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HEALTH & WELLBEING BOARD

AGENDA

Wednesday, 10th December, 2014
1:30 - 4:00 pm

Town Hall

1. CHAIRMAN'S ANNOUNCEMENTS

   The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2. APOLOGIES FOR ABSENCE

   (If any) – receive

3. DISCLOSURE OF PECUNIARY INTERESTS

   Members are invited to disclose any pecuniary interest in any of the items on the agenda at this point of the meeting.

   Members may still disclose any pecuniary interest in any item at any time prior to the consideration of the matter.

4. MINUTES (Pages 1 - 8)

   To approve as a correct record the minutes of the Committee held on 12th November 2014 and to authorise the Chairman to sign them.

5. MATTERS ARISING

   To consider the Board's Action Log

6. BHR SYSTEM PLANNING UPDATE

   Presented by Cheryl Coppell

7. INTEGRATED PERSONAL COMMISSIONING

Presented by Dr. Aggerwal

8. PRIORITIES FOR CHILDRENS HEALTH

Report by Joy Hollister

9. SEN GOVERNANCE (Pages 9 - 20)

Report from Mary Pattinson

10. DEMENTIA STRATEGY

Report by Joy Hollister

11. UPDATES

If available:

- District nursing- Dressings (Alan Steward verbal update)
- 0-5 Transfer
- Care Act (Joy Hollister)
- Better Care Fund (Joy Hollister)

12. ANY OTHER BUSINESS

13. DATE OF NEXT MEETING

The next meeting will be on 14th January 2015, at 1:30pm. It will be in Committee Room 2, Havering Town Hall, Main Road, Romford, RM1 3BD.

MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Town Hall
12 November 2014 (1.35 – 3.40 pm)

Present:

Councillor Steven Kelly (Chairman)
Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group (CCG)
Mark Ansell, Consultant, Public Health, LBH
Andrew Blake-Herbert, Group Director – Communities and Resources, LBH
Councillor Wendy Brice-Thompson, Cabinet Member – Adult Social Services and Health
Conor Burke, Chief Operating Officer, BHR CCGs
Cheryl Coppell, Chief Executive, LBH
Councillor Meg Davis, Cabinet Member – Children and Learning
Anne-Marie Dean, Chair, Healthwatch Havering
Joy Hollister, Group – Children Adults and Housing, LBH
Dr Gurdev Saini, Board Member, Havering CCG
Alan Steward, Chief Operating Officer, Havering CCG

In attendance:
Brian Boxall, Independent Chair, Children and Adults Safeguarding Boards
Philippa Brent-Isherwood, Head of Service – Business & Performance, LBH
Anthony Clements, Principal Committee Officer, LBH (Minutes)
Caroline O'Donnell, North East London NHS Foundation Trust (NELFT)
Jacqui van Rossum, NELFT

One member of the public and one member of the press were also present.

All decisions were taken with no votes against.

44 **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman advised the meeting of the arrangements in case of fire or other event that may require evacuation of the meeting room.

45 **APOLOGIES FOR ABSENCE**

There were no apologies for absence.

46 **DISCLOSURE OF PECUNIARY INTERESTS**

There were no disclosures of interest.

47 MINUTES

The minutes of the meeting held on 15 October were agreed as a correct record and signed by the Chairman.

48 MATTERS ARISING

Life Study – The Board expressed some concern that the study was only initially funded for one year.

Complex care – Conor Burke would update on this area at the next meeting of the Board.

End of life care – It was felt that good progress had been made although there was still an issue around people dying at home. St Francis Hospice did excellent work but there were waiting lists for care at the facility. It was noted that the Hospice remit was wider than just cancer services. Dr Saini felt it was important that a dying person got the best care. People were now talking about death on a regular basis and a regular series of sessions discussing end of life care would commence from January 2015. It was noted with pleasure that there were now 50% less people being moved out of care homes to die in hospital.

49 ANNUAL REPORTS OF LOCAL SAFEGUARDING CHILDREN AND ADULTS BOARDS

The Independent Chair of both Safeguarding Boards presented the Boards' annual reports. The Children's Board had been statutory since 2006 and the Adults Board would become statutory under the Care Act. Both Boards sought to look at the safeguarding practices of individual agencies and discuss or challenge these.

The Children's Board had changed what safeguarding in Havering looked like. A lot of work had been undertaken on child sexual exploitation and identifying children subject to abuse. It was accepted that gangs were starting to be an issue in Havering although this was very much in its early stage. There were also issues with female genital mutilation in Havering although not in large numbers. The Chair felt that any new Joint Strategic Needs Assessment should reflect these issues.

Levels of mental health support had been an issue under child sexual exploitation as well as in cases of children self-harming, including in junior schools. Schools were currently undertaking work for the Children's Safeguarding Board on this area.

The Board Chair felt that all commissioners should consider safeguarding of children and adults and that it was essential to ensure commissioned services were safe into the future. Most safeguarding problems had resulted not from a lack of staff ability but were due to staff not coping with workloads. It was therefore essential to establish long-term staffing plans.

The Board agreed that staffing levels were issues in areas such as health visiting and school nursing and that this could impact on safeguarding.

It was important that individual agencies understood the impact of the Adults Safeguarding Board having statutory status.

The Board agreed that child sexual exploitation was an important issue nationally and it was important that victims were supported and that early intervention took place. The Safeguarding Board worked closely with the Children's Society. The Board had challenged the Police on the level of their investigation teams but this was more an operational issue for community safety. The numbers of convicted paedophiles resident in Havering were not known. The Police special child investigation team was shared with Barking & Dagenham. The Police had agreed that this team was under-resourced but there had been no changes as yet. This would be followed up before the end of the calendar year.

A transitional group was looking at the transition from children's to adult services. This included mental health services for teenagers which was a national issue. Schools had good input into both Safeguarding Boards.

A peer review of work on serious youth violence was currently in progress. This was being undertaken by the Home Office and £96,000 of community safety funding had been reallocated to deal with this issue in schools. Mentoring schemes were used for troubled teenagers and anti-social behaviour orders were also used to prevent at risk adolescents from entering the town centre.

The Safeguarding Boards worked closely with community safety agencies. This allowed the agencies to explain what they felt were current risks and long-term challenges.

It was noted that the Adult Board, once it received statutory status, would need a sufficient level of funding. This would require lobbying of central government as most other London boroughs did not receive additional funding for troubled teenagers. This was particularly topical as recent press coverage had suggested gangs were moving from inner London to more outlying areas. Havering was in the early stages of transformation in this area and could learn from work carried out in other areas.

The Board thanked the Independent Chair for his presentation and work. The annual reports for next year were due to be presented to the Health and Wellbeing Board in November 2015.

50 ANNUAL MEETING WITH NELFT

Officers from North East London NHS Foundation Trust (NELFT) explained that they wished to continue to widen the service portfolio of NELFT by moving into areas such as community nursing.

NELFT owned many buildings and estate in different stages of repair and wished to divest from properties where they had no control over infrastructure. There had also been investment into new properties such as the London Road Child Development Centre.

The Chairman felt that there were too many wasted facilities within Havering and that NELFT should talk more to organisations such as NHS England and NHS Property Services who were responsible for many local health buildings. There was currently no list of all health and social care properties within Havering although the CCG confirmed that this was being compiled.

NELFT officers felt that the London Road development was a good example of the different agencies working together. The building would be handed over to NELFT in December 2014. Services in the building would be based on engagement sessions that had taken place with stakeholders and the building would serve as a single access point for children's mental health services. The CCG and Social Care were looking at ways to avoid duplication of work by voluntary groups.

There were a total of 120 extra health visitors recruited for the Outer North East London area. NELFT had programmes in place to support new health visitors and had also looked at its retention model. A ministerial visit had taken place to showcase the work done and a second visit was planned.

The Council Chief Executive explained that attempts were in progress to reach agreement across London on the transfer of early years commissioning which was due next year. Specific health visiting elements had been written into a much larger contract and the suggestion of the transfer of health visiting services to the Council without any funding for overheads was not acceptable. The Department of Health was therefore being lobbied to give Havering £432,000 for health visitor overheads and, while this had been agreed as a figure by the Department's area team, a meeting was due to be held with the Department of Health later that week in order to discuss the issue further.

It was also felt that some boroughs did not have sufficient health visitors for their 0-5 population. The caseload for health visitors also varied widely across London and was very heavy in Havering. NELFT officers agreed that it was difficult to recruit health visitors to Havering due to the high number of cases per health visitor. The Chief Executive added that the matter could be escalated to Members at London Councils if necessary.

The three local boroughs were underfunded for health visiting compared to Inner London boroughs and local CCGs were also under capitation generally. It was necessary to try to use political levers to get funding for the Outer London boroughs. The Board Chairman suggested this matter could be discussed at a planned meeting with the Health and Wellbeing Board Chairmen from Barking & Dagenham and Redbridge. It was suggested that an agenda be drafted and the meeting hosted by Havering.

The NELFT Community Health and Social Care Service had been remodelled into multi-disciplinary teams. This had allowed teams to be co-located and engagement had also taken place with GP practices.

The Access and Assessment teams were now more responsive and meeting their improvement plan targets. There were also improved flows into the Community Recovery team. More people were also entering treatment via the Improving Access to Psychological Therapies (IAPT) service which had reduced waiting times and maintained high recovery rates. A recruitment programme for IAPT trainees had been developed in partnership with UCL.

Havering had been selected as a pilot area for Open Dialogue – a new treatment option. A cohort of staff had been trained in Open Dialogue techniques which focussed on recovery. The Open Dialogue technique had been used successfully in Scandinavia and the USA and was also felt to be more cost effective.

As regards services for older adults, the intermediate care service had been redesigned and the Community Treatment Team put in which had achieved very good patient satisfaction rates. The team had seen almost double the projected number of patients with Havering using approximately 55% of the service. The Board agreed that the Community Treatment Team had been very successful and well received in the community.

The Intensive Rehabilitation Service had also achieved good scores on the Friends and Family test. A total of 535 Havering patients had been seen thus far, representing 46% of the service.

Memory services had improved their diagnosis times and rates and service productivity had improved 100% leading to the award of MSNAP Excellent accreditation in October 2014. Going forward, NELFT wished to integrate physical and mental health services for older adults and was discussing this with the Council and CCG. NELFT officers would confirm the proportion of people scanned for dementia on entering the memory service.

The Chairman felt that there was still a lot of work to do on dementia services in Havering. NELFT officers accepted that the Victoria Hospital was not suitable in the longer term but improvements had been made to increase the clinical space available. It was confirmed that the disabled toilet at the site was now working. It was also confirmed that the St Bernards Day Centre building was owned by London & Quadrant rather than NELFT.

The Chairman felt that a corporate policy was needed on dementia and the Group Director would bring a paper on dementia to the next meeting of the Board.

While 800 patients had been assessed at the memory service in the last 12 months, this did not equal expected figures for dementia prevalence. NELFT officers explained that GPs and the Older Adults team could both access

the service. The dementia diagnosis rate had increased but the CCG wished to increase this further in order to meet the national target of 67%. A number of diagnoses of dementia were also made in hospital.

A scheme had recently started to combine the Community Treatment Team with the London Ambulance Service. In the first two weeks of operation, this had allowed around 60% of patients seen by the combined staff teams to stay at home rather than go to hospital. The Chairman pointed out however that attendance figures at A & E were still not reducing. The Council Chief Executive felt that there was now more confidence in the BHRUT team and that work could start to tie in the BHRUT and Council improvement plans. This would however require a lot of work.

It was necessary to improve efficiency flows through the hospital and the Council was supporting the hospital to recruit more good clinicians. This could be discussed further at a private meeting with the BHRUT chief executive scheduled for 15 December. Better use was now being made of data to track problems in the system.

While the Board had made frailty the first priority to reduce the numbers of people going into hospital, it was felt it may now be necessary to look at other types of hospital attendees. The Healthwatch representative added that she was now more confident that community teams could deliver.

The system of dressings used by District Nurses was being addressed and an update on this would be brought to the next meeting of the Board.

The Board **NOTED** the update from NELFT and thanked the officers for their attendance.

51 UPDATE ON INTERMEDIATE CARE CONSULTATION

The CCG wished to mainstream the Community Treatment Team and Intensive Rehabilitation Services across the three local boroughs. There had been a lot of feedback given to the consultation and the CCG was currently considering its response to this. A paper would therefore be taken to the CCG governing bodies on 11 December.

The Board indicated it would be very disappointed if the Community Treatment Teams and Intensive Rehabilitation Services were to be lost in Havering. It was uncertain if there was any appeal process if any of the CCGs decided this.

The Board **NOTED** the update.

52 PROVISIONAL ITEM - HEALTH IN YOUNG OFFENDERS INSTITUTIONS

This item was deferred to a future meeting.

53 PRIME MINISTERS CHALLENGE FUND UPDATE

It was explained that the new access hub run by the GP Federation had commenced in September 2014 with a phased introduction. Fifty per cent of the access slots were now being used and this was expected to increase in the future. Appointments were currently available from 6 – 10 pm on weekdays and it was planned to extend this to weekends over the winter period.

The Board felt that if the access hub was running properly, this would reduce numbers of people needing to attend A & E. It would be necessary however to instil confidence in local residents that that the hub would remain as a facility.

Shared care records would be introduced with GPs in December 2014 and for other providers such as BHRUT, NELFT and social care in the new year. It was agreed to take an update on this issue at the March meeting of the Board.

54 NORTH EAST LONDON ACCOMMODATION GROUP MAPPING

The Council Chief Executive explained that accommodation was an issue across both Inner and Outer North East London health services. Work on mapping of accommodation was under way and a report on this would be brought to the Board once the work was complete.

55 REPORT ON COMMISSIONING OF EARLY YEARS SERVICES

This item was deferred to a future meeting.

56 DEMENTIA CARE DECISION PAPER

This report would be submitted at the next meeting of the Board.

57 JOINT ASSESSMENT AND DISCHARGE TEAM PERFORMANCE REPORT

There had been a reduction in the number of permanent admissions to residential and discharge teams. The number of delayed transfers of care across the system was on target and performance against the reablement target was also good. Spending on homecare had however increased compared to last year with increases in both numbers of service users and the hours of care received. The reasons for this rise were being investigated.

It was felt that the Joint Assessment and Discharge Team should be pushed to start work on discharge at an earlier point in a patient's hospital stay. A report on this would be brought to a future meeting of the Board. The Chairman felt that the length of people's stay in hospital should be considered with perhaps the use of larger private houses being considered as a location for shared social care.

The Group Director for Children, Adults and Housing felt that the overall performance of the Joint Assessment and Discharge team remained to plan and it was important not to get distracted by short term increases in certain indicators.

58 **ANY OTHER BUSINESS**

There were no other business items raised.

59 **DATE OF NEXT MEETING**

The next meeting would be held on held on Wednesday 10 December at 1.30 pm in Havering Town Hall, committee room 2.

Chairman

Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	**SEND Joint Commissioning Annual Report 2014**
Board Lead:	**Councillor Steven Kelly**
Report Author and contact details:	Mary Pattinson Head of Learning & Achievement 01708 433808 Mary.pattinson@havering.gov.uk

The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- X Priority 1: Early help for vulnerable people
- X Priority 6: Better integrated care for vulnerable children
- X Priority 7: Reducing avoidable hospital admissions
- X Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

Clause 26 of the Children and Families Act 2014 (the Act) which came into force from September 2014 requires local authorities and CCGs to commission services for special education, health and social care for children and young adults from 0-25 with SEND jointly. Previous reports to this board have outlined the duties more fully and agreed a governance structure and operating principles. As part of this structure a Joint Commissioning Group including colleagues from education, health and social care meets regularly to discuss operational issues in joint commissioning. The DfE governance expectations requires this group to provide an annual report to the Health and Well-Being Board. This report constitutes this annual report.

RECOMMENDATIONS

To accept the Report.

REPORT DETAIL

1. Joint Commissioning Group Meetings

1.1 In the year since October 2013 The SEND Joint Commissioning Group (0-25) has met on seven occasions. Initial meetings involved collecting information about what was currently commissioned across each service to assess where there are overlaps, which would benefit from an early review. From this it was agreed to review the commissioning of:

- Therapy services, eg Occupational Therapy; Physio, Speech & Language
- Short Breaks/respite care
- CAMHS

1.2 An update is provided later in this report.

1.3 The commissioning cycle agreed a part of the governance structure required the group to consider the numbers and complexities of disabled children receiving services and to try to predict the future needs of the this group of children. Whilst considerable progress has been made in this area it is nevertheless difficult to predict the numbers with any certainty as there is an increase in the number of children moving into the borough and requiring support.

1.4 The Children and Families Act also requires the LA to offer a personal budget to children who have an Educational Health and Care Plan. The group has spent some time considering how to arrive at a unit costing for services so that these sums can be disaggregated from commissioned contracts. In the meantime guidance from the DfE has suggested that where this is not an efficient use of resources block contracts may not need to be disaggregated. The LA is currently working with London Councils to develop a London wide policy on this issue. The first EHC plans will be produced early in the New Year but it is not thought that many parents will request personal budgets in the early days.

1.5 The final area for discussion has been a Resource Allocation System. A number of systems have been considered and modelled across current service allocations. Adult Social Care Services are due to pilot a new system early in the New Year and this may then be taken up across Children Services if appropriate. In modelling systems across short breaks/respite care it was found that children's level of need did not correlate with the level of service they received and so this has resulted in a case review of the allocation of short breaks.

2. Children's Joint Commissioning Update – October 2014

2.1 During the year a Children's Commissioner has been appointed funded jointly by CCG and Local Authority. The following update has been provided showing the considerable amount of progress in the joining up of the joint commissioning of services.

3. Speech and Language

3.1 The service specification for this service has been developed to tighten up the delivery of service and ensure there are performance indicators and outcomes

linked to the overall service delivery. The specification leads towards more joined up working and more robust delivery with NELFT and highlights other concerns including better management infrastructures. Although the Speech and Language Service is being funded by the CCG, the Local Authority's procurement processes will be used to underpin this piece of work, which has included developing a timeline for delivery and implementation.

3.2 Expressions of interest from potential bidders has taken place during November 2014, with the contract award due in March 2015.

3.3 The overall value of funding allocated by the CCG for this piece of work is £850,000 per annum.

4. **Special School Nursing**

4.1 The responsibility for delivering universal School Nursing Services for children and young people now sits within the Local Authority (Public Health). Within these changes the CCG has been given responsibility for the delivery of the special (complex) element of School Nursing Services to children in both special and mainstream schools.

4.2 The CCG are currently supporting Public Health with the whole school nursing tender process which began some weeks ago. The service specification and contract details have been sent out to interested parties and bids have been received. Currently the CCG attend the school nursing tender group to discuss items such as the procurement timetable, tender evaluation panel, mobilisation planning and risk registers. The timeline for delivery of Award of Contract is December 2014 with plans for the Launch of the Service during April 2015.

4.3 In relation to finances, the CCG have provided £60,000 (still to be confirmed) for the delivery of special School Nursing Services, which is less than was expected by partners in Public Health. The tender group met recently to discuss and highlight any potential risks to the process of which this was one. This is an area of concern that the CCG are aware of and on-going discussions are in place to finalise arrangements.

5. **Music Therapy and Counselling Service**

5.1 During July 2014 the CCG worked to review their existing contracts for music therapy. In addition to this both LBH and the CCG have contracts in place for a families counselling which is for parents of children and babies who utilise the service. This piece of work was a priority for both services as both put a lot of money into the delivery of these services and were not confident with what was being delivered. The overall outcomes are now linked to the performance of the service, contract and performance monitoring is up to date which includes future planning and overall the whole service is clear about the expected outcomes and understands how the commissioners will be working to ensure the delivery of a robust service.

6. CAMHS

6.1 The CCG supported by LBH will be leading on a review of Tiers 1-3 of the Child and Adolescent Mental Health Services in Havering. This review is a priority for both LBH and CCG, and is linked to the SEND joint commissioning sub-group priorities. The review will highlight a number of areas of the services but will have a particular focus on

- Delivery of the service
- Pathways, Access and Barriers
- Integrated Pathways
- Transitions
- Stakeholder and service user consultation and feedback
- Developing a continuation of provision

6.2 The overall aim of the review is to look at the current performance of the service and take a view on whether we need to better contract manage or fully re-procure the service. The review will have links to the current NHS England Tier 4 CAMHS review. This piece of work will be focusing on the national lack of appropriate bed provision in residential settings for Children and Young People with mental health diagnosis.

6.3 Both organisations have also been represented at Havering's CAMHS task and finish group which has been recently revised to look at the service on a more strategic level. The review will form the basis of future commissioning intentions/ service planning, as well as supporting the development of an up to date revised CAMHS strategy. The task and finish group continues to meet to delegate responsibilities, agree timelines and begin to look at what we want our services to deliver and what they should look like.

6.4 Commissioners from the Children and Disabilities Team (CAD) along with the CAMHS project lead are in the process of carrying out consultations with a variety of stakeholders, so far including:

- Fostering and Adoption Services
- CAMHS and other voluntary contract providers
- Children's Services
- Children's ED
- Children in care Council
- Brookside Tier 4 service
- Education Psychology
- Us Mums and PIP's
- College provisions
- Youth Offending Service
- Pupil Referral Units (E.G) Manor Green College
- Primary and Secondary Schools
- Health Watch and continuing care team

6.5 NELFT are aware that the CCG will be making changes to both this and next year's commissioning intentions and that a review of the service will be conducted, however until the review has been completed no formal notice will be served. Finally the CCG would like to have an outline of the review, preliminary findings and any areas to focus on in a briefing for Clinical Directors in early 2015. This update will also be provided to the subsequent Joint Commissioning Board. They would also like to aim to know their joint plan for the future commissioning of CAMHS with LBH as early in 2015 as possible.

7. Future Joint Commissioning Plans

7.1 The CCG and Local Authority have been working towards identifying the joint commissioning priorities for both services in the coming years. This work should lead towards clearer roles and responsibilities between the two services, less duplication of service delivery and funding and on the whole a much more seamless service user experience for those who engage with the service. Other joint commission priority areas include:

- Respite and short breaks for which both services provide. Scoping for this piece of work will begin at the end of the year
- Equipment-including wheelchairs and other health related items
- Reviewing therapies, including Occupational Health, Physiotherapy

IMPLICATIONS AND RISKS

Financial implications and risks:

The work of the joint commissioning group does not itself entail any financial implications or risks as it is supported from within existing resources and recommendations will be subject to a further decision making process as necessary. There are no costs to the council in the re-commissioning of the services to date as mentioned above as the funding for these services is held by the CCG. Future plans will include the pooling of resources between Education, Social Care and Health to provide a more seamless service for the user. The DfE has allocated a one-off SEN Reform grant of £275,974 to Havering to support the implementation of the Children and Families Act 2014 and one-off allocation of £206,612 as New Burdens funding.

David Allen/Rav Nijjar

Legal implications and risks:

There are no apparent legal implications in noting the content of the Annual Report

Stephen Doye

Human Resources implications and risks:
There are no direct HR implications or risks for the Council, or its workforce, that can be identified from the recommendations made in this report.

Eve Anderson (Strategic HR Business Partner – Children, Adults & Housing and Public Health)

Equalities implications and risks:
As part of the governance structure, the Joint Commissioning Group is required to provide an annual report to the Joint Commissioning Board. This will help identify areas where there may be under performance which then has a negative impact on people with different protected characteristics.

In this case, the following areas were highlighted that may have a negative impact:

- The needs for children's short breaks/respite care need not matching the level of service
- Issues relating to the funding of the School Nursing Services

Measures are in place to attempt to mitigate these negative impacts.

Paul Green
Corporate Policy & Diversity Advisor

BACKGROUND PAPERS

Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	**Joint Commissioning Arrangements between Health and the LA for Children, Young People and their Families with Special Educational Needs & Disabilities in Havering**
Board Lead:	**Councillor Steven Kelly**
Report Author and contact details:	**Mary Pattinson** **Head of Learning & Achievement** **Mary.pattinson@havering.gov.uk** 01708 433847

The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- **X** Priority 1: Joint Commissioning between Health & Local
- **X** Priority 2: SEND Governance Structure

SUMMARY

The purpose of this report is to provide Health and Wellbeing Board members with a brief about the arrangements for Joint Commissioning between Havering Clinical Commissioning and London Borough of Havering for children, young people and their families with SEN and disabilities (0-25).

RECOMMENDATION

To agree the protocol and procedures as set out here.

REPORT DETAIL

1. Background

1.2 The Children and Families Act 2014 (the Act) which came into force in September 2014. Clause 26 brings in significant changes to services for children with special educational needs and disabilities (SEND). Clause 26

requires local authorities and CCGs to commission services for special education, health and social care for children and young adults from 0-25 with SEND jointly. This must include putting dispute resolution procedures in place for when agreement cannot be reached. These new duties are in conjunction with The Health and Social Care Act 2012 which requires Health and Wellbeing Boards to develop Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies both of which support prevention, identification, assessment and early intervention and a joined up approach from those providing services.

1.3 Previous reports to the Health & Wellbeing Board outlined the duties for local authorities and CCGs across the Act and this paper takes forward the commissioning duties by proposing a system for joint commissioning across the LA and CCG including governance and dispute resolution.

2. The Joint Commissioning Process in Havering

2.1 Joint commissioning will help the local authority and the CCG together to:

- Target services to give the greatest impact on outcomes
- Avoid duplication of services
- Ensure value for money & efficiency
- Develop co-ordinated services
- Share best practice
- Share expertise
- Share intelligence about needs

2.2 Whilst it is appreciated that it may take some time to achieve a highly effective system it is important that the principles of an excellent service are agreed at the outset. The following principles are proposed for joint commissioning in Havering.

3. The commissioning principles:

- All decisions are based on a clear rationale for improving outcomes and are linked to organisational and partnership priorities
- Commissioning should make sure that we get the most out of every pound we spend
- Commissioning should always focus on delivering efficiencies, outcomes and quality
- Commissioning should always focus on evidence based practice
- All services are systematically commissioned
- Commissioners should make sure that outcomes are sustainable in the long term
- Children, young people, their families and communities must participate meaningfully
- Commissioners plan strategically to move resources to preventative and early intervention services

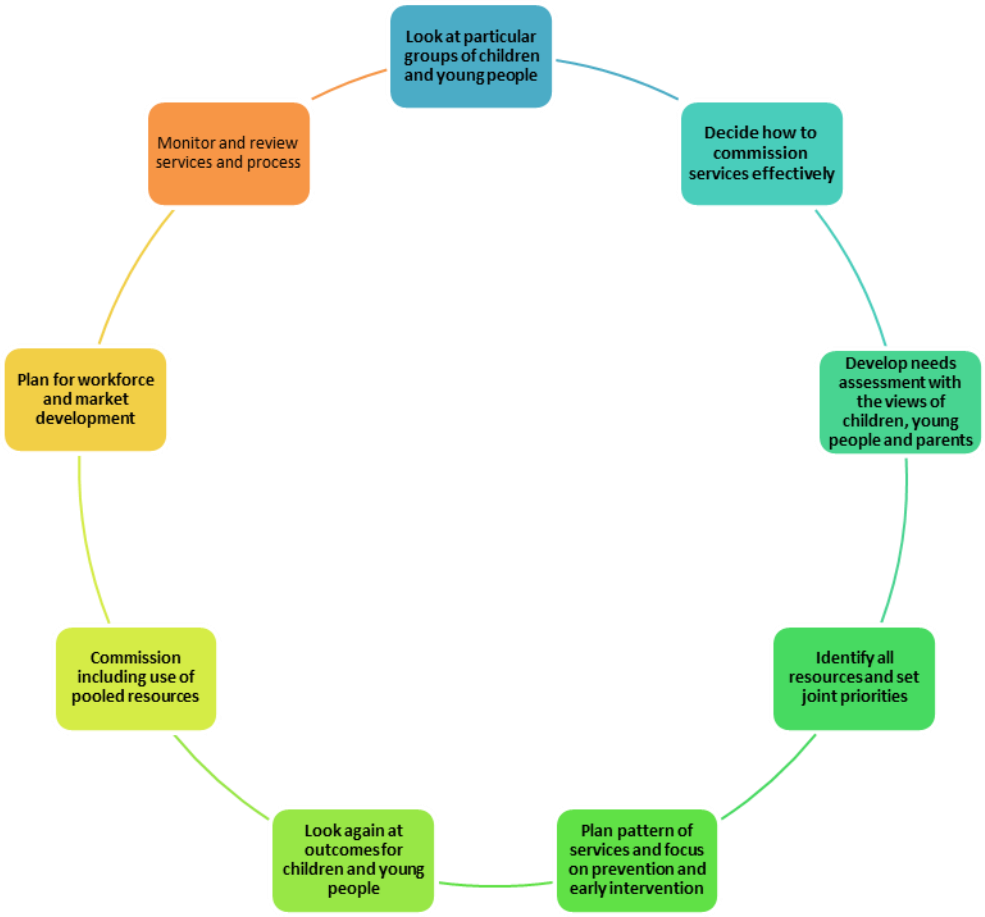
- Commissioning function exercises independence of decision making from internal and external providers
- Commission in partnership with other commissioning bodies locally or regionally, so as to maximise efficiency
- Commissioners must ensure that approaches are compatible with EU and UK law, regulations and guidance
- Decisions must be transparent and fair
- Our commissioning approach should not disadvantage small or medium sized enterprises in Havering
- There should be only one strategic commissioning plan for all SEND services
- Community involvement in delivering local services will be encouraged

4. Commissioning for outcomes - All contracts will include:

- outcome-based performance targets so as to ensure the delivery of services that focus on outcomes
- a cycle of monitoring so that performance can be measured
- quality standards that can be monitored so as to ensure the overall quality of provision. This will include consumer feedback

5. The Commissioning Cycle in Havering

5.1 The following set of activities will form the joint commissioning cycle. As all services are currently at a different stage in their commissioning relationship with the CCG and the local authority these activities should not necessarily be seen in chronological order but as a continuous process which can start at any stage in the cycle which is illustrated in figure 1 below.



6. Governance and Dispute Resolution (see diagram)

6.1 A Joint Health & Local Authority Commissioning Working Group has been meeting since autumn 2013. The SEND Project Team which is the project management board for the introduction of the SEND procedures under the Act reports to the Joint Commissioning Working Group. It is proposed that this group, which is chaired by the Head of Learning & Achievement, becomes a formal sub group of the Joint Health and Social Care Commissioning Board. The sub group will ensure that the tasks within the commissioning cycle for services for children and young people with SEND are undertaken effectively.

7. Membership of the sub group

Head of Learning & Achievement - Chair
Senior Locality Lead – Change Projects (CCG)
Joint CCG/LA Children's Commissioning Manager
L & A Finance Manager
SEND Project Officer
CAD Service Manager
CAD 5-19 Team Manager
CAD Commissioning Procurement & Quality Assurance Team Manager
Adults Learning & Disability Commissioning Manager

Commissioning & Project Manager, Children's Social Care

7.1 A Commissioning Report will be produced annually by the chair of this group and submitted to the Joint Commissioning Board for approval before being submitted to the Health and Well Being Board. The report will outline the priorities for joint commissioning over the next twelve months and report on the previous year's work using an outcome based approach. The plan will include proposed arrangements for pooling budgets where appropriate and in future years will report on the value for money of these arrangements and make recommendations for change where necessary.

7.2 The Act also requires arrangements for dispute resolution where agreement cannot be reached between the local authority and CCG over the provision of services. It is anticipated that the sub group will be able to reach agreement in most instances however exceptionally the chair of the sub group may bring issues to the Joint Commissioning Group outside the annual planning cycle for resolution by the chair.

8. Next Steps

8.1 It is proposed that the above formal system begins from September 2014. The Act also requires that the arrangements for Joint Commissioning are included on the local authorities Local Offer website. This will be done once this paper has been approved by the Health & Wellbeing Board. The sub group has begun to review a small number of services and progress on this work as well as plans for the future will be included in the first annual report which will be submitted to the Health & Wellbeing Board later this year.

IMPLICATIONS AND RISKS

Financial implications and risks:

The costs of the Joint Commissioning in Arrangements are met from within existing resources. Future plans will include the pooling of resources between Education, Social Care and Health to provide a more seamless service for the user, however this will be subject to a further decision process as necessary.

The DfE has allocated a one-off SEN Reform grant of £275,974 to Havering to support the implementation of the Children and Families Act 2014 and one-off allocation of £206,612 as New Burdens funding.

David Allen / Rav Nijjar

Legal implications and risks:

The proposed procedures and protocols appear prudent from a strategic perspective and there appear to be no legal implications in recommending these principles.

In terms of individual commissioning decisions arising out of the use of the protocol there may be a need for detailed legal advice.

Stephen Doye

Human Resources implications and risks:

There are no direct HR implications or risks for the Council, or its workforce, that can be identified from the recommendations made in this report.

Eve Anderson (Strategic HR Business Partner – Children, Adults & Housing and Public Health)

Equalities implications and risks:

The Joint Commissioning arrangements are intending to have a positive impact for children and young people (aged 0-25 years) with special educational needs and disabilities. The arrangements includes the requirements for outcome-based performance targets, quality standards and monitoring in order to identify any issues that have an unintentional negative impact.

Paul Green
Corporate Policy & Diversity Advisor