

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 5
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Report of the Corporate Director for People and Communities		
Contact Officer	Lee Miller – Head of Transformation and Commissioning (Children and Maternity), Cambridgeshire and Peterborough Clinical Commissioning Group	Tel. 07538276106

TRANSFORMATION OF CHILD HEALTH AND WELLBEING

1. PURPOSE

- 1.1 The report is being presented to provide an update on the proposal of joint commissioning of integrated children’s health services.

2. RECOMMENDATIONS

- 2.1 For the Scrutiny Commission for Health Issues to discuss and endorse the proposal to bring together the Joint Commissioning Unit and the Sustainability and Transformation Programme.

3. LINKS TO THE CORPORATE PRIORITIES AND RELEVANT CABINET PORTFOLIO

- 3.1 This report is linked to the corporate priority of ‘Achieve the best health and wellbeing for the city’ by proposing to integrate health and wellbeing services for children and young people.

4. BACKGROUND

- 4.1 In order to drive best value in commissioning more coherent and integrated child and young person health and wellbeing services, Cambridgeshire County Council, (CCC) Peterborough City Council (PCC) and the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) established the Joint Commissioning Unit (JCU) in April 2015.
- 4.2 The JCU is the strategic lead for the commissioning of 0 to 19 child and young person health and wellbeing (community and mental health element) services in Cambridgeshire and Peterborough.

5. KEY ISSUES

- 5.1 As well as undertaking the business as usual commissioning work the JCU has been developing a transformational programme that would see the bringing together of all commissioned and delivered services around children and young people services 0 – 19, (community and mental health) this could take the form of one lead provider.
- 5.2 Also the JCU has been developing the iThrive framework of service delivery, this involves a cultural shift in providers of services – a more holistic person centered approach that would replace the tiered model of delivery common in mental health services particularly.
- 5.3 At the same time the CCG has been leading the development of a system wide Sustainability and Transformation Programme (STP) a 5 year plan. The Children’s work stream of the STP has focused on developing a plan for acute children’s services.
- 5.4 The **JCU’s transformation programme** aims to rationalise 15 contracts and 42 service specifications into an innovative model of care that reduces inequality and offers a high quality

integrated health and social care service to children, young people and families in Cambridgeshire and Peterborough. The **principles** behind this approach:

- High quality service user and patient experiences;
- Optimum outcomes for children, young people and their families in Cambridgeshire and Peterborough;
- Truly integrated services and care; and
- And investing in prevention and moving care into lower cost settings.

5.5 The **STP transformation programme** is underpinned by the following **principles**:

- **Child and family focused:** We will ensure the voices and experiences of children, young people and families are heard throughout the health care system and their needs drive planning and delivery in collaboration with clinical expertise;
- **Focus on health promotion:** We will prioritise investment and resources to improve the health and wellbeing of our children and young people;
- **Transformative care:** We will invite children, young people and families to be active participants in the review and future design of services;
- **Care close to home:** We will offer children, young people and their families services in settings where they feel welcome, comfortable, safe and cause as little disruption to family life as possible;
- **High quality information:** We will share the best information and intelligence between professionals and with children, young people and their families to allow the best possible healthcare; and
- **Evidence based sustainable care:** We will commission and deliver services to consistent standards, informed by best practice and available evidence. All children and young people will have equitable access to services to meet their demands.

5.6 There is a drive across Cambridgeshire and Peterborough local authorities to consider commissioning and service delivery together with the CCG, recognising the experience and expertise which has developed over several years in the 3 organisations, to draw together and agree approaches where this will be beneficial or could strengthen service delivery to children, families and communities investing in prevention and moving care into lower cost settings.

5.7 **There are a number of key local challenges which are impacting on local services with implications on the sustainability of provision for children and young people in the future.**

5.7.1 Increased demand and complexity of need - The number of children in Cambridgeshire and Peterborough is growing and accompanied by a rising acuity of need. This includes an increase in the number of children in care and level of complexity for children with Education, Health and Care Plans. Services at all tiers are experiencing high levels of demand.

5.7.2 Budget reductions - Alongside the increasing and changing demands on services, Cambridgeshire County Council, Peterborough City Council and CPCCG are also required to make savings.

5.7.3 Waiting time for specialist services more than 18 weeks in treatment.

5.7.4 Increased number of emergency assessments in A&E for both mental and physical health

5.7.5 Recent benchmarking work of the Clinical Working Group has indicated a high number of

acute inpatient admissions and outpatient activities per 1,000 under 18s.

- 5.7.6 A range of providers and services but lack of interactive access points makes it complicated for children and young people to access services.
- 5.7.7 There are inconsistencies and gaps in the current range of services both in community and in acute hospitals leading to inequality of provision in different parts of the CCG.
- 5.7.8 The local report from HEE indicates that there are workforce gaps leading to recruitment and training pressures for clinical staff across the health economy.
- 5.7.9 There are workforce pressures on the current numbers of paediatrician's and paediatric nurses with further challenges due to insufficient numbers being trained to meet expected demand.
- 5.7.10 There are multiple pathways that do not join up and creates duplications.
- 5.8 The **annual** value child health and wellbeing contacts is £43 million, not including any of the 3 acute hospital children provisions across Cambridgeshire and Peterborough.
- 5.9 When considering Acute care alongside the JCU work, the following key questions are the focus for any developmental work.
- 1) What should the model of care look like for children's and young people's services?
 - 2) How can we design pathways that integrate mental health, physical and social care and integrated acute, community and primary care for children and young people in Cambridgeshire and Peterborough in a consistent way?
 - 3) How can we ensure children and young people receive equitable service provision across Cambridgeshire and Peterborough?
 - 4) How can we improve primary and community services so that more children and young people can be cared for at home and in community settings?
 - 5) How can we deliver high quality, sustainable acute services for children and young people?
- 5.10 If we join up the acute focused STP work with the work of the JCU it opens up the possibilities for opportunities / options including:
- 1) Development of Locality based multi-agency teams potentially delivered through a hub model, linked to primary care and based on a local authority footprint, offering a framework which could support Acute Paediatric services, being delivered in the community;
 - 2) Vertical integration – in essence, joining up services (usually under a lead provider/Accountable Care Organisation) which would then have the ability to shift resources more easily from acute care providers into community and early intervention services;
 - 3) Moving acute activity into the community:
 - a) Movement of care to community should lead to easier access to services, especially for those currently in areas distant from key hospitals, and should improve overall outcome inequality;
 - b) Providing improved access to rapid response paediatric services in primary care locally should reduce unnecessary journeys to Accident and Emergency, reducing Accident and Emergency attendances and admissions;
 - c) Regular outpatient clinics in the community should free up outpatient capacity in hospitals and reduce Did Not Attend (DNA) rates, as well as providing care closer to home;
 - d) Shifting resources from acute to hospital at home services, prevention and early intervention should reduce inequalities;

- e) GP and nursing capacity is already stretched. This increased workload for primary and community care services could exacerbate capacity issues and therefore delay care;
- f) Develop plans to use Paediatric resources on the Hinchingsbrooke site to greater effect. This may include increase in surgical and clinical elective activity (such as ENT) currently taking place in other centres. Increasing the use of urgent care services from specific geographical areas such as Cambourne, where the population and local provision currently use other centres; and
- g) Explore the possibility of developing enhanced community nursing and primary care services to deal more effectively with some of the current demand for acute hospital services and consider how local authority and health services can be delivered in a more integrated way, with the possible use of locality based multi-agency teams potentially delivered through a hub model.

6. IMPLICATIONS

- 6.1 The work of these 2 groups has, until now, run in parallel, but given the considerable overlaps and interdependencies, it is recommended that we bring the 2 elements together, so that children and young person health and wellbeing services can be planned as a system.
- 6.2 It is the view of those involved that this approach is likely to provide for the most efficient and effective service commissioning and delivery. It is only by releasing funds from more specialist services and investing in prevention that we will be able to manage current and future demand.
- 6.3 Committee are asked to endorse bringing the two groups together under the STP. The Health Care Executive and CCG Strategic Clinical and Management Executive Team (SCMET) have endorsed the proposed approach discussed in this paper.

7. CONSULTATION

- 7.1 Engagement has taken place with clinicians, local authority representative and CCG management leads. The paper has been endorsed by the Health Care Executive and SCMET (CCG).

8. NEXT STEPS

- 8.1 Work will commence immediately to develop an implementation plan to bring the two work streams together.

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 9.1 None.

10. APPENDICES

- 10.1 Appendix A – Background Report