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| <b>Title of Report:</b>                   | <b>Children's Joint Commissioning Priorities 2014/16</b>   |
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| <b>The purpose of this paper is to...</b> | Five shared priorities and a cross cutting theme have been identified by partners as integral to the development of a Children and Families Integrated Commissioning Programme. This paper provides an outline of these priorities and a proposed governance approach, taking into account key partnership Boards in the city. |

## Summary

1.1 The purpose of this report is to seek agreement to priority areas to work together to maximise 'Leeds assets' and the value of every 'Leeds Pound' spent on improving children and families' services and outcomes. These areas have been identified as shared priorities through a workshop of current commissioners from across the council and Clinical Commissioning Groups (CCGs), alongside representation from the third sector. They are identified as critical in the ambitions set out in both the Leeds Children and Young Peoples Plan and the Leeds Health and Wellbeing Strategy, whilst accounting for national policy, legislation and budget planning.

## 2. Background information

- 2.1 Existing joint commissioning priorities and their governance have been reviewed. This has been in light of the following developments:-
- The establishment of the Leeds Health and Wellbeing Board arrangements, the publication of Leeds Health and Wellbeing Strategy and the associated commissioning partnership arrangements; ICE
  - The new role of the local authority through the delivery and commissioning of Public Health functions in the city
  - The development of the Clinical Commissioning Groups landscape in Leeds
  - The development of NHS England's commissioning role
  - Leeds' successful application for Pioneer status as a lead local authority in the integration of health and social care systems.
- 2.2 A workshop including commissioners from LCC (Children's Services, Neighbourhoods and Housing, Public Health, and Adult Social Care); CCGs (Lead commissioner Children & Maternity services, LSE CCG Clinical Chief Officer, LSE CCG Clinical Lead GP for Children); and representatives from Third Sector Leeds identified the six priority areas for joint commissioning.

### **3.0 Main issues**

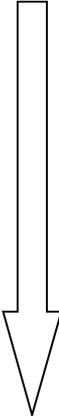
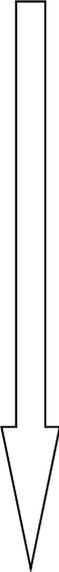
- 3.1 The identified priority areas take account of the following policies and publications:-
- 3.1.2 The Chief Medical Officers Report 2012: Our Children Deserve Better: Prevention Pays recommends development, dissemination and implementation of the evidence base for early intervention, a refresh of the Healthy Child Programme with a focus on early years, a complimentary approach between health and education services to narrow gaps in education and health outcomes, identification of how family support impacts on health outcomes and ensuring the workforce is trained to deliver care and support appropriate to children.
- 3.1.3 The NHS Mandate 2014-15 (Department of Health) relevant focus on better prevention of early preventable mortality including in children and young people, improving quality of life for all people (including children) with long-term health conditions, improved recovery from ill health or injury, promoting equality of consideration of physical and emotional health and promoting a positive experience of care.
- 3.1.4 Our Best Council Plan (2013-17), particularly in supporting improved outcomes and quality of life for the most vulnerable in a context of achieving the savings and efficiencies required in front line services. In supporting building a Child Friendly City and we need to ensure we have the right partnership of services to deliver on our three partnership obsession outcomes (looked after children, reducing NEETs and raising attendance). It also recognises the importance of partnerships in raising education attainment and reducing gaps in achievement linked to disadvantage which become apparent even in a child's early years. Finally it supports the council's plan to be an efficient and enterprising council through promoting an enterprising culture in key areas and improving our commissioning and procurement.
- 3.1.5 The delivery of the Leeds Children and Young People's Plan (2011-15, refreshed 2013) in the broader 13 priorities which include the three obsessions noted above.
- 3.1.6 The need to deliver against the Leeds Joint Health and Wellbeing Strategy (2013-15). This is including supporting people to have healthy lifestyles (priority 1) ensuring everyone in Leeds has the best start in life (priority 2), ensure people with lives safely in their own homes and cope better with their conditions (priority 4 and 6), improve people's mental health and wellbeing (priority 7) ensure people have a voice and influence in decision making and have control over with health and social care services (priority 10 and 11) and increasing the number of people achieving their potential through education and lifelong learning (priority 14) that people have increased control over their own health conditions.

3.1.7 Changes in the legislation and governance detailing the funding and role of schools. This includes the opportunities afforded by the allocation of Pupil Premium Funding to raise the achievement of disadvantaged children; the freedoms recently afforded to schools to determine their own size and the cashable and non cashable resources agreed between schools and partner services through cluster arrangements. The result is the emergence of schools as significant partner commissioners alongside health and local authority functions.

### 3.2 Five Joint Commissioning Priorities

3.2.1 The purpose of identifying and progressing the priority areas is to work together to maximise 'Leeds assets' and the value of every 'Leeds Pound' spent on improving children and families' services and outcomes.

Priority areas for joint commissioning are:

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| 1 | Commissioning to ensure everyone will have the best start in life (HWB Strategy Priority 2)  | Services which support positive transitions for children and destinations for young people to adulthood across education, skills and health.<br><br> | Minimise the effects of child poverty<br><br> |
| 2 | Commissioning integrated and personalised services for children with complex needs (SEN) (Children & Family Bill legislation/ NHS Mandate) |  |   |
| 3 | Commissioning comprehensive emotional and mental health services for children and young people.  |  |   |
| 4 | Pathways for children who enter and leave care and improved services for children whilst in care.  |  |   |
| 5 | A shared commissioning approach to family support.   |  |   |

### 3.3 Priority 1 - Best Start

3.3.1 We know that intervention in the early years of a child's life provides the best chance of success and best return on investment by public spend. Recent policy and strategy indicates a need for a refreshed conception of Best Start provision, this includes the 'All Parliamentary Review of Sure Start Provision' (September 2013), the recent Wave Trust recommendations identified in "Conception to 2 years: The Age of

Opportunity”, the Leeds response to the Chief Medical Officers (CMO) Report “Our Children Deserve Better: Prevention Pays” (October 2013),

3.3.2 The context for a best start for every child is that we know that children in Leeds show a significant gap in early measures of educational achievement depending on their socio-economic circumstances – the gap for Leeds indicates it is the largest in the UK. Corresponding with this is that children are more likely to become looked after in Leeds in their early years than other cities.

### 3.4 **Priority 2 - Commissioning integrated and personalised services for children with complex needs (SEN)**

3.4.1 The integration of health and social care functions for children with complex needs into a cohesive offer for every child from birth was identified in Leeds’ successful Pioneer bid. This is set against parent’s challenge that the current pattern of services in Leeds across health and social care is complex, hard to navigate and frequently does not support parents understanding of the assessment and care pathway. These local commitments are intrinsically linked to implementation of the Children and Families Bill, likely to be enacted in 2014, which heralds significant changes in the assessment and planning of services for children and families with additional needs.

3.4.2 Specific areas requiring an integrated commissioning approach are:

- Delivery of a single assessment and enabling the single Educational Health and Social Care Plan for all children aged 0-25 with complex needs (replacing the Statement of Special Educational Needs),
- Ensuring a clear and comprehensive local offer of provision for disabled children
- Developing a shared personalisation, personal budget and direct payment approach with families.

### 3.5 **Priority 3 - Commissioning a comprehensive emotional and mental health service for children and young people**

3.5.1 The consideration of mental and emotional health is integral to securing overall positive outcomes for children. This is reiterated in both local data (the 2012 Growing Up in Leeds survey) as well as recent national reports (the CMO’s report, Children and Young People’s Mental Health Coalition Report ‘Overlooked and Forgotten, November 2013). This priority builds on the needs analysis and associated commissioning framework agreed by Children’s Trust Board in June 2013. This identified four areas for shared development:

- Early prevention and Intervention
- Improving targeted services for vulnerable groups
- Specialist CAMHS
- Whole System

- 3.6 Priority 4 - Pathways for Children who enter and leave care and improved services for children whilst in care**
- 3.6.1 The Leeds Turning the Curve strategy for the number of children in care to be appropriately reduced has effectively reduced the population of children who are looked after in the city against national trends. However overall rates of care entry remain high compared to national comparators and include a higher proportion of children aged 0-5.
- 3.6.2 There is an immediate need to consider the 'journey of the child', the implications of local evidence of risk factors leading to care entry and the outcome of the recent joint OBA event between HWB and CTB. Proposals from the event need to form the basis of agreed joint action with the support of ICE and broader council leadership.
- 3.6.3 Increased use of kinship care, local foster parents and an active policy to support the appropriate return of children and young people from geographically distant residential provision means a greater proportion of Leeds children looked after live within their home city. This positive development has a broader impact on local services including primary care, emotional health and wellbeing services and public health funded provision. Increased effectiveness of Special Guardianship Orders, the Leeds adoption offer and support for children to return to birth or extended families has increased children's exits from care to local settings. However a substantial number of children leave care in Leeds as young people with poor quality transition, a lack of a positive destination of employment, education or training and poor preparedness to use and handover to adult services.
- 3.6.4 In pursuing the above Leeds also needs to ensure it develops sufficient quality residential provision in the city based on a holistic offer of support across social and health needs. This will require joint planning and commissioning.
- 3.6.5 There is substantial support from across the council and partners in developing a suitable City Centre Hub provision. The Hub will provide a venue and opportunity for council and health funded services to support young people in a more integrated and accessible way with a focus on Care Leavers and other vulnerable groups.
- 3.7 Priority 5 - A shared commissioning approach to family support**
- 3.7.1 Leeds has developed a significant and diverse family support investment:-
- A successful Families First (national "Troubled Families Programme funded) approach which has demonstrated the efficacy in raising attainment and aspiration whilst challenging family behaviours including criminality, worklessness, poor attendance and educational exclusion.
  - A nationally and internationally recognised Multi-System Therapy (MST) provision

- Family support workers Early Start settings
  - Family Intensive Support services based on the Family Intervention Programme evidence base.
  - A Family Nurse Partnership service offering intensive support to young and vulnerable mothers.
  - A significant workforce employed within the multi-professional teams in clusters funded principally from schools budgets.
  - LCC Environment and Housing Directorate commissioned services to prevent family homelessness and reduce the occurrence and impact of domestic violence.
- 3.7.2 There is a need to coordinate better alignment and cohesion between these services ensuring best value is achieved for the investment (best value for the 'Leeds pound'). Emerging local evidence indicates that effective family support investment reduces health resources required, particularly in acute settings. Development of this evidence needs to link to both the CMO's report calling for better understanding of family support on health outcomes and the challenge for better joint value and aligned investment.
- 3.8 **Cross Cutting Theme : Services which support positive transitions for children and destinations for young people to adulthood across education, skills and health.**
- 3.8.1 Enduring health and wellbeing is supported most effectively by positive transitions for children and destinations for young people into education, training and employment. This needs to be achieved for all children and young people regardless of age, health need or vulnerability. Broader changes in the patterns of health and social care provision for adults (to greater use of community provision and reduced inpatient and acute provision) means that young people's expectations of skills required to support their own health should be maximised.