

MEETING: CLINICAL AND MANAGEMENT EXECUTIVE TEAM

AGENDA ITEM: 6.5

DATE: 31 JULY 2013

TITLE: BORDERLINE AND PETERBOROUGH LCG'S FUTURE OF CHILDREN'S COMMISSIONING AND SERVICES

**FROM: CATHY MITCHELL
LOCAL CHIEF OFFICER**

FOR: APPROVAL

1 ISSUE

1.1 Cambridgeshire County Council and Peterborough City Council commissioned a Children's Health Services Review in early 2013 to offer an analysis on the current budget spend, presenting pressures and performance and quality of these services. Evidence from the Review clearly shows the need to harness the commissioning work of the CCG in respect of child health and wellbeing, to increase the critical mass and economies of scale of children's commissioning, reduce duplication of work, manage high risk areas and improve performance, quality and capacity.

Establishing a team in each Local Authority and oversight from the CCG with a strong understanding of the strategic commissioning and procurement frameworks for children will enable resources to be balanced more efficiently whilst building sustainable local expertise to maximize benefits and value for money.

1.2 The CCG have given notice to CPFT on the Children's Services Contract which ends on the 31 March 2014. The CCG is not in a position to be able to procure the Children's Services within this time period and therefore agreement is required to approach CPFT to extend their contract for up to 12 months. The Borderline and Peterborough LCGs would want CPFT to agree to an improvement plan with timescales in order to be assured that current concerns are being addressed during the contract extension.

Vision

The vision is to establish a Joint Commissioning Unit (JCU) in each Local Authority, (in respect of Peterborough and Borderline LCGs there will be consideration of arrangements with Northants and Cambridgeshire County Councils., The aim would be to improve the delivery, quality and experience of services for children, young people and their families.

This includes improved health outcomes, keeping children and young people safe, treating them with respect and responding to their needs by having them and their families at the centre of service design and delivery.

The vision will be achieved through a shared commissioning function which will enable the Clinical Commissioning Group and the two Local Authorities to commission integrated pathways and services from Providers working with children, young people and their families. By developing and delivering integrated services we will strengthen our commissioning based on comprehensive analysis of need, leading to a whole system approach to planning and investment, alignment of commissioning cycles and intentions with effective use of resources. This will mean that we can redesign pathways, early intervention solutions, increase efficiencies and prevent duplication. There will be one 'virtual' JCU across Cambridgeshire and Peterborough with a JCU in place in each Local Authority in partnership with the local LCG's.

The model of JCUs has the flexibility to encompass other commissioners as part of the membership and would want to engage NHS England through the Area Teams to achieve a fully integrated approach to commissioning for children and young people.

The Borderline and Peterborough LCG's would want to take [sk](#) the Joint Commissioning Unit to carry out needs analysis and make proposals for future commissioning options and produce a service specification prior to any formal procurement.

2 STRATEGIC AIM / CCG ASSURANCE FRAMEWORK / EQUALITY AND DIVERSITY GOALS AND BOARD ASSURANCE FRAMEWORK LINK

The paper is linked to Strategic Aims 1 (Quality & Patient Safety) and 3 (Change Management and Transformation). It also links to the following risks on the CCG Governing Body Assurance Framework and Risk Register: QPS 1 – Failure to Safeguard Children and QPS 3 – Risk of potential poor quality services from providers which the CCG Commissions

The paper also links to EDS Goal 3 – Improved patient access and experience and EDS Goal 4 – Inclusive leadership at all levels.

3 INVOLVEMENT AND VIEWS OF APPROPRIATE LCGS

The Borderline and Peterborough LCG's support the development of a Joint Commissioning Unit with the Peterborough City Council Children's services which is formalised with a section 75 agreement which outlines the Commissioning Functions that have been delegated and has a robust governance arrangement to monitor the work streams using the local Boards .

The LCG Boards support the extension of the CPFT contract for up to 12 months but wish to task the Joint Commissioning Unit to develop a integrated Service Specification as part of preparation prior to procurement which would require approval to be gained at LCG's and CCG level .

4 KEY POINTS

- The JCU will commission services to improve the experience and outcomes for children, young people, family/carer at every possible opportunity by improving provider

performance. Commissioning is the key lever to ensure children and young people receive quality services and care. The JCU will be expected to commission services which deliver and empower children & young people.

- The JCU will identify where there are opportunities to minimise bureaucracy and maximise value for money, within the financial resources available from the CCG and The Council's Children's Services.
- The governance structure of the JCU must not add to bureaucratic procedure; the design will ensure the JCU management structure is lean and the governance is robust and will be clearly laid out a section 75 which delegates the commissioning function only to the Council.
- A delivery vehicle that serves the CCG and Council Children's Services as equal customers and can expand to encompass the Area Team. The joint arrangement is a commissioning delivery vehicle and does not challenge the statutory basis of the CCG and Councils Children's Services remain accountable through the section 75 for commissioning. The JCU will undertake commissioning functions to deliver the CCG/LCG's and Council's children's Services strategic outcomes. In this role, the JCU will serve its partners equally and be responsive to their respective needs.
- The JCU will incorporate the LCG's Children's Clinical Lead into the model and, recruit additional resource or buy in external support, as necessary. To achieve effective commissioning, the CCG and Councils Children's Services are committed to harnessing plus enhancing their joint capabilities and expertise within the JCU by developing expertise as required, to deliver its objectives.

5 RECOMMENDATION

The Clinical and Management Executive Team is asked to:-

- CMET are asked to endorse the creation of a joint commissioning unit between Peterborough City Council and the CCG for children and Young People's services underpinned by a section 75 agreement that delegates the CCG commissioning function only to Peterborough City Council.
- CMET are asked to endorse the extension of the Children's Contract held by CPFT for up to a maximum of 12 months to enable the CCG and Council to develop a service specification in preparation for a future procurement of Children's services.

6 REASON FOR RECOMMENDATION

The Borderline and Peterborough LCGs and the Peterborough City Council wish to establish a Joint Commissioning Unit (JCU) which will provide an integrated commissioning function for Children and Young People's services with clearly defined parameters and governance laid out in a section 75, whereby the CCG delegates it's commissioning function to PCC. Note this arrangement excludes pooling budgets.

The aim is to design and specify integrated services and pathways which can form the basis of future procurement of a range of children's services with the exclusion of acute paediatric services.

7 BACKGROUND INFORMATION

The Provision of Children's Health Service in Peterborough

Current children's health services are being provided by Cambridge and Peterborough Foundation Trust (CPFT) to the Peterborough population. During all recent formal and informal consultations with the LCG's and commissioning colleagues within the Peterborough City Council, high levels of concern and dissatisfaction with the waiting times and patient experiences have been expressed with the provider who was awarded the three year contract after an open tender exercise in 2010/11. Recent changes in senior management seem to have prompted a change in attitude and a promised improvement in levels of transparency from the provider. Data quality has improved and action plans to address such issues as the ADHD Assessment waiting list, have been developed and are already being applied.

Accepting that it may take some time and effort to restore a level of trust and confidence in the organisation, this may be achieved by the following:

- a) an in depth analysis of service delivery and satisfaction amongst patients and carers,
- b) careful scrutiny and clarification of reported data
- c) Face to face meetings between commissioners and providers outside of the normal contract performance meetings
- d) A clear steer on the improvements required and by which date

There is currently no obvious provider who would be able to deliver services when the current contract expires so it is essential that a decision as to the immediate future provision of services is reached quickly.

Notice was given to the provider and their contract comes to an end on 31st March 2014. This, of course, can be relatively easily extended and CPFT have already indicated their willingness to do this in order to fit with the timetable of any procurement exercise.

Short Term Options

Extend or issue new contract with CPFT for up to a year

Long Term Options

Include services in full CCG wide procurement exercise at the end of the Contract Extension period or part of Peterborough/Borderline option

The Borderline and Peterborough LCGs wish to extend the contract with CPFT for up to 12 months whilst holding the Provider to a robust improvement plan with timeframes to mitigate against the concerns and risks. Plus would support CPFT to be required to work with Senior Managers in CCS Children's Services during that same period.

During this extension period we would task the new Joint Commissioning Unit to draw up an integrated children's service specification which would feed into the procurement and consider other contracts outside of the CPFT contract that could be redesigned to deliver improved outcomes across CCG and PCC. The evaluation

of this approach to joint commissioning could then be feedback into the CCG to consider the CCG wide approach to joint commissioning of children's services.

8 IMPACT ASSESSMENT

Financial

- The CCG and PCC remain responsible for their own budgets for the delivery of services in the model. Either party could enter into a section 256 whereby an agreed sum of money is transferred to the respective organisation to commission a jointly procured service for the life and cost of the contract. Current examples of this arrangement exists between Cambridge County Council and the CCG for children's respite services
- The CCG and PCC would need to consider the respective contributions to JCU in their resources and/or finances to deliver the commissioning functions which would be contained in the section 75.

Performance

- The JCU would aim to improve Provider performance and undertake to report through to the LCG/CCG on performance and outcomes as set down in the section 75.

Governance

- The CCG would require clear and robust governance to be laid out in the section 75 reporting to the LCG/CCG and stating the necessary approvals and signoff processes required by the CCG prior to publishing strategies, commissioning plans or going out to tender.

Equality and Diversity

- The CCG will expect PCC to adhere to all relevant legislation and local policies that the CCG has to ensure are in place to deliver it's statutory duties.

Legal

- The CCG will need to seek legal advice on the content of the section 75 and any future changes to services which the JCU are proposing to redesign as and when required.

Patient Experience

- The CCG/LCGs will expect the JCU to ensure that children, young people and their families are part of the commission and contract monitoring process to deliver improved patient experience and outcomes.

9 CONCLUSION

The Borderline and Peterborough LCG's propose to develop a Joint Commissioning Unit with Peterborough City Council for Children and Young People's services which is governed through a Section 75 for the delegated Commissioning Function only.

The LCG's will task the Joint Commissioning Unit to review the local needs and propose future commissioning options for Children's services leading to the development of an integrated service specification .

The learning from this model can then be feedback into the CCG Children's Strategic Board to inform future ways of working and commissioning services.

Author

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