this report is to offer an update on work progressed in the last six months.

Recommendation: To consider the work of the Board and feedback comments.

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1.0 BACKGROUND

- 1.1** Joint commissioning arrangements for services to children between Cambridgeshire County Council, Cambridgeshire and Peterborough Clinical Commissioning Group and NHS England through the Cambridgeshire Children's Health Joint Commissioning Board (CHJCB) have been in place since May 2014.
- 1.2** These commissioning arrangements were set up to reduce the risk of fragmented commissioning of services for children and young people. The current chair of the CHJCB, Cllr Nethsingha sits on both the Health Committee and the Children's and Young People Committee. The CHJCB reports to the Cambridgeshire and Peterborough Maternity and Children's Programme Board, which is chaired by the Director for Quality, Safety & Patient Experience at Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) on the Section 75 arrangements with the CCG, and to the Health Committee on the governance of the public health grant.

2.0 MAIN ISSUES

2.1 Joint Commissioning Areas of progress

- 2.1.1** The CHJCB has had oversight of the following areas of work, monitoring progress and deciding on next steps.

2.2 Healthy Child Programme

- 2.2.1** The transfer of health visiting and Family Nurse Partnership (FNP) commissioning to local authorities is nationally mandated. In Cambridgeshire the oversight of 0-5 children's health strategy and commissioning, which will align health visiting and Family Nurse Partnership commissioning with other 0-5 services and GP services will sit with the CHJCB. This will aim to improve outcomes for children and families, particularly the most vulnerable. (Note: The funding for health visiting and FNP will transfer as part of the public health ring-fenced grant, for which governance sits with the Health Committee.)
- 2.2.2** The Council already has a close working relationship with the NHS England area team which currently commissions health visiting. Work to prepare for the transfer of commissioning health visiting and FNP has involved officers from both Public Health and Children, Families and Adults (CFA) directorates and has included:
- Joint working alongside all children's commissioners on the Cambridgeshire and Peterborough CCG Children's Commissioning Board.
 - The setting up of joint performance monitoring meetings for Health Visiting. These meetings allow a single conversation with the provider. For example, the impact of past and future increases in health visitor training numbers on the current and future delivery of the Healthy Child Programme locally and meeting workforce targets.
 - Joint governance of FNP through the FNP Advisory Board (chaired by the CCG/ CFA joint children's commissioner; NHS England and Public Health

are also members). This group has a key role in ensuring the fidelity of the FNP programme is maintained and linking FNP to other services for children aged 0-5.

- Joint development of local performance measures which contribute to key public health outcomes, to sit alongside those specified in the national health visiting service specification. In addition, the Public Health team at Cambridgeshire County Council contributed to the consultation on the national Health Visiting Service Specification.
- NHS England has commissioned Cambridgeshire and Peterborough to pilot the outcomes section of a regional Healthy Child Programme Commissioning and Provision Toolkit; this work will look at how to measure outcomes for children aged 0-5 and their families, which can only be achieved through services working together.

2.2.3 In the lead up to the transfer of commissioning, a programme/ project management structure is been set up, and will include:

- A steering group with director-level input from CCC and NHS England, which will provide oversight of the transfer and report to the Joint Commissioning Group on strategic and commissioning issues, and to the Health Committee on public health governance.
- Sub groups for each of contracts, finance and health visiting performance/ trajectories; these subgroups will have appropriate officer representation from CCC and NHS England and report to the steering group.

2.3 Children's and Young People Emotional Wellbeing and Mental Health Strategy

2.3.1 The CYP Emotional Well-being and Mental Health Strategy, was launched in April 2014. A Strategic Board bringing together partners from Local Authority, Schools, the CCG, health providers, Voluntary and Community Sector, parent carers and links to young people forums, oversees the implementation of the strategy in Cambridgeshire. This came to the Committee on 9 December 2014. The implementation plan for the strategy has four main work streams, with a significant amount of activity involved in each in order to meet the objectives of the strategy sending out a key message that mental health is everybody's business:

1. Principles and standards – Working with partners to ensure sign-up and consistent use of evidence-based interventions, data collection and analysis (routine outcomes measures and reporting against performance indicators) and participation.
2. Early Intervention – Planning and enabling access across organisations of training and guidance for professionals, information and signposting for families and the community, working on the development of a Single Point of Contact for accessing services and delivery of effective Tier 2 (early intervention) services including a clear perinatal pathway, to meet need early and prevent problems from escalating.

3. Pathways – Much work is underway looking at specific pathways for children and young people. Pathways under development include those for experiencing self-harm, suicide risk, the ASD spectrum and those needing to make the transition either between community based services and in-patient treatment, or from young people's services to adults.
4. Vulnerable groups – This work stream addresses the specific needs of certain groups of young people. These include: looked-after children and care leavers, young offenders, young carers, and Lesbian, Gay, bi-sexual and transgender young people (LGBT).

2.3.2 Key achievements for the Board to date have been:

- Improving Access to Psychological Therapies (IAPT) standards are being implemented consistently across Cambridgeshire. A delivery plan is helping to capture minimum standards and good practice in all of the standards.
- A training prospectus has been developed with an extensive range of practice based courses offered at different levels and targeted at different professionals with clearly defined learning outcomes. This is continually evolving in response to need. Bespoke training packages are being developed for schools.
- Additional investment in counselling services will be made during the next 18 months, from current Local Authority funds (Public Health grant as agreed by the Health Committee), to increase capacity within our existing commissioned services that offer counselling to young people focusing support to those who self-harm and help minimise escalation of need into specialist services.
- A Task and Finish group has been established across children's and adults to look at the suicidal prevention pathway and protocols. It has highlighted the potential need for work on a wider scale about access to services available to support young people, their families, and the professionals working with them. This group is linked with the countywide suicide prevention group, informing their work and has started making small changes to pathways locally that will hopefully make a significant difference to access and appropriate referrals.

2.3.3 The next phase will be to achieve the below:

- Developing a Single Point of Contact for professionals, schools and families offering advice, guidance, information on mental health issues and signposting to appropriate services. Discussions are underway to ensure this development is being integrated into plans to introduce a co-ordination point for early help services more widely bringing together a range of functions already operating into one coordinated point for advice, information and signposting.
- Finalising a set key performance indicators for CYP mental health services, that can be adopted across the services commissioned in Cambridgeshire to support children and their families, and used to measure performance and outcomes for children.

2.4 Agreeing a Section 75 with the CCG

2.4.1 A Section 75 has been developed and will be soon signed off to support joint commissioning arrangements between CCC and CCG allowing for further alignment in monitoring performance, understanding pressures and identifying areas for further alignment of resources. This will be brought for agreement to the Committee in March 2015.

2.4.2 As from September 2014 we have been working closely with CCG, NHS England and health providers (CCS and CPFT) to develop performance templates/dashboards and arrange regular performance monitoring meetings. By March 2015 health service specifications will have been reviewed ensuring they are outcome based, reflect recent policy changes and legislation and have clear KPIs.

2.5 Special Education Needs and Disability

2.5.1 We have delivered five workshops with the CCG to raise awareness and prepare our health providers, education and social care colleagues on the Children's and Families Act 2014 preparing them to engage effectively in the Education Health and Care plans. Key focus has been in supporting practitioners to engage in integrated working when supporting families with children and young people with SEND.

2.6 Cross system Outcomes Framework

2.6.1 Public Health colleagues have been working with health, education and social care officers to develop an Outcomes Framework which will help inform our strategies, service specifications and commissioning intentions across health and Local Authority.

2.6.2 The premise for this work is that commissioning for outcomes is critical for children, given that so many children's outcomes (achievement at school, good mental wellbeing) are dependent on many inter-related factors which can only be achieved by working more closely together. It is designed to focus on specific outcomes in domain areas that cannot be achieved by one organisation and rely on complex inter related factors which can only be achieved by working more closely together.

2.6.3 Key Areas of focus:

1. The early years - children aged 0-5 years. This has been chosen as all the evidence suggests that this, particularly in the first 2 years of life, is the key time to influence the life course.

2. SEND. SEND is an area where national policy is driving local service integration and where there are opportunities to improve outcomes for this vulnerable group of children.

3. Mental health and wellbeing. This area has been highlighted through a JSNA as an area of concern for Cambridgeshire, and Peterborough has also identified similar issues.

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

3.1.1 The work of the Board is to improve health outcomes for children across

Cambridgeshire. Improved health outcomes enable engagement in education and training and are seen to have an impact on economic prosperity.

3.2 Helping people live healthy and independent lives

- 3.2.1 The work of the Children's Joint Commissioning Board is to align funding to commission better services to improve health outcomes for children. This is key in helping people live a healthy and independent life.

3.3 Supporting and protecting vulnerable people

- 3.3.1 The Board works to commission services that support and protect our most vulnerable children.

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

- 4.1.1 All work is undertaken within the current funding level, although joint commissioning looks at improving effectiveness and releasing funding which can be utilised to further improve child health outcomes.

4.2 Statutory, Risk and Legal Implications

- 4.2.1 The board is guided by the Section 75 agreement between the Clinical Commissioning Group and Local Authority and by the conditions of the ring-fenced public health grant.

4.3 Equality and Diversity Implications

- 4.3.1 The Board looks to ensure that equality and diversity is at the centre of all decision-making.

4.4 Engagement and Consultation Implications

- 4.4.1 Engaging with parents, carers and young people is a key principle applied by the Joint Commissioning Board in any of its developing work within the commissioning cycle.

4.5 Public Health Implications

- 4.5.1 Public Health representatives are part of the Board and ensure that implications around public health are considered. The work of the Board looks to improve public health for children in Cambridgeshire.

4.6 Localism and Local Member Involvement

- 4.6.2 The work of the Board is strategic across the population of Cambridgeshire and does not in the main have local differences..