

**TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**

**24<sup>th</sup> SEPTEMBER 2014**

**UPDATE FROM THE STRATEGIC COMMISSIONING GROUP**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

The purpose of this report is to provide an overview of the work of the Strategic Commissioning Group and the Commissioning and Transformation Partnerships (CATPs) since the last Health & Wellbeing Board.

**2. RECOMMENDATIONS**

The Board is requested to:

- Acknowledge the recent progress on HWB priorities made through the Commissioning and Transformation Partnerships (CATPs)
- Note the Disabled Children’s Charter Update Report attached at Appendix 1

**3. IMPACT OF ACTION**

Each of the CATPs has responsibility for reporting progress against HWB priorities to the Strategic Commissioning Group to whom they are accountable.

**4. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to a specific HWB Priority	
	Yes	<i>All of the Health and Well-being Board priorities are allocated to the CATPs. This report gives an update against each of these priority areas.</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<ul style="list-style-type: none"> <li>• <i>Putting our children and young people first</i></li> <li>• <i>Protecting and supporting our vulnerable children and adults</i></li> <li>• <i>Improving the health and wellbeing of our communities and addressing health inequalities</i></li> </ul>

<b>COMMUNITY IMPACT (cont.)</b>	Will the proposals impact on specific groups of people?	
	Yes	<i>As above, the updates within this report relate to the key HWB priorities which cover all client groups. There is a specific focus on reducing inequalities in community and groups where outcomes are the poorest.</i>
<b>TARGET COMPLETION/DELIVERY DATE</b>	<i>See specific updates at Section 2 of the report. Further updates will be provided at the next HWB on 10<sup>th</sup> December 2014.</i>	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes	<p><i>There are no direct financial implications arising from the recommendations within this report. It is anticipated that all ongoing work will be funded through existing funding streams contained within current budget strategies. Any financial implications and risks arising from specific areas of work (e.g. BCF) will be identified and contained within future reports.</i></p> <p><i>A key role for the group is to establish the amount spent by various public sector bodies and voluntary sector partners to establish how the Telford £ is allocated across Health &amp; Wellbeing priorities. This is work in progress.</i></p>
<b>LEGAL ISSUES</b>	Yes	<i>Whilst the CATP's have been allocated tasks by the Health and Wellbeing Board, the Board retains the responsibility for the delivery of their objectives and legal requirements. Accordingly it is important that the Board reviews carefully the work of the CATP's to ensure that their given tasks are going to be completed in time and to a satisfactory standard. If the Board is of the view that this is not the case it can either give directions to the respective CATP's (via the Strategic</i>

		<i>Commissioning Group or otherwise) including changes to work timetables or withdraw the tasks and revert to delivering them directly.</i>
<b>EQUALITY &amp; DIVERSITY</b>	Yes	<i>Key goal of the Health &amp; Wellbeing Board is to narrow the gap in terms of health and other socio-economic inequalities.</i>
<b>IMPACT ON SPECIFIC WARDS</b>	No	<i>None</i>
<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	Yes	<i>The work of CATP includes consultation and engagement work to shape the commissioning of services – see updates given at Section 1 for more detail.</i>
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	No	<i>None</i>

## **PART B) – ADDITIONAL INFORMATION**

### **1. INTRODUCTION**

The Strategic Commissioning Group has met twice since the last Health and Wellbeing Board. The purpose of the first meeting was to agree the terms of reference for the group (summarised below) and updates from the Commissioning and Transformation Partnerships (CATPs) were received at the second meeting.

The aim of the Strategic Commissioning Group is to ensure that our commissioning processes deliver performance improvements against the Health and Wellbeing Board priorities by:

- encouraging integrated working between local health, social care and public health commissioners
- using the JSNA to systematically inform partners commissioning intentions
- developing commissioning as a strategic function that uses system thinking and agreed commissioning models to understand the relationships between need, demand and outcomes for service users.

In order to ensure that the Health and Wellbeing Board priorities are taken forward, Commissioning & Transformation Partnerships (CATPs) were established to be responsible for ensuring delivery against the priority areas—the CATPs are accountable to the Strategic Commissioning Group and provide regular updates on their progress with a particular focus on commissioning activity against the key Health and Wellbeing Board priorities.

The key messages, priorities and progress updates from the CATPs are detailed within section 2 of this report.

### **2. UPDATE FROM THE CATPs**

Key messages reported by CATPs to the Strategic Commissioning Group are outlined in the following sections:

#### **2.1. Better Care Fund Programme Board**

A key priority for the BCF Board is the integration of health and social care for adults. The immediate priority for this group is to complete the BCF re-submission to the Department of Health – currently updating on progress in readiness for submission on 19<sup>th</sup> September 2014 (a

separate report is being presented to the Health and Wellbeing Board on 24<sup>th</sup> September in relation to the Better Care Fund resubmission).

An update was provided on the accelerated pilot to reduce hospital admissions with key plans in September 2014 to focus on ambulatory assessments, diagnostics and discharge care with support.

Improving information provision online and via the 111 service to reduce admissions is a key area of future activity.

## **2.2. Community Safety Partnership**

*The Community Safety Partnership is responsible for the following Health and Wellbeing priority:*

### **➤ Reduce the misuse of alcohol and drugs.**

The four community safety priorities are:

- Overall crime is reduced in the Borough
- Anti-social behaviour is reduced – to include environmental crime
- Greater Community Cohesion in the Borough
- To reduce the fear of crime –keeping residents safer in Telford & Wrekin

These outcome-focussed priorities are all heavily influenced by the impact of the misuse of drugs and alcohol, due to their association with crime and anti social behaviour. The Drug and Alcohol Action Team (DAAT) Board multi-agency partnership board reports to the Community Safety Partnership (CSP) and oversees the implementation of the substance misuse strategy.

### **Key DAAT Board headlines**

- The staffing issues in the clinical service provided by Shropshire Community Health Services NHS Trust, which supports the Council's in-house Drug & Alcohol Service (DARS), have now been resolved following recruitment of new nursing staff.
- Inpatient detoxification services (for alcohol misuse and opiate drug users) are being retendered and a set of approved providers will be agreed in October 2014.
- Key messages from a Moving Forward event held in June are being used to shape the future model for commissioning of treatment and recovery services. New contracts will be in place from June 2015.
- September is National Recovery Month and a series of local activities will take place, including a Celebration event at the Place on 24<sup>th</sup> September, organised by Telford Aftercare Team.

- Improving performance and outcomes monitoring is a key area of work required to support the implementation of the strategy. Clinical governance arrangements are also being developed.

### **2.3. Living Well Board**

The Living Well Board is responsible for the following Health and Wellbeing priorities:

- ***Reducing the numbers of people who smoke***
- ***Reducing the numbers of adults and children with excess weight***
- ***Improving emotional health & wellbeing***

#### **Establishing the Living Well Board**

Work is underway to establish the Living Well Board. The focus of the Board's work programme will be to coordinate and maximise collective action to promote positive wellbeing, healthy lifestyles and root causes of poor health. Workshops with key stakeholders took place in August and the first meeting of the Board is scheduled for October. In addition to the existing priority plans, stakeholders have identified an interim programme of work to include the following:

- (1) Development of a 'health and wellbeing offer' to complement the Council's wider offer to local businesses
- (2) Development and delivery of a population based campaign to promote the key messages for the Five Ways to Wellbeing and to raise awareness of local activities and available support
- (3) Delivery of a Making Every Contact Count training programme for staff to increase staff confidence to raise lifestyle issues and signpost to available support services
- (4) A summary of public health guidance to support officers to make planning decisions that support the creation of healthy environments

#### **Other Key Living Well developments**

- Stop Smoking Services – options appraisal, based on lessons learned from the process in 2013, has been undertaken for the re-tender of smoking cessation services. SMT have recommended the preferred option to Cabinet, which will be a tender consisting of two lots: Stop Smoking (core and out of hours service) and Stop Smoking (in pregnancy). Wide engagement with partners and

providers on the proposed model for services is now taking place and new service contracts will in place in April 2015.

- The smoking quit rate has improved, with over 60% of smokers setting a quit date still quit after 4 weeks during October 2013 – March 2014. This is significantly higher than the national average quit rate of 52%. Although the quit rate has improved there has been a drop in the number of quitters. This drop is reflected across the country and is thought to be caused by the increase in the use of e-cigarettes.
- Healthy Lifestyles Hub and Health Trainer Service contribute to improved outcomes for excess weight, improved emotional health and wellbeing and increasing physical activity. Service improvements and efficiencies following in-sourcing to the Council in April 2014 are already evident.

#### **2.4. Children, Young People and Families Board**

The Children, Young People and Families Board is responsible for the following Health and Wellbeing priority:

##### **➤ *Reduce Teenage Pregnancy***

The following progress has been made by the group:

- Vulnerable People Commissioning Team (all age) now formed and recruitment ongoing to new posts.
- Review and refresh of the Children in Care strategy is complete
- Review and Refresh of the Children with Disability (and SEN) strategy – jointly with health, this work is underway. In relation to this work, attached at Appendix 1 is a report prepared and agreed by this Board to provide an update on our progress against the Disabled Children's Charter.
- Development of the SEND Direct online marketplace
- Procurement underway for non accommodation support services for Children in Care
- Regional procurement activity to commence for residential care
- Regional procurement under consideration for foster care provision
- Procurement underway for a domiciliary care framework contract
- Procurement being considered for carers services
- Development service specification for tier two CAMHS provision in collaboration with health colleagues and consideration of an

integrated service model between CAMHS and the educational psychology service

- exploring alternative models of supported accommodation provision where this will improve quality and sufficiency by developing in house provision
- Developing opportunities with micro markets (such as care farms) for children with disabilities
- Ongoing development of the West Mercia Adoption Project
- Development of the SEND Local Offer to be published by September 2014
- Developing systems locally so that young carers are able to live a full life and are protected from excessive or inappropriate caring responsibilities and preparing for the implementation of the Care Act.
- Development of Summer Arts college for children in care
- Regional mediation procurement underway for mediation services for SEN

## **2.5. Early Help**

The development of the Early Help Strategy and action plan is one of the priorities of the Children, Young People & Families Board. The document and action plan has used a whole systems approach with a strong focus on prevention. The strategy is underpinned by evidence, population data and combines the Healthy Child Framework with the Children's Centre programme; emphasising a pathway approach. It uses a life course approach covering children and young people aged 0-25 years recognising the special educational needs and disabilities reforms.

Implementation of the Early Help Strategy and action plan will deliver improvements in the following outcomes:

- the health and wellbeing of children, young people, families and carers
- the educational attainment of children and young people
- the emotional health and wellbeing of children, young people, families and carers
- the prospects of children and young people in Telford & Wrekin
- the engagement of children, young people, families and carers in services.

Delivery of the Strategy and action plan will be overseen by the Early Help Partnership Board. The programme of work will maximise the collective action of our Early Help partners to contribute to improving

outcomes for children, young people and our families as well as driving change and challenging how services are being delivered.

Our strategic approach will also maximise the opportunities afforded by new working arrangements following the transfer of commissioning responsibilities for some areas of public health to local authorities including School Nursing, school health improvement, the Family Nurse Partnership and Health Visiting.

The strategy re-focuses our efforts in a more upstream way, with a strong theme of prevention.

The programme of work will include action to maximise joint working with our local schools and the voluntary sector to develop their universal prevention roles as they often have well established links with local families and communities.

### **3. NEXT STEPS**

The Strategic Commissioning Group continues to work with CATPs to further develop the governance arrangements and information flows to and from the CATPs and the Strategic Commissioning Group. Membership of the Boards are also being reviewed to ensure all CATPs are represented on the Strategic Commissioning Group in readiness for the next meeting on 23<sup>rd</sup> September 2014.

### **4. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

Please see section 2 for detailed information on impacts associated with CATP work.

### **5. PREVIOUS MINUTES**

There are no previous minutes – this is the first Strategic Commissioning Group report to the HWBB but this will be a standing item at future meetings.

### **6. BACKGROUND PAPERS**

None.

**Report prepared by Jo Winborn, Partnership & Planning Officer:  
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# Appendix 1: Disabled Children's Charter Update

Report prepared for the Children, Young People and Families Board

July 14

Report Authors: Katrina McCormick & Rebecca Johnson

## **1. We have detailed accurate information on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs.**

All local authorities have a statutory responsibility to maintain a record of children with disabilities in the area ("the record"). Systems are in place across the Local Authority (LA) and Health to collate this information through parental and professional reporting. We are aware that this is under reported in the Telford and Wrekin; however, this is not uncommon to all local authorities. The record is voluntary and parents for a variety of reasons may choose not to be included in the record.

We have up to date information via the Joint Strategic Needs Assessment (JSNA) around estimates according to the census as well as projections for the future. In addition to this we have information in relation to short breaks data returns. We also have a record of children with Special Educational Needs (SEN). The Special Educational Needs and Disabilities (SEND) reforms will provide us with an opportunity to develop this information further and we are refining developing new systems to support this.

Responsibilities around the dissemination of information exist across a number of posts through a variety of methods, e.g. groups meetings, regular newsletters and website.

Information is being published in the SEND Local Offer in September 2014 including commissioned services that are available to meet the needs of disabled children. The SEND Local Offer will evolve and improve over time.

We have a joint commissioning strategy for disabled children that contains details of data, trends and commissioning plans. We are updating this as a joint Market Position Statement between the Clinical Commissioning Group (CCG) and the LA.

## **2. We engage directly with disabled children and young people and their participation is embedded in the work of our Health & Wellbeing Board.**

We recognise that this is an area of work to focus and prioritise and we intend to progress via an overall Communication and Consultation Plan which is in development and being monitored by the Aiming High Board.

The introduction of the Independent Supporters service provided by CVS will enable a greater voice for disabled children and young people (up to 25).

We are working with our local parent/carer forum (Parents Opening Doors) to seek participation by disabled children and young people to inform joint commissioning arrangements for the future.

We include individual children and young people in activities such as tender evaluation and our local disabled children's user forum is consulted on the development of projects and initiatives.

**3. We engage directly with parent carers of disabled children and young people and their participation is embedded in the work of our Health & Wellbeing Board.**

We regularly engage with parent carers of disabled children and young people through a wide variety of methods. These include representation at Aiming High Board, all SEND reforms working groups, commissioning meetings, school meetings etc.

The introduction of the Independent Supporters Service should support this area of work.

We regularly engage with Parent/Carers through Parents Opening Doors (PODS) forum.

The CCG is looking to extend this to include Listen Not Label.

Local Providers are actively engaged in the SEND reforms and are committed to working in coproduction with parents and carers as they review and look to improve services with commissioners.

Service users also directly participate in the Health Family and Friends test.

**4. We set clear strategic outcomes for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account.**

Aiming High Board monitors progress of our key partners against key actions including the SEND action plan.

Monitoring progress towards outcomes takes place via regular contract monitoring reviews with internal and external providers.

The Disabled Children's Strategy is due for a refresh and will be led by the LA with CCG input.

Health Community Provider monitors learning disabilities as a matter of routine, many of the services commissioned are provided to this cohort.

**5. We promote early intervention and support for smooth transitions between children and adult services for disabled children and young people.**

This is an area that we have previously identified as needing to be redesigned and the recent introduction of the Transition Working Group should support this work.

We commission and promote early interventions for children via the Stepping Stones Centre which includes the child development centre.

Smooth transition from children to adult services is supported, for example the Continence

Service has a Steering Group with PODS representation.

We work with our Providers to ensure smooth transitions between services and act upon intelligence from parents/carers.

**6. We work with key partners to strengthen integration between health, social care and education services, and with services provided by wider partners.**

The Team Around the Child process supports this work and the new Education, Health & Care Planning process will further enhance via integrated teams.

Aiming High Board, Children, Young People & Families Board and the Health & Wellbeing Board are all integrated Boards with wide representation to ensure that the work is considered by all partners.

Good working relationships between health and LA commissioners are being built upon including identifying areas for joint training across services in support of implementing change.

We engage with wider partners in the third sector in support of strengthening integration.

**7. We provide cohesive governance and leadership across the disabled children and young people's agenda by linking effectively with key partners.**

Aiming High Board (for children with SEN and Disabilities) is a multi agency board chaired by an Assistant Director for Children's Safeguarding and Specialist Services (LA) who provides the link around cohesive governance and leadership. The Aiming High Board is accountable to the Children, Young People & Families Board.

Links are established with key partners and attendance at meetings in support of implementing change. This has occurred within the available staffing resource.