

<b>Meeting title</b>	Health and Wellbeing Board	
<b>Date</b>	08.04.21	
<b>Agenda item</b>		
<b>Report title</b>	Update on Joint Commissioning within Children and Young Peoples Services	
<b>Report author</b>	Helen Bowyer – Children & Young Peoples Operational Commissioning Manager	
<b>Sponsor</b>		
<b>Private or Public agenda</b>	Public	
<b>NHS classification</b>	Official Sensitive: Commercial	
<b>Purpose (tick one only)</b>	Information only	
	Development/Discussion	
	Decision/Action	(✓)
<b>Links to Corporate Objectives</b>	Ensure that the CCG makes best use of all available resources	(✓)
	Ensure the delivery of safe, high quality services that deliver the best outcomes	(✓)
	Create joined up pathways within and across organisations to deliver seamless care	(✓)
	Deliver clinically led health services that are focused on individual and wider population needs and based on evidence.	(✓)
<b>Northumberland CCG/external meetings this paper has been discussed at:</b>	N/A	
<b>QIPP</b>	N/A	
<b>Risks</b>		
<b>Resource implications</b>		
<b>Consultation/engagement</b>	N/A	
<b>Quality and Equality impact assessment</b>		

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<b>Data Protection Impact Assessment</b>	N/A
<b>Research</b>	N/A
<b>Legal implications</b>	N/A
<b>Impact on carers</b>	N/A
<b>Sustainability implications</b>	N/A



QUALITY and EQUALITY IMPACT ASSESSMENT						
<b>1. Project Name</b>	N/A					
<b>2. Project Lead</b>	<b>Director Lead</b>	<b>Project Lead</b>			<b>Clinical Lead</b>	
	N/A	N/A			N/A	
<b>3. Project Overview &amp; Objective</b>	N/A					
<b>4. Quality Impact Assessment</b>	<b>Impact Details</b>	<b>Pos/ Neg</b>	<b>C</b>	<b>L</b>	<b>Scores</b>	<b>Mitigation / Control</b>
<i>Patient Safety</i>						
<i>Clinical Effectiveness</i>						
<i>Patient Experience</i>						
<i>Others including reputation, information governance and etc.</i>						
<b>5. Equality Impact Assessment</b>	<b>Impact Details</b>	<b>Pos/ Neg</b>	<b>C</b>	<b>L</b>	<b>Scores</b>	<b>Mitigation / Control</b>
<i>What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?</i>						
<i>What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?</i>						
<b>6. Research</b> <i>Reference to relevant local and national research as appropriate.</i>						
<b>7. Metrics</b>	<b>Impact Descriptors</b>	<b>Baseline Metrics</b>			<b>Target</b>	

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<i>Sensitive to the impacts or risks on quality and equality and can be used for ongoing monitoring.</i>			
<b>8. Completed By</b>	<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Additional Relevant Information:</b>			
<b>8. Clinical Lead Approval by</b>	<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Additional Relevant Information:</b>			
<b>9. Reviewed By</b>	<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Comments</b>			

## **Agenda Item:**

Update on the Joint Commissioning Strategy for children's services.

Sponsor: Siobhan Brown and Cath McEvoy-Carr

## **Purpose**

This paper sets out:

To update the Health and Wellbeing Board on the joint commissioning journey to date and outline next steps.

## **Strategic Overview**

Northumberland's Written Statement of Action (WSOA) from October 2018, highlighted a 'Weakness in the local area's arrangements for jointly planning, commissioning, and providing the services children and young people with Special Educational Needs or Disability (SEND) and their families need'.

The recent SEND peer review in January 2021 demonstrated that whilst some progress has been made around joint commissioning, there is still a need to develop a shared understanding of the approach strategically, operationally, and individually. With a focus on demonstrating outcomes that have impact and being clear about different roles and responsibilities across the partnership, maximising opportunities for the integration of provision across education, health and social care consistently across Northumberland.

To date key strategic roles have been commissioned and funded jointly between Northumberland Clinical Commissioning Group (CCG) and Northumberland County Council (NCC) to lead the direction of change, these are:

- Service Director for Transformation and Integrated Care
- Head of SEND Strategy, Northumberland County Council & Designated Clinical Officer, Northumberland CCG
- Children and Young People's commissioner

Following the development of Northumberland's, 'Joint Commissioning Strategy' and Action Plan. The Service Director for Transformation and Integrated Care has undertaken a strategic

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review of the journey travelled to date, which was recently relayed in the SEND peer review, this included:

- Utilising the Joint Strategic Needs Assessment (JSNA) as a starting point in identifying the common needs, gaps and challenges in the current system.
- Reviewing the current governance structure of the joint commissioning board to ensure it is fit for purpose moving forward.
- Exploring the opportunity for a future Joint Commissioning Hub.

The three initial key stages of the journey have been identified as the following:



1. Better understanding of complex children's needs and costs.
2. Early identification, predicting needs and planning provision
3. Principles agreed to support new ways of working, skill mix and integrated approaches across services.

With a fourth to be agreed in relation to measuring the outcomes and impact as a system.

### 1. Better Understanding of the needs and costs of children eligible for Continuing Care Individual Packages of support

The Joint Commissioning Group's (JCG) purpose and pathways have been reviewed over the last 18 months. This group has been renamed the 'Operational JCG' to support in defining its purpose, which is to provide an operational platform for discussion, financial sign off and

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review of individual jointly commissioned packages of health and care support for children and young people with continuing care eligibility.

Underpinning this, a new process has been developed which includes quality and assurance mechanisms and a robust method for reviewing and identifying potential eligible children.

Processes are in place to ensure that eligible children will access additional support over and above already commissioned services. There is significant joint working between the CCG and NCC to ensure that the health and social care needs of the children and young people and their families are met holistically.

Key CCG roles such as the Learning Disabilities and Mental Health Co-ordinator straddle both health and social care and the head of complex care commissioning works closely with senior managers in NCC to ensure more effective quality placements are identified wherever possible.

### **2. Early identification, predicting needs and planning provision**

#### **Early Help and Joint Commissioning and Planning at an Operational Service Level**

Collaborative working across the system from health, education, and social care to support children and young people with their emotional health and wellbeing has significantly moved forward over the last 3 years. There is a real emphasis on early help and prevention, as well as ensuring earlier access to the right service at the right time.

Success in securing national Trailblazer funding for Mental Health Support Teams (MHST) based in schools in both the wave 1 pilot covering Hexham and Blyth, and more recently the wave 3 pilot covering Ashington and Bedlington, as well as the four week waiting time pilot (4WW), designed to reduce children and young people's waits in to mental health services from referral to treatment down to four weeks, have provided the foundation and additional resource to explore new ways of working, test and develop joint initiatives across the system of health, education and social care and lay the foundations and develop an ethos for future joint commissioning.

Some of this pilot work has involved the jointly commissioned funding of services, or individuals, and the re-designing and collective re-modelling of services to ensure that children and young people (CYP) are able to access the right service, at the right time, with a graduated approach to support and interventions.

Within children and young people's mental health support, multi-agency decision making now takes place from the point of referral. This is to ensure appropriate support is identified at the start, therefore reducing bounce across the system, and avoiding duplication where possible. Most recently this has involved a further development to include children's social care within the referral decision making process, this is via the introduction of a weekly virtual referral hub

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meeting between children's social care and children's and young people's mental health services. This is due to start in April 2021, the meeting will involve discussion around the more complex cases and appropriate referral, or joint working initiatives will be agreed. Processes to aid this meeting have been developed.

A further jointly commissioned post between the CCG and NCC entitled 'Children and Young Peoples Operational Commissioning Manager' was developed to drive forward the trailblazer pilot and act as both a lead and conduit in developing further joint working and commissioning as a system for children and young people, this has included the development of joint Referral and Access processes in to mental health services and the development and monitoring of the Children's and Young Peoples 'Local Transformation Plan', which is currently in the process of being reviewed and will become the 'Young Peoples Strategic Plan' in line with recent NHS England requirements.

### **Some of the joint key initiatives over the last two years have included:**

- **Early Identification of Children with Complex Care Needs**

Work has been carried out across the system to develop processes that enable NCC and the CCG to identify children earlier with complex needs, in the hope that we are able to predict their further needs in advance. This will ensure that we can plan care and provide more tailored support to meet individual needs, to achieve better outcomes.

- **Access**

Key developments in collaborative working over the last two years have seen the following changes:

- A reduction in waiting times into Children's Mental Health Services. Waiting times were on average 30 Weeks three years ago, but due to the 4 Week Wait (4WW) pilot approx. 91% of children and young people are now seen within 4 weeks with 75% having their second appointment also within the 4 weeks.
- Referral threshold criteria to access children and young people's mental health services has been reviewed collectively across services, to ensure no duplication or gaps with criteria and therefore avoid bounce across the system.
- The development and launch of Northumberland's 'Be You' Website in December 2020. This provides clear guidance around service descriptions, referral processes and access criteria for emotional health and wellbeing services across the county. This has involved development and participation from staff across health, education and social care.

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- Daily Consultation Phone Lines have been established in both the Children and Young Peoples Service (CYPS) and Primary Mental Health Work (PMHW) team to support professionals across the wider system (as well as parents and carers).
- The development of digital means of communication between services and with children and young people.
- The introduction of a weekly virtual hub referral mtg between children and young people's mental health services and Children's Social Care.
- The upcoming introduction of children and young people's 'Mental Health Champions' in children's social care teams, through a joint training venture with children's mental health services

The NHS England Quality Team Access audit that took place in Nov 2019 praised the collaborative journey travelled and sited the system as one of the best in the country and an example of best practice.

### **Introduction of on-line support via Kooth and Qwell (jointly commissioned funded)**

#### **Kooth**

Kooth is a children and young people's digital online emotional health and wellbeing support service launched in June 2020. It provides additional early help support to children and young people aged 11-25 years. It delivers a free online support and counselling service, which enhances the current children and young people's early help offer and is part of the whole system approach to building resilience and tackling issues early, to avoid escalation later.

Take up of the service has been good, with many new registrations on a monthly basis. For the period October-December 2020, new registrations were 243, with a total of 2438 log ins (awaiting this quarters report) November was the busiest month. In terms of qualitative feedback provided by service users on the platform, snapshots are

- 'I tell everyone about Kooth. I love it here.'
- 'I just want to say this app is Amazing talking to someone has been Amazing you bring hope to so many people so from me thankyou to all of you and please tell your team this...Thank you ever so much'

An outcomes and impact report which will take a whole system view will be completed by the end of April 2021 to support any joint future funding discussions.

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### Qwell

Qwell in Northumberland was launched in September 2020 and has been commissioned as a one-year initial pilot to offer online counselling and support specifically for teaching staff in part as a response to COVID-19. It enables all teachers and teaching staff across Northumberland to access confidential online emotional wellbeing support, providing an early intervention and prevention response to mental health issues, therefore avoiding escalation to crisis where possible and building long term resilience.

October – December 2020 saw 89 new registrations with 273 log ins. Of these 85% were return logins. This has been a slower start than for Kooth, as expected due to a recognised sense of initial mistrust of online support by adults. However, registrations are increasing, and Xenzone are actively reaching out to potential service users, with stakeholder events being held within partnerships. The real value is identified within service user comments e.g.

'This place has been an absolute blessing. Hand on heart I don't know how things would've turned out. Thankfully I'm in a better place, it's a shame that Qwell doesn't offer the option to pay for more as I would. I did for the first time ever open up, maybe too much at times, but finally saw that I really needed to make a change. Sure, it's never easy making that step, being online for me is way easier than face to face.'

This is a jointly commissioned and paid for service between the CCG and NCC with costs split directly in half in its first year's pilot. A review of this service will also take place to assess initial impact and inform future funding discussions.

### **'Be You' Mental Health Support Teams (MHST) Trailblazer Pilot - Wave 1 & 3**

The 'Be You' Mental Health Support Teams (MHST) in school's trailblazer, has facilitated a whole system collaborative response since the start of funding in 2018. Active participation in planning and delivery is provided by key individuals and services across health, education, and social care. The trailblazer steering group and sub-groups that oversee the direction and implementation of delivery, have representation from across the system, and the models developed for both wave 1 and 3 have involved input from all service areas, including third sector as well as children and young people and parent and carers.

The Mental Health Support Teams (MHST) themselves (named 'Be You' after children and young people's consultation) are multi-disciplinary. Monies from the trailblazer funding pot, provided by NHS England to the CCG, has been used to develop working practices and models across the system. This has included providing additional funding for Autistic Spectrum Disorder (ASD) and Attention-Deficit Hyperactivity Disorder (ADHD) group work for parents and carers, delivered by NCC Inclusive Education Services and Barnardo's. In addition, monies have been used to fund specific posts outside of health, including education posts such as an additional educational psychologist assistant and a senior mental health lead co-

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ordinator which has been filled by a senior teacher on a secondment. The funding has also enabled initiatives such as Kooth, Qwell and the 'Be You' Website to be developed which benefit the system.

The MHST Trailblazer waves at present only cover the four areas of Hexham, Blyth, Bedlington and Ashington, where possible some of the initiatives have been shared across the county such as training offers and the 'Be You' website. Future MHST pilot waves from 5-10 are due to be launched imminently and as a County we can apply. However, the funding will be passed via the Integrated Care System (ICS) as part of the 79 million national funding for children and young people's mental health services, earmarked by the Government. Priority is expected to be given for those areas in the ICS currently without any Trailblazer pilots, this will be to support the vision laid out by the government of 25% coverage of MHST teams across all areas of the country, by 2023-24.

Therefore, this may affect any opportunity to receive additional funding to grow the trailblazer more broadly across the county. However, there is an opportunity longer term to look at a system of alternative ways to grow and fund the trailblazer pilots across the county. Work has begun on developing a whole system outcomes framework for Northumberland, using as a starting point feedback from an initial workshop attended by professionals across the system as well as parents and carers.

The establishment of a whole system outcomes framework would further support joint funding discussions, not only for the trailblazer but more broadly, by potentially providing evidence of the impact that the pilot and other joint working initiatives are beginning to have across health, education and social care.

### **Co-location of Primary Mental Health Workers (PMHW) with Social Care Early Help Family Teams**

Discussions are taking place to agree that post COVID-19 the Primary Mental Health Work (PMHW) teams will base themselves with the early help family work teams across the relevant children's centres. This will be to further develop future joint working initiatives. Plans are being developed for co-delivery of courses and joint assessment and support planning for children and young people and their families where relevant as part of this.

### **Introduction of 2 x Community Wellbeing Practitioners (CWP) posts within Social Care Family Teams**

Traditionally CWP posts have sat in health, with initial funding provided by Health Education England. However, Northumberland decided as a system to sit the posts within social care, providing early help family teams with additional expertise in supporting young people's emotional health and wellbeing, which is often a key contributing factor to the difficulties experienced by many of the families on the team's caseload. The post-holders will work, under

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clinical supervision from the primary mental health work (PMHW) team in this joint initiative, as they will be expected to provide high-quality; brief outcome focused evidence-based interventions such as Cognitive Behavioural Therapy (CBT) and guided self-help for children and young people experiencing mild to moderate mental health difficulties.

### **Introduction of Specialist Posts**

The CCG have funded specialist posts to provide support into key areas in the system, where there has been an identified gap in the pathway and delivery. These posts include a Community Matron post with a specialism around looked after Children (LAC) who has developed new ways of working including the enhancement of multi-disciplinary LAC mtgs, training, pathway reviews and advice drop ins for other professionals across the system, a specialist mental health post sitting within the Multi Agency Safeguarding Hub (MASH). A children's worker within the psychiatric liaison team at Northumbria Special Emergency Care Hospital (NSECH), a specialist mental health worker within the NCC young people's drug and alcohol Team 'Sorted' and within the youth offending team (YOT). Whilst not jointly funded and currently paid for by the CCG, these roles have seen a collaborative approach in responding to need. In addition, there has been recent agreement between the CCG and NCC to jointly fund a post within NCC inclusive education services that delivers the ASD group work programme entitled CYGNET to parents and carers, as the current trailblazer funding for this post is due to run out.

### **Co Funding of Sendiass between the CCG and NCC to develop Health input**

Recent agreement has been made that the CCG Would co-fund with NCC the Sendiass service (Special Educational Needs and Disabilities Information Advice and Support Services) This service offers information, advice and support for parents and carers of children and young people with special educational needs and disabilities (SEND). As a result, closer and more collaborative working by Sendiass with health providers and services will be developed as part of future work planning.

### **3.Principles agreed, new ways of working, skill mix and integrated approach across all.**

#### **Integrated approach to therapeutic interventions – Speech and Language/Occupational Health and Special School Nursing**

One of the priority areas identified via the Joint Strategic Needs Assessment (JSNA) and previous SEND inspection, highlighted once more in the recent SEND peer review, is the development of a jointly commissioned, integrated and innovative approach to the core therapies of speech and language, occupational therapy and special school nursing.

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The JSNA identified the need to define a clear core offer for therapies in each special school and across mainstream schools, with a jointly agreed workforce development plan to ensure that all partners (school staff, health and parent / carers) have the knowledge, skills and confidence to support children's health needs.

There has been some initial work done with the special school nursing service over the last 12 months in the form of the development and implementation of a needs led audit tool for Special Schools to complete. This has enabled each school to gain a better understanding and overview of the complexities of their current children. In addition, any new staff that have joined the special school nursing team, following staff leaving, have been utilised more flexibly across special schools, using the outcome of the audit to support. Whilst this is the start of the process it has certainly made a difference to some of the special schools which previously have not had adequate support.

Moving forward for collaborative innovation across these therapy pathways to be effective and transformational, a set of core principles which will provide strategic direction and transparent decision making will need to be agreed. A draft set of principles have been drawn up for consultation, these are:

### **Core Principles**

- Shared roles
- Skill mixes of staff to be able to work flexibly
- Improved access
- Less miles travelled
- Personalisation agenda
- Promotes a single point of access
- Digital drop in
- Choice of appointments
- Improved MDT communication
- Reduction in duplication

### **Priority areas that will support the core Principles include**

- Workforce planning and development – skill mix
- Integration of services

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- Engagement with Schools and Young people and their families
- Ensuring equitable and clear single access points
- Co-Production with Parents and Carers throughout development

The next steps to therapeutic review and service delivery transformation will be to:

Undertake engagement with parents and carers and social care and education staff, to understand the current challenges with accessing and gaining the right support from these services, taking in to account the impact of COVID-19 as part of this, agree and sign off all priority areas, and begin the initial discussions with service providers to understand current challenges and find the innovation. From this the aim will be to further develop the draft principles with the establishment of a project group. The principles will then be utilised to support decision making and aid the planning of new ways of working by the project group.

### Conclusion

The full impact of COVID 19 has yet to be understood as we slowly recover from an unprecedented situation. Throughout these challenging times the system has pulled together to maintain services, transformed delivery and commissioned new services at pace to meet new demands. As a result of the pandemic some aspects of service redesign and engagement have really challenged our ability to progress our ambition around joint commissioning, however this paper demonstrates a road map to achieve our three key priorities of –

- 1. Better understanding of complex children's needs and costs.**
- 2. Early identification, predicting needs and planning provision**
- 3. Principles agreed to support new ways of working, skill mix and integrated approaches across services.**

The recent SEND Peer Review has provided some clear guidance for next steps within Northumberland's joint commissioning:

*'Now is a good time to stand back and be clear what is needed for the future and your priorities beyond mental health. Focus your joint commissioning on outcomes that have impact, being clear about different roles and responsibilities across the partnership. Consider how you can shape services that are not directly provided by or exclusively for the Northumberland partnership, for example post-16, out of area special schools and colleges, residential care, and Health Trusts. Build systematic use of feedback from children and families into the quality assurance arrangements of all provision, directly provided and commissioned.'*

To support this, there needs to be further development of child outcome data across the system, to inform strategic planning, joint commissioning, and to ensure sufficiency of local provision. In addition, Public Health has a key role in supporting the understanding of the

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variation of need across Northumberland. This then needs to translate into decision making about service delivery and the appropriate deployment of resources.

### **Recommendation**

Members of the Health and Wellbeing Board are asked to:

- Consider the content of this report and provide any recommendations and thoughts to aid future planning