

HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Hampshire Health and Wellbeing Board
Date:	13 December 2018
Title:	Delivering system wide integration of children and young people's services by 2022/23.
Report From:	Dr Sallie Bacon, Director of Public Health

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1. Recommendations

The Health and Wellbeing Board is asked to:

- Agree the inclusion of an integrated children and young people's delivery system by 2023, in the new Health and Wellbeing Strategy to support system transformation.
- Endorse the areas for focused partnership work
- Endorse the implementation of a shared outcomes framework for children and young people

2. Summary

2.1. There has been an increased focus on improved integration of services for children and young people in Hampshire. Successful integration would result in:

more child and family centred care;
a prevention, early intervention and assets-based approach;
multi agency working with improved staff retention;
integrated IT and information sharing;
cost efficiencies;
and improved outcomes.

2.2. Stakeholders; including service users, frontline staff and system leaders; want that integration to be bold and ambitious. Integration is developing through focused partnership work, a shared outcomes framework and a series of three aligned procurements.

2.3. Together these approaches to integration will result in an integrated delivery system for children and young people's services in Hampshire by 2023.

Integration is not an end in itself but is expected to improve outcomes for children, young people and their families.

2.4. The delivery of three aligned procurements which include the following services:

Phase	Services in scope	Total contract value
1	Health Visiting (PH HCC) School Nursing (PH HCC) Childhood imms and screening (NHS E)	~20.5m
2	Integrated therapies (CCG) Parenting (CCG) Continence (CCG) Therapies – occupational therapy (HCC CS) Portage (HCC CS – TBC) Special School Nursing* (CCG) Community Childrens Nursing* (CCG) Community paediatrics* (CCG) Wheelchair assessment* (CCG – TBC)	~£13m
3	CAMHS* (CCG) Counselling* (CCG) Neuro development* (CCG) Behaviour support* (HCC CS –TBC)	~£12m

*Services that have been added to scope in September

3. Contextual information

3.1. Over the last 2-3 years, there has been an increased focus on improved integration of services for children and young people (CYP) in Hampshire. Our extensive engagement activity; including with practitioners, the public, service users, commissioners, providers and system leaders; has demonstrated that all these groups want bold and ambitious system level integration. Integration is a means of improving outcomes for children and young people, improving the efficiency and effectiveness of staff and making service delivery pathways clearer. More detailed benefits of integration are described further in Section 2.

3.2. Key work has included extensive stakeholder engagement through workshops, an online survey with over 600 responses and discussions at decision making bodies of partner organisations; development of a shared outcomes framework and discussions to improve current service pathways.

3.3. Integration is being delivered through three approaches:

- Focused partnership working,

- The implementation of a children and young people's integration shared outcomes framework
 - Opportunities around aligned procurement.
- 3.4. Individual agencies undertaking internal service changes are not sufficient, to deliver the integrated delivery system for services expected by stakeholders. All organisations need to work together to integrate service delivery and deliver the transformational change required to improve both service user and practitioner experience of services.
- 3.5. All three aspects of the approaches are therefore needed concurrently to deliver transformation. Unlike the changes being undertaken for adult systems, there is no legislative requirement for children and young people's integration. Instead it will "rest on the willingness and commitment of organisations and leaders to work collaboratively".
- 3.6. National policy such as integrated care systems and the integrated provider contract being developed by NHS England, is driving integrationⁱⁱ.
- 3.7. **Partnership working** to embed children and young people's integration has been a long-held ambition in Hampshire. That work has become more focused recently as a result of pressures the system faces, greater involvement of frontline staff such as GPs, and learning from local integration of community services for adults.
- 3.8. A number of initiatives are ongoing including: social care transition to adulthood; closer community working between CCG and Children's Services teams; and the work of the high impact area board that is tackling shared concerns across maternity and health visiting. High Impact Areas are a set of national priorities for health visiting. These priorities include perinatal health, rates of breastfeeding (currently about 55% at 6-8 weeks in Hampshire) and obesity. Locally another priority has been added: reducing smoking in pregnancy. Though maternity and health visiting have individual professional roles in tackling these priority areas they can accomplish more working closely together.
- 3.9. **An integrated CYP outcomes framework** has been developed (see appendix A for details). Using these outcomes to inform the design and commissioning of services will help unite integrated services under a single framework. The outcomes framework comprises a set of shared outcomes that have been developed by/in partnership with Public Health, Children's Services, Hampshire CCGs and NHS England. It includes priorities such as improved school readiness, reduced emergency admissions, improved emotional wellbeing and reduced childhood obesity. The development of the outcomes framework is an iterative process and it will continue to evolve over the coming months and years.
- 3.10. Underpinning the outcomes framework will be a suite of key performance indicators that are intended to both drive performance, and act as proxy measures for higher-level outcomes, as new service specifications are developed. For instance there is not a single measure for school readiness but there are indicators for having a good level of development before school. These will be agreed within each contract to ensure that they are both the most appropriate for the service and to act as a golden thread to the shared outcomes framework.

- 3.11. **Aligned and joint procurements:** As a result of a number of the contracts for services for children and young people coming to an end in March 2020, discussions between the Hampshire CCGs, Hampshire County Council Public Health and Children Services, and NHS England have been taking place over several months about the best way to realise integration of services.
- 3.12. During September, all partner decision making bodies received a presentation that outlined the development work so far and described the approach and future operating model. All organisations fully supported integration, although the following feedback was received:
- Increase the scope and pace of the work where feasible,
 - Differing perspectives on the most appropriate procurement process to achieve integration. This has led to the approach of having three aligned procurements rather than a single joint procurement.
 - The need to develop partnership contract management arrangements
 - Ensuring that due diligence has been completed

4. Benefits and delivery of integration

4.1. Integration aims to improve outcomes and the experience of care for services users, families and frontline staff. Key features of the integrated delivery system include:

- Move to integrated IT system
- Seamless transition – step in/step out/step up/step down
- Right service at right time
- Shared approach to safeguarding
- Potential shared back office and estates
- Development of mixed skill teams
- Meet system wide objectives
- Pool resources to promote self-care, including digital opportunities
- Single point of access to model of care
- Greater responsiveness of services to innovative ideas and feedback from service users and frontline staff.

4.2. A high-level description of the integrated delivery system was presented to decision making bodies in September. . The delivery of an integrated system is being taken forward through detailed consideration of integration opportunities during the writing of service specifications, discussions with providers during market engagement, through negotiated procurement routes and during service mobilisation.

4.3. Our engagement work has identified some specific operational challenges that can be addressed through integration e.g. the need for clearer signposting to self help and professional representation at child protection conferences, a requirement to have more resources for self-help in families, support for young people on CAMHS waiting lists and the development of integrated IT systems to improve information sharing. Though most children's services provision is out

of scope for procurement, the integrated delivery system will need to align with that provision through integrated care pathways e.g. early help, the Family Support Service, Supporting Families and Transforming Social Care.

- 4.4. As a result of the discussions undertaken by decision making bodies in September, the services in scope and the pace of change around procurement have increased, as presented in appendix B. Greater ambition should deliver increased benefits for Hampshire. The value of the phase 1 Public Health nursing services is approximately £20.5m; the value of phase 2 CCG community services £13m & £0.87m for Children's Services; and the value of phase 3 CAMHS is £12m p.a. This results in an integrated delivery system with a value of over £45m p.a. (further detail is available in Appendix B). HCC and NHS England Public Health nursing will be procured at the same time, with alignment to phase 2 and 3 CCG led procurements.

5. Programme planning and governance

- 5.1. The development of the outcomes framework and aligned procurement are being managed by a programme manager working independently as part of the Council's Transformation Practice. Day-to-day decisions around the aligned procurements are taken by a programme board which has appropriate representation from: programme management, procurement, the Partnership CCGs, West Hampshire CCG, Children's Services and Public Health. Key strategic decisions are escalated to partner organisations' decision-making bodies. The implications of aligned procurements have been carefully considered by the programme board with advice from the procurement professionals (HCC and South of England Procurement) and this approach will enable us to deliver the desired outcomes. We are working to build on the experiences of joint contract management for instance the sexual health contract management arrangements between CCGs and councils in HIOW.
- 5.2. The aligned procurement approach will mean that the procurements themselves are less technically demanding than a joint procurement. However, there will be an emphasis to deliver integration through shared market engagement, written specifications, and the alignment of service pathways. It is suggested that it would be useful to include as an objective in the Health and Wellbeing Strategy the delivery of an integrated children and young people's delivery system by 2023, through a series of aligned procurements as it supports system transformation. It will also be important to:
- Utilise the children and young people's integration outcomes framework to coordinate integration work streams.
 - Share with potential providers the overarching intention and the vision for integration
 - Develop a joint prospectus to encourage market engagement and signal the three phases of procurement.
 - Develop a set of key principles which clearly state our expectations of how the services will operate e.g. the right provision, at the right time, in the right place and focus on early intervention and prevention.
 - Develop a shared contract review process where some key indicators are the focus of the contract management process, perhaps modelled on the

approach successfully used across Hampshire and the Isle of Wight in the procurement of sexual health services. .

5.3. The date for completion of all procurement phases and for all services to be part of the integrated delivery system is 1 April 2023.

6. Key issues/challenges

The main challenges are:

- 6.1. Integration can only be achieved by designing and describing services appropriately. It would be easier in the short term for commissioners to continue to write specifications for unintegrated services. The programme board will ensure that there is scope for review and challenge.
- 6.2. Integration is a long-term plan with the final contract going live in April 2022. It is important that this plan continues to have the support of all organisation leadership teams throughout the development of the programme, including the Health and Well-being Board. Members of the Health and Wellbeing Board are well placed to understand Hampshire's services for children and young people at a system level, make suggestions to support integration, remove barriers and improve outcomes for families.
- 6.3. Although the programme will be delivered through three aligned procurements, there must be a clear statement of intent from all partners and system leaders that integration is a non-negotiable means of improving both the service user experience and outcomes.

6.4. Timelines/next steps

Immediate next steps are:

Finalising the key principles of integration that will be included in all service specifications in the aligned procurement

Finalising priorities in the outcomes framework to inform the procurement of Public Health nursing

Market engagement event for Public Health nursing and flagging up the next two stages of procurement – January 2019

Service specifications for school nursing, health visiting and school aged immunisations will be issued starting phase 1 of the aligned procurement - February 2019

Phase 2 CCG led procurement of CCG community services to start in July 2019.

7. Conclusion

- 7.1. Our engagement work has shown that system leaders, service users and front line staff expect bold and ambitious integration of services for children and young people in Hampshire in order to improve outcomes and make the best use of resources.
- 7.2. Integration is being delivered through focused partnership working, an outcomes framework and three aligned procurements. This phased approach to procurement will support the integration of services with a value of over £45m p.a.

7.3. A new integrated delivery system for services for children and young people will be in place by 2023.

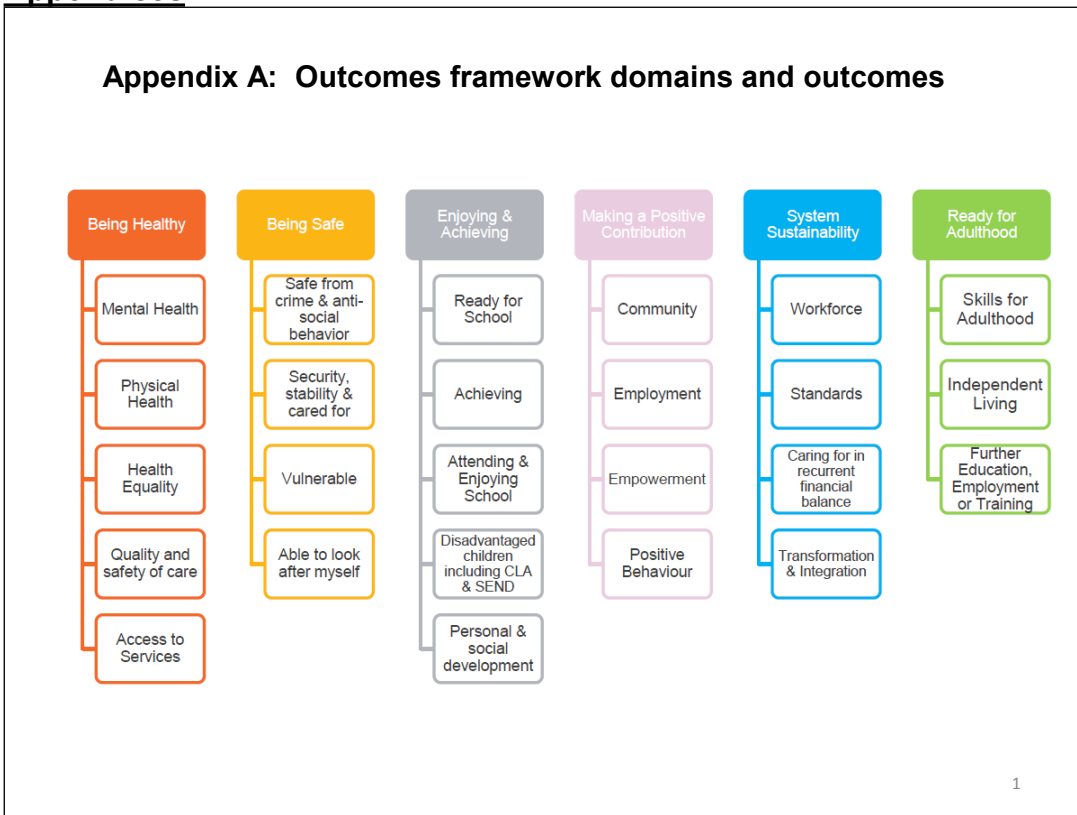
8. Recommendations

That the Health and Wellbeing Board

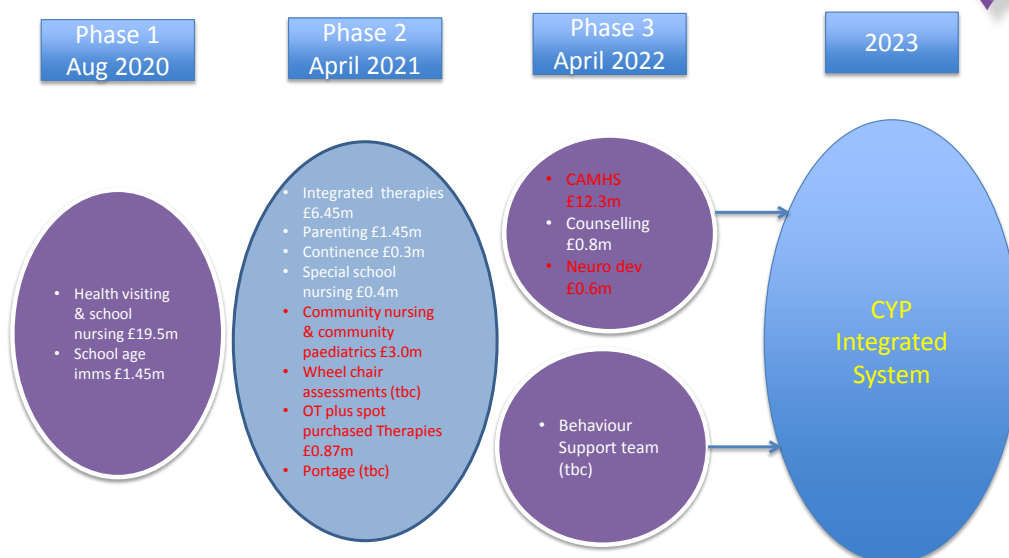
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<https://www.kingsfund.org.uk/publications/year-integrated-care-systems>

Appendices



Appendix B: Procurement stages



Alignment with HCC children's services
Early help, family support service, supporting families, school readiness, Transforming Social Care (formerly Partners in Practice (PIP))

Scale and scope of services

Phase 1	Hampshire County Council Public Health and NHS England	Budget (£)
	Health visiting (PH HCC)	19.5m
	School nursing (PH HCC)	
	School aged imms (NHSE)	1.45m
Phase 2	Hampshire CCGs and Hampshire County Council Children's Services	Budget (£)
		20/21
	Integrated Therapies (CCG)	6.45m
	Parenting	1.45m
	Continence	0.3m
	Special School Nursing	0.4m
	Community Nursing/Paediatrics	3.0m
	Wheel chair assessment	TBC
	Therapies – occupational therapy (HCC CS)	0.87
	Portage (HCC CS)	TBC
Phase 3	Hampshire CCGs and Hampshire County Council Children's Services	Budget (£)
		20/21
	CAMHS	12.3m
	Counselling	0.8m
	Neuro development	0.6m
	Behaviour support (HCC CS)	TBC

Key
HCC – Black
CCG – Green
NHS England - Red