

**REPORT OF THE CORPORATE DIRECTOR FOR CHILDREN, FAMILIES AND
CULTURAL SERVICES AND THE DIRECTOR OF PUBLIC HEALTH****INTEGRATED COMMISSIONING ARRANGEMENTS FOR CHILDREN'S
HEALTH SERVICES: PROGRESS AND PROPOSED PRIORITIES 2014-2016****Purpose of the Report**

1. To provide information on the development of the integrated commissioning arrangements for children's health services in Nottinghamshire.
2. To seek approval for the proposed work priorities of the Children's Integrated Commissioning Hub for the two years, April 2014 - March 2016.

Information and Advice

3. Commissioning high quality, effective, integrated children's and maternity services is a national and local priority, with recognition that commissioning processes for these services are different from those for adults.
4. Approval and funding for the development of an integrated commissioning function for children's health services was given by the six Nottinghamshire Clinical Commissioning Groups (CCGs) in 2013. The Health and Wellbeing Board, the Children and Young People's Committee and the Public Health Committee have also approved the development of a Children's Integrated Commissioning Hub (ICH). The ICH commissions or supports commissioning of a range of services on behalf of the CCGs and Nottinghamshire County Council (NCC).
5. The ICH is now fully operational with all posts filled and a Memorandum of Understanding (MoU) developed and in the process of being adopted by CCGs, Nottinghamshire County Council (NCC) Children, Families and Cultural Services (CFCS) and Public Health (PH) Departments. Where appropriate, the use of a Section 75 agreement will be developed to pool resources.
6. Robust governance arrangements are in place through the Council and the NHS (Appendix 1). A Commissioners Forum has been established, with representation from NCC, all six CCGs and NHS England Area Teams. Establishing good relationships and networks across the complex systems is progressing well and is essential to the success of the ICH.
7. The scope of the services covered by the Children's ICH is detailed in Table 1. Further areas for consideration include: general paediatrics (planned and unplanned care), continuing care for children and young people and joint commissioning on behalf of

NCC, for example the joint commissioning of disability services across health, education and social care. Commissioning responsibility for the Health Visiting Service and the Family Nurse Partnership Programme transfers to Public Health in NCC from October 2015.

Table 1: Services within the scope of the Integrated Commissioning Hub

1.	Public health services for children aged 0-5 (breast feeding support, Healthy Start Programme)
2.	Public health services for children and young people aged 5-19 (school nursing, Healthy Schools)
3.	Child and Adolescent Mental Health Services (CAMHS) Tiers 1/2/3
4.	Health services for Looked After Children (LAC)
5.	Services for children with disabilities and Special Educational Needs (SEN) (community services)
6.	Elements of community paediatrics (where these relate to wider medical safeguarding, LAC and adoption roles, support to schools, disability and SEN services)
7.	Teenage pregnancy
8.	Substance use services for young people
9.	Health services for young offenders in the community
10.	Elements of Maternity Services commissioning

8. In order to identify the commissioning priorities for the ICH, a range of considerations have been taken into account: services in scope; data from the Nottinghamshire children and young people's Joint Strategic Needs Assessment (JSNA); specific needs assessments and benchmarking data; results of consultations with children, young people and families; the Health and Wellbeing Strategy; the Children, Young People and Families Plan; national policy and the current financial climate. The Children's ICH proposes nine priorities to be delivered between April 2014 and March 2016. These are listed in Table 2 and described in more detail in Appendix 2. These priorities will form part of NCC's, CCGs' and NHS England's planning cycles.

Table 2: ICH Priorities April 2014 to March 2016

1.	Embed integrated commissioning arrangements for children's health services and interventions across the local NHS and local authority organisations.
2.	Actively engage children, young people and families in service developments and reviews, to inform commissioning and subsequently improve outcomes.
3.	Review the CAMHS pathway and develop commissioning plans to be implemented
4.	Commission integrated pathways and services for children and young people with complex needs or disabilities.
5.	Work effectively with NHS England to commission the Healthy Child Programmes 0-5 and 5-19 , ensuring safe transfer of commissioning responsibilities in 2015
6.	Complete and implement findings of the Maternity Services reviews
7.	Review unplanned admissions and avoidable emergency department attendances by children and young people.
8.	Review elements of Community Paediatric Services provided in Nottinghamshire.

9. Champion children and young people's issues through public health life course areas.
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9. The performance and success of the ICH will be evaluated bi-annually. Specific performance measures and evaluation methods are currently being developed.

Conclusion

10. The development of the Integrated Commissioning Hub (ICH) for children's health services represents an important opportunity to bring together the commissioning of children's services, an approach which is well established in other areas. Progress to date includes establishing the ICH, successfully recruiting to all posts, establishing governance arrangements, building relationships and networks across complex systems and developing priorities for work until March 2016. If approved, the ICH will spend the next two years delivering the priorities, ensuring that the services commissioned are of high quality, evidence based, provide value for money and deliver improved health outcomes for the children and young people of Nottinghamshire.

Statutory and Policy Implications

11. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATIONS

The Health and Wellbeing Board:

12. Notes the content of the report.
13. Acknowledges the progress of the integrated commissioning arrangements for children's health services in Nottinghamshire.
14. Approves the proposed work priorities for the Children's Integrated Commissioning Hub for the two years, April 2014 - March 2016.

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Constitutional Comments ([initials and date xx/xx/xx])

15.

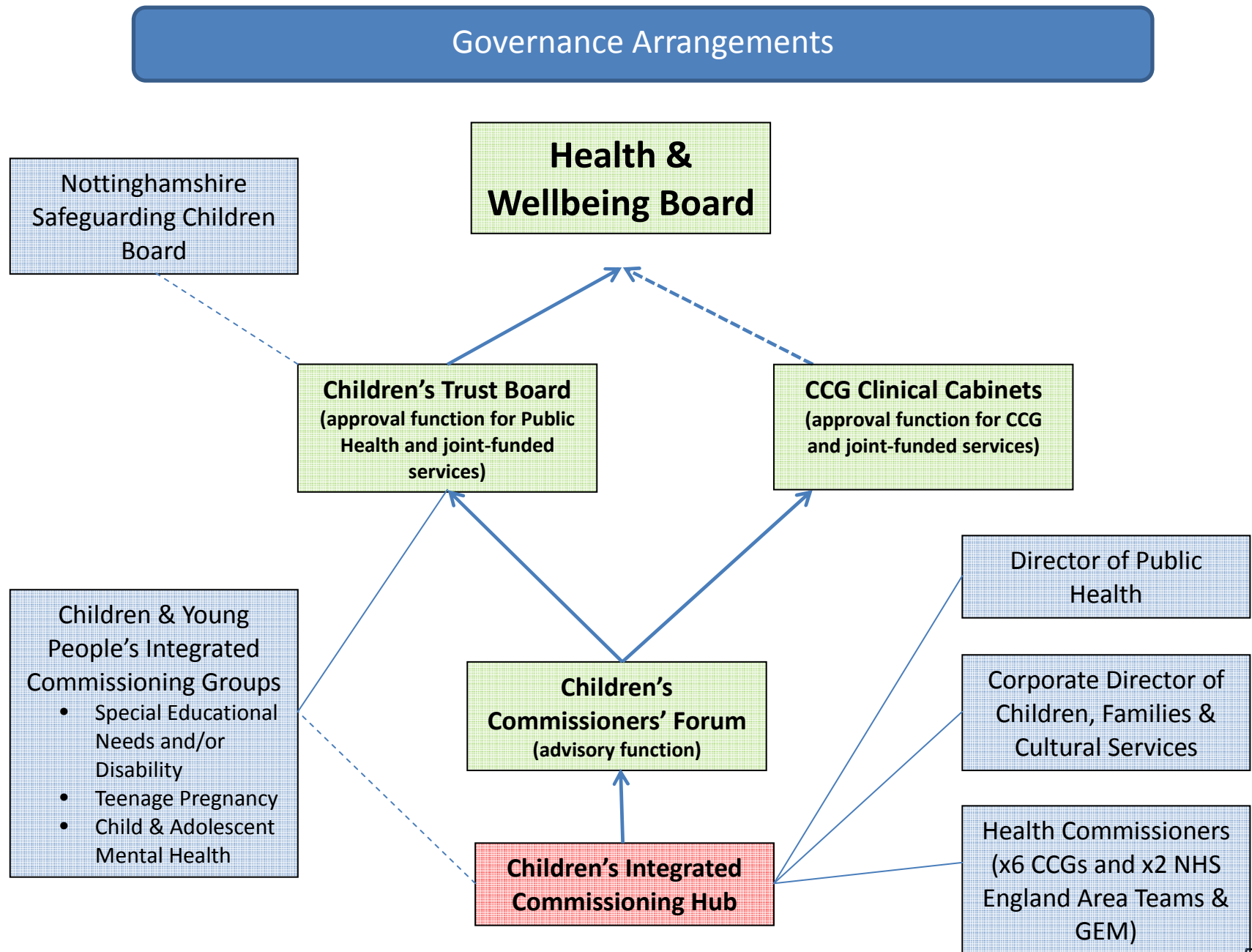
Financial Comments (KAS 14/2/14)

16. There are no financial implications contained within the report

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Appendix 1



Appendix Two

(DRAFT) Priorities for the Children's Integrated Commissioning Hub: April 2014 - March 2016

- 1. Embed integrated commissioning arrangements** for children's health services and interventions across the local NHS and local authority organisations.
 - Develop outcome based service specifications
 - Agree and develop quality and performance schedules and monitoring processes across all children's health services and contracts
 - Establish clear governance arrangements for decision making by April 2014, to be reviewed by December 2014
- 2. Actively engage children, young people and families** in service developments and reviews, to inform commissioning and subsequently improve outcomes.
 - Commission, complete and evaluate a Mystery Shopper programme by October 2014
 - Engage with parents/carers and children and young people with disabilities through the Nottinghamshire Participation Hub (NPH)
 - Involve children, young people and families in the review of Child and Adolescent Mental Health Services (CAMHS) and the implementation of changes resulting from the pathway review, by December 2014
 - Involve families in the review of maternity services provided by Nottingham University Hospitals and Sherwood Forest Hospitals, by July 2014
 - Develop and roll out a primary school and secondary school annual online questionnaire with children and young people to assess health and wellbeing needs and inform service developments
- 3. Review the CAMHS pathway** by April 2014 and establish if there is a need for a new operating plan and delivery model by June 2014; implementation of the new model from July 2014 onwards as appropriate.
- 4. Commission integrated pathways and services for children and young people with complex needs or disabilities.**
 - Implementation of the Education Health and Care (EHC) Plan Pathway by September 2014
 - Implement the recommendations and priorities in the Integrated Community Children and Young People's Healthcare Programme including:
 - Integration and networking of services across health e.g. Children's Community Nursing and Special School Nursing Services through de/re-commissioning by April 2016.
 - Develop a single point of access for information and referral into services; to be delivered through a multi-disciplinary hub with coordinated assessments and plan, including key working by April 2016.
 - Integrate and network provision across health, social care and education by 2016
- 5. Work effectively with NHS England to commission the Healthy Child Programmes 0-5 and 5-19.**
 - Complete review of School Health Services (school nursing) and working with providers, use findings of the review to develop and update the service during 2014-2015.

- Complete the Healthy Schools Service review and implement recommendations from July 2014
 - Ensure successful transfer of commissioning responsibility for the Health Visiting Service from NHS England to the ICH from October 2015.
 - Ensure successful transfer of commissioning responsibility for Family Nurse Partnership Programme from NHS England to the ICH from October 2015.
 - Working with stakeholders, develop plans for the future commissioning of the Healthy Child Programme.
- 6. Ensure effective implementation of the Maternity Services Reviews**, working with key stakeholders.
- Complete the Nottingham University Hospitals (NUH) Trust Maternity Service review by March 2014 and implement key recommendations from April 2014
 - Complete the Sherwood Forest Hospitals Foundation Trust (SFHFT) Maternity Service review by April 2014 and implement key recommendations from May 2014
 - Support Bassetlaw CCG in relation to Maternity Services as agreed (service review previously completed for Doncaster and Bassetlaw Hospitals Foundation Trust).
 - Develop Maternity Service Specifications for inclusion in contracts during 2014-15.
- 7. Review unplanned admissions and avoidable emergency department attendances** by children and young people, completing analysis and a health needs assessment as part of the JSNA, to inform future commissioning intentions.
- Needs assessment to be completed by December 2014
- 8. Review elements of Community Paediatric Services** provided by NUH, SFHFT and DBHFT to determine whether services are fit for purpose and represent value for money. Ensure outcome based service specifications, including robust quality and performance monitoring processes, are in place. A rolling programme of review, identifying recommendations for future commissioning commenced in January 2014 in relation to:
- Medical Advisors to Adoption Service
 - Medical Services for Looked after Children
 - Child Death Review Process (including rapid response to an unexpected death of a child)
 - Designated Doctor for SEN
- 9. Champion children and young people issues through public health life course areas.**
- Achieve outcomes and targets related to children through delivery of Nottinghamshire's Obesity Strategy, to be measured annually.
 - Achieve the improved sexual health outcomes for children and young people detailed in Nottinghamshire's Sexual Health Strategy, to be measured annually.
 - Ensure priorities relating to children and young people are achieved through Nottinghamshire's strategic tobacco alliance plans, to be measured annually.
 - Ensure priorities relating to children and young people are achieved through Nottinghamshire's substance misuse strategy, to be measured annually.

ICH Team
January 2013, (V10) 27 1 14