

Report

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**Nottinghamshire Children and Families Alliance
Commissioning Summit
24th September 2018**

2018

1) Process



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2) Structure of summit

Following the review of the terms of reference for the Children and Families Alliance in June 2018, it was felt that it would be useful to bring together key senior individuals from commissioning organisations to start a dialogue around future commissioning. A summit was therefore set up to identify ways to build energy and engagement as services across Nottinghamshire are reshaped to meet austerity challenges, so as to make the biggest difference to outcomes for children and families. The summit was independently facilitated.

Objectives of the summit were to explore how, as partners, organisations can:

- Understand each other's worlds better - what is commissioned, what are the challenges, demands, priorities, opportunities, environment and system issues
- Identify ways in which any necessary decommissioning/service redesign can avoid/ minimise cost shunting to partners.
- Identify opportunities, tools, levers and pressure points which might influence changes in order to minimise the effect on the safety net for vulnerable children and families.

Individuals from a range of commissioning organisations, along with one provider, spent an afternoon exploring what had worked well in the past, what was going on in their individual worlds around services and how they might work together in the future. The programme and attendance at the summit is shown in appendix one.

3) Preparatory work

Information was shared before the summit to help set the scene and prime people to consider the potential of dialogue and collaboration around future ways of working. This included information provided by the County Council, Integrated Commissioning Hub, Police and Crime Commissioner, District Councils and the Nottinghamshire Healthcare NHS Foundation Trust on a short case study on partnership and collaboration and brief contextual information. This information is included at appendix two

4) Work during the summit

The summit started by looking at individual's hopes for the afternoon and contracting for how to get the best out of the time invested . Hopes included :

- Understanding better each other's pressures, context and changing landscapes
- Lessening duplication and waste
- Understanding how to avoid cost shunting, best use money and focus on outcomes
- Influencing how resources are used to target the most vulnerable

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- Understanding the impact on emergency services as other services are reconfigured/reduced
- Considering support for victims of serious crimes such as domestic violence and sexual abuse
- Considering how integration could be deepened at a local level and what are the most beneficial things to focus on
- Recognising that the STP isn't focused on children and families and, that to make an impact, there needs to be a focus on preventative work with children and families
- Recognition of the workforce challenges that exist
- Considering how to develop and control markets for provision

The group contracted to work together as shown below



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Case study information was considered (shown in appendix two) to help the summit consider what has worked well in the past and to identify some key ingredients of success, listed below:

- Working as a bigger system
- Understanding each other's issues and risks
- Relationships, trust and influence
- Listening to clients and being prepared to be flexible and change approaches based on clients voices
- Making commissioning choices
- Tenacity and persistence – compromise on the 'how', not the 'what' or 'why'
- Accepting that the status quo can't prevail
- Recognising the value of networks at the front line that help staff navigate and direct clients to services

Contextual information was considered (shown in appendix two) to help to build greater understanding of each other's systems and risks

The group identified a list of options that might help them move towards their goal, of identifying ways to build energy and engagement as services are reshaped, so as to make the biggest difference to outcomes for children and families.

These included:

- Scoping services and what is being commissioned
- Identifying a group of people to look at in terms of what needs to change
- Sharing data
- Wider input to and ownership of the JSNA
- Scoping a service for integration
- Considering children moving into adult services as part of the Transforming Care Programme, although this may be too late
- Looking outside of the county for best practice around use of the public £ and evidence based approaches that work
- Using the Disability JSNA, where work is in progress, to join up services around the life course
- Setting up transition meetings around specific children as being trialled in Bassetlaw
- Sweating public assets - schools, GP surgeries, libraries
- Strategically planning whilst focussing on local effect, using local assets and resources
- Understanding place based demand
- Digitising services

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- Pooling budgets
- Understanding better how much money goes into services for high need families
- Using data to understand need and build richer pictures of family journeys - data from the Troubled Families work, Big Data work
- Looking at what can be added to specific commissioning projects to add value for partners
- Focussing on the first 90 days in terms of services for LAC/families with children at risk
- Prioritising access to services for parents of LAC
- Analysing flows of related services
- Identifying where people get stuck in the system - adapt audit/safeguarding processes to find this out
- Focusing on children on the cusp of care - those on the child protection register
- Designing services so they are flexible and accessible for priority groups

5) Action plan

Group and individual actions were developed as shown below:

What	Impact	Who	When	Help
Prioritise service access for children/families coming into care under s20 voluntary agreement	Less children in care Greater understanding of each other's worlds	Laurence Jones	Taken to LAC Strategy Group 27/9/18	Paul to brief Julie
Identify data on LAC held by the Trust and feed into the JSNA	More complete data to inform planning	Paul Smeeton	Data request to be sent 24/9/18 pm	
Produce report of work at summit for circulation	Widen engagement	Sandra Whiles	By 26/9/18	
Review process for EHCPs	Improve pathways for disabled children Reduce appeals	Colin Pettigrew	October 17 th meeting	SEND accountability Board
Use the Early Intervention Foundation's evidence on resilient families to audit local services	Help inform future service design More evidence based	Laurence Jones	w/c 24/9/18	

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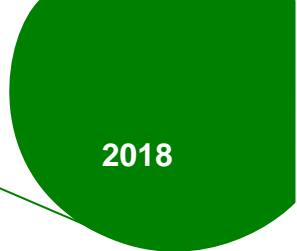
	interventions			
Feedback on summit within NHC NHS FT	Raise profile/prepare for change	Liz Hallam		
Continue to explore summit ideas in contract meetings		Liz Hallam		
Brief DCO/ADCO /senior management team regarding actions relating to improving the quality of EHCPs	Appropriate engagement in work	Nichola Bramhall		
Find out what's happening in areas that have an STP/ICS Workstream for children and how ICS/ICP/LICP could work for children in Nottinghamshire	Better understanding of LAC/CL needs gaps	Kate Allen	During next 2 weeks	
LAC/CL/JSNA update		Kate Allen	During next 2 weeks	
Investigate what data we currently hold and whether it can be improved	Better understanding of how our commissioned services intersect with this agenda	Nicola Wade	September/October 2018	
Look at evidence base and identify whether there are any lessons for PCC office, what could we incorporate into commissioning others activity	Better understanding of how our commissioned services intersect with this agenda	Nicola Wade	September/October 2018	
Talk to co-commissioners (city and county) to see how we could think about prioritisation	Better understanding of how our commissioned services intersect with this agenda	Nicola Wade	September/October 2018	
Continue to champion development of a local care leavers offer for approval/consideration by Nottinghamshire CEOs		John Robinson	December 2018	
Feedback to Cathy B/Terry about LAC proposal	Engagement in the work to ensure Bassetlaw are part of the	Nicola Ryan	w/c 1st October	

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	discussions			
Look at the specific data that is currently collected for LAC within Public Health/early intervention contracts and refine to enable progression of prioritisation of families of LAC	Need to know who the children are and scope what we already do	Kerrie Adams		
Scope Early Intervention Foundation information for early intervention evidence base		Kerrie Adams		
Further develop DCs visible leadership across the wider system	Greater understandings of corporate parenting role in partner agencies	Colin Pettigrew	18/19	
Put CYP issues more frequently on Board agendas	Increase Board awareness and commitment	Paul Smeeton	October Board meeting	
Link with the designated nurse LAC to make her aware of the chosen cohort of LAC and the actions agreed which will be raised at LAC strategy group		Val Simnett	By the end of w/c 24/9/18	
Ensure that CCG Director colleagues are fully briefed on the issues/actions arising from today	Increase the focus on/raise the profile of good children's commissioning as part of acute commissioning, particularly interdependencies	Lucy Dadge	ASAP	

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6) Appendix one - programme and attendance at the summit

12.45	Arrival and Coffee	
1.00	Introductions to purpose and objectives of summit	Colin Pettigrew
1.05	Introductions and contracting for session	Sandra Whiles
1.20	The art of the possible - case studies around successful partnership and collaboration	NCC, ICH, PCC, DCs, NHC NHS Foundation Trust
12.00	What made these things work?	All
2.30	Coffee	
2.40	Understanding each other's worlds	NCC, ICH, PCC, DCs, NCH NHS Foundation Trust
3.30	"Opportunities" ahead	All
4.15	Action planning	All
4.45	Contracting for next steps	Sandra
4.55	Check out	Sandra

Attendance

- Colin Pettigrew, Laurence Jones, Kerrie Adams, Karen Talbot Nottinghamshire County Council
- Kate Allen, Integrated Commissioning Hub
- Liz Hallam, Paul Smeeton, Nottinghamshire Healthcare NHS Foundation Trust
- Nicola Wade, Office of Police and Crime Commissioner
- Nicola Bramhall, Greater Nott's CCGs
- Lucy Dadge, Mid Nott's CCGs
- Nicola Ryan, Bassetlaw CCG
- John Robinson, Nottinghamshire District Councils
- Val Simnett, Mansfield and Ashfield CCG
- Sandra Whiles, Sandra Whiles Coaching Ltd

7) Appendix two - preparatory work - case studies and context

Case Studies:

Nottinghamshire County Council - Laurence Jones, Children and Families

What was commissioned?

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We have commissioned an “Intervention Programme” with four outcomes:

- Reducing the number of children coming into local authority care
- Stopping children in fostering placements escalating to need residential care
- Deescalating children in residential placements in foster care
- Helping children in care return to families

This has been commissioned on a “by results” basis and funded through a Social Impact Bond with a social investor and support from central government.

Who was involved?

Nottinghamshire County Council, Derby City Council and Nottingham City Council

What made it work?

- Trust
- Shared priorities
- Shared values
- Political will
- Financial necessity
- Central government and specialist sector support

What were the challenges?

- Concerns about control and accountability
- Political change
- Differing understandings about risk
- An aversion to new models of provision

What were the outcomes?

- A new and improved relationship between the authorities and key staff members
- A model that allows innovation and protects local authorities from undue financial risk

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What difference did it make for people?

- This will open up a level of support for children and young people, meeting their individual needs, that would not have been possible before
- It will also support foster carers and may encourage others to come forward to provide such care
- It should mean that more children are with loving families and less in residential settings

What was the learning?

- It is possible to work on complex projects cross authority
- There are economies of scale and access to better, more specialist provision by sharing resource

Nottinghamshire County Council - Katherine Brown, Integrated Commissioning Hub

What was commissioned?

We have commissioned CAMHS Crisis Resolution, Home Treatment and Liaison.
The key outcomes are as follows:

- Reducing the number of emergency admissions for children at our 2 local acute hospitals
- Reducing the number of children admitted to Tier 4 inpatient beds
- Providing the right support at the right time ensuring children and young people are seen within the community wherever possible
- Deescalating crisis
- Helping children return home or stay at home safely

This has been commissioned by CCG's recurrently. The model was proven through a pilot commissioned by CCG's with short term funding from NHS England.

Who was involved?

Nottinghamshire Children's Integrated Commissioning Hub, Nottinghamshire County Council, Nottinghamshire CCG's, Nottingham City CCG, NHT, NHS England, SFH, NUH

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What made it work?

- Trust
- Shared priorities
- Shared values
- Financial necessity
- Central government support – national targets for crisis

What were the challenges?

- Changing our local model, trying something new where there is no accepted 'best practice' model
- Understanding risk and ensuring it is mitigated
- Proving impact

What were the outcomes?

- A new and improved relationship between key staff members on the wards and in the crisis teams
- A model that enables children and young people to get the right care at the right time
- Reduced number of young people being admitted to Tier 4 provision

What difference did it make for people?

- This new service model enables the right level of support to be provided by a team with the skills to deescalate crisis and keep children and young people safe from harm.
- Parity with adult service provision

What was the learning?

- It is possible to work on complex projects across a number of organisations
- Pilots can offer an opportunity to test and trial new ways of working and prove concept

Nottinghamshire Healthcare NHS Foundation Trust - Liz Hallam

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1) Context

Nottinghamshire Healthcare NHS Foundation Trust is commissioned by Nottinghamshire County Council to provide the Healthy Families and Sure Start Children's Centre Services. Whilst both services are commissioned separately inevitably the teams work closely together to deliver the best possible outcomes for children and young people and their families. This case study overview highlights the integrated approach the teams take and demonstrates the significance of multi –agency/disciplinary working; effective partnership and collaborative working can support life changing outcomes for vulnerable families. Other agencies involved in this case include:

- Nottingham University NHS Trust- midwifery services
- Nottinghamshire County Council – social care services
- Rushcliffe Housing
- The Refugee Forum
- The Salvation Army – Modern Slavery Team

The case study refers to events that took place over a two week period during June 2017.

2) Background Information

EM was urgently referred to the Family Support team by the Specialist Public Health Practitioner (SPHP -Healthy Families Service) for support with benefits and housing. EM was 39 weeks pregnant and had disclosed to the SPHP that she had been illegally brought to England in 2006 from Nigeria and had been forced to work and look after 2 small children in a house in London. She was subjected to violence and was being forced into prostitution but managed to escape and stayed under the radar receiving support from a local church. Having discovered she was pregnant she moved to West Bridgford to live with a friend. EM had no legal status and no documentation as this had been removed from her on entering the UK. Currently she was living in a box room in a shared house. EM was receiving no benefits.

3) Case Study Overview

Following the referral the SPHP and a Family Support Worker (FSW) undertook a joint visit to gather more information from EM. A plan was agreed to support EM to source financial and housing advice and to contact midwifery and social care colleagues, given the impending birth and social situation. Over the course of two weeks and with the SPHP and FSW acting as key care co-ordinators the following care and support was put in place:

- Emotional support to EM – disclosure of Female Genital Mutilation – followed up by appointment at FGM Clinic
- MDT approach to social circumstances – referral made and accepted by The Salvation Army Modern Slavery Team

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- Liaison with midwifery colleagues following birth of baby
- Social care referral and assessment

Four days after the birth of her baby EM and her baby were discharged from hospital into the care of the Salvation Army and were taken into a Women's Aid Refuge to receive the specialist care she needed in terms of her immigration status. EM continued to receive health care services via the arrangements in place to support the safe house.

The impact of the interventions by all the agencies involved meant that a vulnerable family received the appropriate specialist care needed. The social care team manager took the time to provide feedback of the positive partnership working that had taken place to the Sure Start Children's Centre team.

4) Wider Learning

The Health Families and Sure Start Children Centre teams have accessed additional awareness training and are looking to develop a multi-agency pathway to support women who are the victims of trafficking and modern slavery.

Nottinghamshire District Councils - John Robinson - Case Study on Commissioning of Domestic Violence Services

What is commissioned?

Historically, domestic violence support services were delivered by a number of local providers. Service quality and standards were inconsistent and lacked accountability. A new commissioning approach was introduced that focused more heavily on outcomes and on achieving greater consistency of service.

Provision of a 24 hour help-line, refuge services and assistance with pursuing a case against a perpetrator were amongst the services commissioned.

Who was involved?

Nottinghamshire County Council (Public Health), Police and Crime Commissioner's Office, Borough/District Councils.

What made it work?

- Evidence of the need for change
- Senior leadership and political support
- Imperative to deliver financial savings

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- Involvement and shared commitment of partners
- Determination to push through despite opposition

What are the challenges?

- Opposition from small, local providers that had previously held contracts
- Friction/competition between providers
- Complexity and speed of commissioning
- Scaremongering about potential risks

What were the outcomes?

- Emergence of two larger, more effective providers
- Greater consistency and quality of service
- Reductions in overall cost of provision

What difference did it make for people?

- Improved access to services
- Increased disclosures of domestic violence
- Improved joint working with the police/other agencies

What was the learning?

- It is possible to operate at scale and retain local sensitivity
- Commissioning can drive service improvements and reduce costs

Police and Crime Commissioner's Office - Nicola Wade

What was commissioned?

A new support service for adult victims non recent child sexual abuse (CSA) - £40k pa – called the “Survivor Support Service”

Who was involved?

PCC, City and County Councils

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CSA Group (peer group of CSA survivors)

What made it work?

Survivor led – they articulated the need and how best it should be met
They also made pivotal decisions about the nature of the service and who delivered it
PCC/City/County willingness to invest in a new service despite budget challenges
Partnership working between PCC/City/County, with OPCC leading on ensuring support was in place

What were the challenges?

Financial pressures
Identifying what services would best meet survivor need
Wider context of survivor support services and emerging peer led organisations

What were the outcomes?

Over 50 survivors with multiple and complex needs have reported feeling safer, reduced reliance on drugs and alcohol, improved engagement with other support services, greater mental health and wellbeing
Survivor Support Service has now been integrated into a wider specialist SV support service, whilst maintaining its distinct identity, which strengthens both services

What difference did it make for people?

See above

What was the learning?

Survivors making the pivotal decisions about this service resulted in a stronger specification, greater ownership of the service and improved relationship between survivors and agencies
Flexibility from public agencies about what support was required – willingness to listen to survivors and change the nature of the support provided

Context

Nottinghamshire County Council - Laurence Jones, Children and Families

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Total budget used to commission services for Children and Families and where resources come from?

- The Children and Families Department has a revenue budget of £118m constructed of local income (council tax, rates etc.) and government grants
- £70m of provision is internally commissioned. This includes social work and safeguarding, youth work, youth justice, disability and residential provision
- £6m is spent on the management and improvement of schools and education provision
- £42m is spent on external commissioning of residential provision, fostering placements, prisons and secure units, home care and children's centres
- The local authority also administers the Dedicated Schools Grant of £586m
- The schools grant is allocated to all publicly funded schools in Nottinghamshire and the de facto control of budget decision is through a "Schools Forum"
- It also pays for free childcare provision in PVI settings
- The local authority retains £51m with which they pay for specialist provision such as educational psychology, schooling for children with special needs and those excluded from mainstream settings.

Anticipated Changes Over Coming Years

- The local authority projects a budget deficit of £54m by 2021 and therefore there remains ongoing work to find savings.
- Any "non-statutory" areas of spend will remain under intense scrutiny but any final decisions will be made by Elected Members
- The population of children is anticipated to grow and the increased complexity of need, particularly in relation to disability, are expected to continue
- There is an upward trajectory in terms of safeguarding and social work need and the number of "looked after" children which is expected to continue for the foreseeable future

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Anticipated Challenges Over Coming Years

- Local government finance
- Rising demand
- Weakening of preventative services both in the local authority and external to it
- Recruitment and retention of staff, in particular qualified Social Workers
- Development of the children's care market including residential provision and IFAs
- Increased expectation and reduced resource

Nottinghamshire County Council - Kerrie Adams, Integrated Commissioning Hub

How is the budget used to commission services for Children and Families and where do resources come from?

- The Children's Integrated Commissioning Hub, housed within the Adult Social Care and Public Health division in Nottinghamshire County Council commissions services on behalf of Public Health, NCC Children's Services and Nottinghamshire CCGs.
- The budget to commission services is drawn from all organisations and includes co-commissioning across organisations in some cases
- We apply a whole systems approach to planning, commissioning and service transformation/development

Main programme areas commissioned/delivered?

- **Public Health** services for CYP including:
 - Healthy Families Programme 0-19 (Health Visiting, Public Health Nursing, Family Nurse Partnership, NCMP, feeding support)
 - Small Steps (early intervention behaviour management)
 - Young People's substance misuse services
 - Sexual health services for young people (C Card)
 - Academic Resilience programmes
 - Schools Health Hub
 - ASSIST (smoking prevention service for CYP)
 - Oral Health Promotion
- A number of public health interventions are also commissioned to support the above e.g. Health4Teens and Health4kids website, You're Welcome accreditation

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- **CCG services** for CYP including:
 - CAMHs
 - Maternity Services
 - Community Children and Young People's Service (CCYPS) for children with additional health needs
 - Community Paediatrics
 - Health services for looked after children
 - Health services for young offenders
 - Continuing healthcare provision
 - Personal health budgets and integrated personal commissioning
 - Services for children who have been victims of abuse

Anticipated change in budget over the next 5 years

- Public Health services are funded via a ring-fenced public health grant provided by central government to Local authorities. There are strict conditions applied to the use of this grant set via the Health and social Care act 2012. The ring fence is due to end in 2020. Whether this ring fence will be extended is still not yet known. It is anticipated that the grant available to LA's will continue to reduce in view of the current economic climate
- Within Nottinghamshire, CCGs are in financial recovery. As a result, it is anticipated that CCG funding for health services will also reduce in coming years with an increased emphasis on early intervention, prevention and cost-efficiency.
- CCG's continue to work hard with providers to ensure national targets are met

Anticipated change in priorities over the next 5 years

- Greater emphasis on cost efficiency/cost benefit
- Greater emphasis on evidence based early intervention/preventative services
- Increased personalisation of services
- Greater emphasis on self-care
- Commissioning of services that promotes integration between system partners

System pressures

- Commissioning high quality, safe and effective services in an environment of financial constraint
- Recruitment and retention challenges within commissioned services

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- Increased demand for services with a projected CYP population increase
- Increased complexity of service users particularly in relation to SEND and safeguarding
 - Changing patterns of ill health amongst the population
 - Changing public expectations of health care provision v need to encourage greater self-care and personal responsibility
 - Delivery of the STP/ICS/ICP/LICP vision of future healthcare (vision not clear)
 - Increased NHSE scrutiny for improvement/transformation of services (CAMHS, Local Maternity Systems) v reducing CCG budgets

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Children's Integrated Commissioning Hub (ICH) - Commissioning Framework on a Page

What is the ICH?

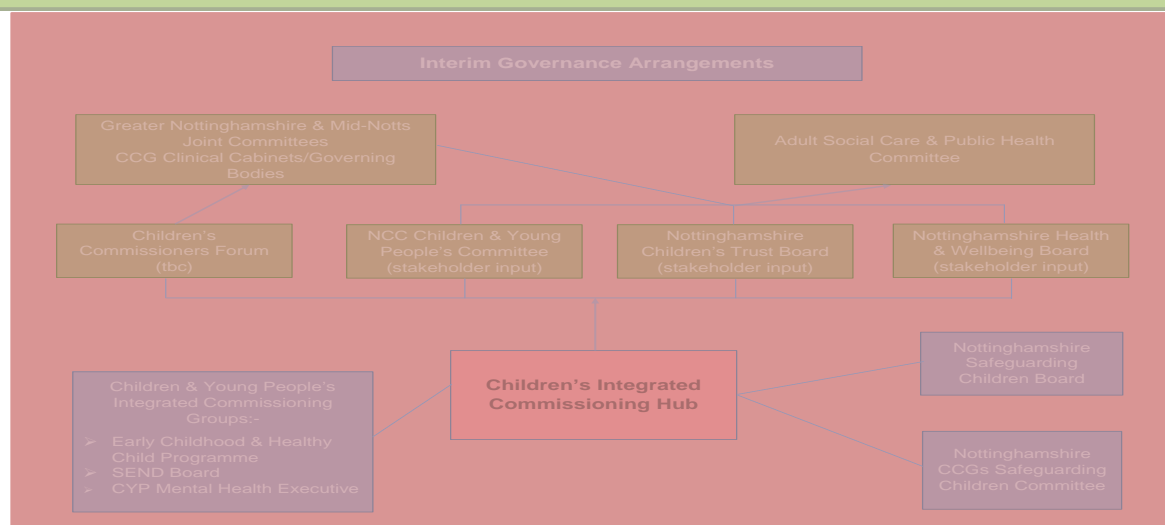
The ICH is a single point of coordination for integrated commissioning relating to children's health and wellbeing. Established to reduce duplication, enable whole system planning, provide clear accountability and promote effective engagement, we operate on behalf of Nottinghamshire's clinical commissioning groups and Nottinghamshire County Council, including Public Health services.

Our Vision

We want Nottinghamshire to be a place where children are safe, healthy and happy, where everyone enjoys a good quality of life and where everyone can achieve their potential. Through integrated commissioning, we will work together with children, young people and their families (CYPF) and use a 'whole systems' approach to improve the planning and commissioning of services.

Our Principles

- Keep CYP safe
- Ensure CYPF participate meaningfully
- Work with fair, open and transparent processes
- Improve outcomes for CYPF
- Focus on early intervention and prevention
- Reduce inequalities
- Promote equality
- Deliver quality, efficiencies and value for money



Our Commissioning Process

- The ICH manages the full commissioning process, including:
- Undertaking needs assessments
 - Reviewing services
 - Seeking service user/patient views
 - Identifying priorities
 - Designing services
 - Planning capacity
 - Shaping structure of supply
 - Managing performance
 - Decommissioning (if appropriate)

Our Responsibilities

Children's health services are complex and inter-related, requiring effective working across health, social care and education services. The Health and Social Care Act 2012 increased the number of organisations responsible for commissioning health services for CYPF. The ICH was established in order to ensure effective commissioning across these organisations and avoid the risk of fragmentation of service provision.

Our Policy Areas

- Public Health Services (e.g. health visiting, FNP & school nursing)
- Child and Adolescent Mental Health Services
- Disability and Special Educational Needs (Community Services)
- Personal Health Budgets and Integrated Personal Commissioning
- Health Needs of Looked After Children
- Health Services for Young Offenders in the Community
- Paediatric Services
- Substance Use Services for Young People
- Oral Health
- Maternity Services
- Teenage Pregnancy

Our Key Objectives

- Provide a whole systems approach to planning and commissioning
- Develop clear processes for engaging with CYPF to inform commissioning
- Use findings from the Joint Strategic Needs Assessment to inform commissioning decisions
- Maximise quality of CYPF services
- Focus on improving health outcomes
- Reduce silo working/duplication
- Embed approaches to prevention
- Ensure services provide value and deliver quality, innovation, productivity and prevention

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Nottinghamshire Healthcare NHS Foundation Trust - Liz Hallam

1) Context

Nottinghamshire Healthcare NHS Foundation Trust is a major provider of community, mental health and intellectual disability healthcare services for the people of Nottinghamshire. The Trust also provides national secure mental health services. Our clinicians support and care for people from 'cradle to grave' and see approximately 190,000 people per year and employ 9000 staff. Our annual budget is over £400 million.

2) Service Provision to Children and Families

Our services to children and young people and their families are wide ranging; from public health – inpatient CAMHS. Earlier this year we opened Hopewood, our purpose built facility for Child and Adolescent Mental Health Services (CAMHS) and Perinatal Services. Hopewood provides support for adolescents, pregnant women, and women with a baby up to one year old who are experiencing mental health difficulties.

There is a 40 bed specialist inpatient unit which includes the first dedicated specialist eating disorders inpatient service and first psychiatric intensive care unit for young people in the East Midlands.

3) System Pressures

Future facing the predominant system pressure will be ensuring we have an adaptable workforce. Over the past several years public sector contracts have in monetary terms shrunk and we anticipate this trend will continue. Hence the services offered are likely to be more targeted and integrated models of care increasingly likely; creating best value and maximising the opportunity to deliver positive outcomes.

The table below shows the children's services we are commissioned to provide, the commissioning body and the contract value.

Contract Name	Commissioner	Value 2018-2019
Healthy Family Programme	Notts County Council (Public Health)	£13.5m
Children's Centres (Nottingham Children and Family Partnership)	Notts County Council (Early Years)	£10.3m
Looked After Children and Youth Offending Team (City, County and Bassetlaw)	CCG's via Notts County Council CYP Commissioning Hub.	£463k for City/County

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	BCCG for Bassetlaw	£54k for Bassetlaw
Oral Health Promotion (County Only)	Notts County Council (Public Health)	£83K
Child Health Information Service -CHIS (County & Bassetlaw)	NHS North Midlands NHS South Yorks	£264k £56k
School Aged Immunisation Service – SAIS (City, County and Bassetlaw)	NHS North Midlands NHS South Yorks	£520k £82k
Integrated Community Children and Young People’s Healthcare	Greater Notts Mid Notts	£6.9m £2.2m
Community CAMHS	CCG’s	£7.5m
Community Perinatal	CCG’s	£606k + £338k non-recurrent expansion funding
Inpatient CAMHS inc. Perinatal	NHS England	£7.4m
F CAMHS	NHS England	£728,000
Specialised Dentistry (Combined Adult and Children) Mid-Notts (Excl Bassetlaw) South Notts: Integrated Dental Unit Special Care Dental Services	NHS England	£259,665 £473,911 £1,838,177

Nottinghamshire District Councils - John Robinson, Newark and Sherwood DC

1) Context

Nottinghamshire’s District and Borough Councils provide a wide range of services to sustain and improve the lives of local children and families. Services are genuinely ‘cradle to grave’, ranging from support/encouragement with breastfeeding to the provision of child and adult funeral services. Gross expenditure of all District/Boroughs is in the region of £350 million.

2) Service Provision to Children and Families

Across the County, a wide range of services are provided either directly or through commissioning arrangements. Examples include:-

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- Provision of parks and playgrounds
- Provision of leisure centres
- Provision of community centres
- Welfare benefit services
- Housing and homelessness support
- Arts, culture and community events
- Safeguarding and community safety
- Promotion of fostering and adoption
- Involvement of young people in local democracy e.g. Youth Councils
- Health promotion
- Provision of disabled facilities

3) Anticipated Changes Over Coming Years

As revenue budgets continue to be squeezed, non-statutory funding will come under increasing pressure.

If the economic uncertainty results in a further downturn, demand for services is likely to increase in a context of further reduced resources.

Police and Crime Commissioners Office - Nicola Wade

Total budget used to commission services for Children and Families

The PCC has a budget of £5.1m to commission support services in 2018-9. The remainder of his budget funds Nottinghamshire Police.

Of this:

- £406k funds specific services for children and young people under 18;
- £98k funds activity which supports young people who are both under and over 18 (for example knife crime projects);
- £1.4m funds activity which is funded as part of larger contracts which include provision of CYP specific services. This mostly relates to support for victims of crime - for example, provision of a specific children's service is included as part of a larger domestic abuse support contract.

The commissioning budget is funded by Central Government and local precept income.

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Main programme areas commissioned/delivered?

1. Victim support services:
 - Specialist support for children and young people who are victims of sexual violence
 - Specialist support for children affected by domestic abuse
 - Support for children who are victims of crime as part of a bigger contract

2. Prevention and early intervention:
 - Work with young offenders
 - Work with children and young people who are harming (domestic abuse)
 - Schools based domestic abuse prevention programmes
 - Work with children and young people at risk of committing crime/anti-social behaviour
 - Knife crime projects

3. Other:
 - Substance misuse support
 - Youth involvement/social action projects

Anticipated change in budget over the next 5 years

The Government has said that the policing budget has been protected. However, this is flat cash so given increasing costs and demand the net impact will be further cuts.

Anticipated change in priorities over the next 5 years

We will need to respond to system pressures – see below.

System pressures (demand, people etc)

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- Rising demand for domestic abuse and sexual violence support from all ages driven by increased confidence to report, greater awareness of support services and identification of children at risk
- Displaced demand on emergency services as other public services withdraw and/or thresholds to access services are raised
- Increased presentation of children and young people with multiple and complex needs: greater demand from a smaller group of people
- Trend of rising serious violent crime nationally which has been reflected locally (this relates to some but not all violent crime)
- Increased risk of serious harm alongside the national emergence of a culture of knife possession and involvement in local emerging crime networks among a minority of most vulnerable and marginalised young people
- Use of social media in the perpetration and organisation of youth offending also remains a significant concern in addition to the risks linked to technologically-assisted harmful sexual behaviour

8) Appendix three - Terms of Reference, Children and Families Alliance 2018-2020

1. Our Vision

We will work together to represent and champion children, young people and families, to understand their experience of living in Nottinghamshire and to identify opportunities to work together to improve their health and wellbeing.

2. Our Purpose

The Children and Families Alliance is a partnership of organisations that commission and provide services for children, young people and their families within Nottinghamshire. The Children and Families Alliance enables these partner services to meet their statutory duty, under section 10 of the Children Act 2004, to co-operate to improve the well-being of children.

The Children and Families Alliance is a sub group of the Health and Wellbeing Board and is aligned to the Nottinghamshire Health and Wellbeing Strategy. The Health and Wellbeing Board identifies priorities for children and young people to delegate to the Children and Families Alliance.

The Children and Families Alliance has an active working relationship with the Nottinghamshire Safeguarding Children Board (NSCB). The priorities of the NSCB help to inform the work of the Children and Families Alliance.

3. Our Responsibilities

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The Children and Families Alliance will be responsible for:

- sharing information about work being undertaken with children, young people and families in Nottinghamshire with Alliance members
- sharing information about national legislation or policy, or relevant national or local research or evaluation activities, that may influence how work in Nottinghamshire should be undertaken with Alliance members
- providing a forum for the discussion of shared priorities for partnership working, or integrated delivery of services. The shared priorities are;
 - Families are supported to keep their children and young people safe from harm in Nottinghamshire
 - Children and Young People are happy and healthy in Nottinghamshire
 - Families are supported to access opportunities to achieve in Nottinghamshire
- identifying opportunities for each member's organisation to contribute to those shared priorities and pledging a commitment to action
- identifying projects for Alliance members to work collaboratively to address shared priorities
- disseminating information back into each member's organisation and forums to ensure as broad a reach as possible.
- The approval of the topics for the children and young people's section of the Joint Strategic Needs Assessment
- To review the annual report of the Nottinghamshire Safeguarding Children Board, identifying action that the Children's Trust should take in response, and ensuring that action is implemented.
- Seeking the views of children, young people, families and communities when planning partnership activities and ensure that partner organisations and their staff are consulted about the development of strategies and plans.

4. Membership

- Nottinghamshire County Council (statutory responsibility to make arrangements to promote co-operation to improve children's well-being, Children Act 2004)
- Nottinghamshire Police
- Nottinghamshire Office of the Police and Crime Commissioner
- Nottinghamshire Safeguarding Children's Board
- Nottinghamshire District and Borough Councils
- Nottinghamshire (including Bassetlaw) Clinical Commissioning Groups
- Health providers
- Schools and academies
- Other education providers

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- Voluntary and community sector

Representatives should be at a level of seniority that enables them to have an understanding of the full range of activities of the organisation, partnership or sector that they represent.

Representatives provide a perspective from their organisation, partnership or sector rather than ensuring representation from every partner organisation.

One person may represent the voice of a number of relevant partners.

The Children and Families Alliance may invite representatives to become members on a permanent or temporary basis.

5. Our Structure and Accountability

The Children and Families Alliance reports formally to the Nottinghamshire Health and Wellbeing Board and provides an annual report to Nottinghamshire County Council's Children and Young People Committee.

Children and Families Alliance

The Children and Families Alliance will champion the interests of children, young people and their families in Nottinghamshire. It will provide a forum for the discussion of shared priorities for partnership working and the integration of the delivery of services.

Chairing and meeting arrangements

The Chair is Nottinghamshire County Council's Corporate Director for Children and Families. The Vice Chair is the Head of Edgewood Primary School.

The Children and Families Alliance has no quorum. If a member of the Alliance cannot attend, a deputy or alternative representative may attend in their absence.

The Children and Families Alliance will meet six times a year.

The meeting agenda and papers will be circulated to Alliance members via e-mail, at least 5 working days before each meeting. Nottinghamshire County Council's Children and Families Service will provide administrative support to the Children's Trust Board.

Decision making process

Decision making will normally be by consensus. However, if the Chair considers that consensus is unachievable, a decision may be made by vote and will be binding if:

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- it has been agreed by 60% of those agencies present
- the proposed actions fall within the statutory and regulatory framework governing the operation of partner agencies
- it is within the delegated decision making powers of the board
- any decision relating to increased expenditure for individual partners is only taken with their consent.

Task-Finish Groups

The Children and Families Alliance may choose to set up task-finish groups to implement or monitor specific activities or projects. Each group will have a clearly defined, time-limited list of tasks to achieve, and will provide regular progress reports. The lifetime of each group may vary from a few months to over a year, but all groups will be reviewed at least annually to ensure that they still have a purpose.

These terms of reference are for 2018/19 and will be reviewed in April 2019.