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Our Ref: POS/AS/sca
20 July 2011

Cate Simmons
Interim Head of Children's Services
Plymouth Community Healthcare
Admin Block
Mount Gould Hospital
Mount Gould Road
Plymouth PL4 7QD

Dear Cate,

Re: "Working Together Better for Children and Families"

We are writing to you to summarise the content and outcome of the meeting that took place on 2nd June 2011 between members of the Children and Families Directorate management team and the Children and Young People's Clinical Commissioning Group. The purpose of this letter is not to provide a detailed record of our meeting, but rather to reflect the broad content of the discussions, to outline at a high level commissioning intentions for services alongside some key cross cutting support issues. The latter will also provide a response to the key themes identified through the staff scoping events and recorded in your letter from April, including what is being done to progress each of these.

Firstly we would like to thank you and members of your team for attending and participating in a thorough discussion ranging from detailed operational challenges to future vision for service delivery. Apologies for the time it has taken to formalise this in writing. Please be assured that this is purely a reflection of the current workload and the moving context in which we are working (as set out below) rather than any lack of priority in respect of services for children and families in Plymouth.

1. Context

At the outset we discussed the context in which we are working and specifically the current structural changes taking place across the NHS that affect arrangements for both commissioning and provision of services. This included:

- For commissioning:-

    - The development of clinical commissioning groups (previously consortia) and specifically for Plymouth the establishment of the Sentinel Clinical Commissioning Executive, approved by NHS Plymouth Board at its meeting in May.
    - The creation of PCT clusters and the inclusion of NHS Plymouth in a cluster with Devon and Torbay under a single executive team
    - The remaining uncertainty regarding further changes arising from the Health & Social Care Bill, particularly for Public Health which as a significant bearing on commissioning services for children.

- For service provision:-
    - The separation of provided services from PCT's through implementation of the TCS policy and how the developing structure of the proposed new organisation for community healthcare in Plymouth could potentially impact on the delivery of services for children, young people and families in cooperation with key partners.

Since our meeting the Board of NHS Plymouth has approved the plan to continue with the establishment of a social enterprise to provide community health care services. Also the coalition government have responded following the "pause and listen" exercise and are in the process of making amendments to the Health and Social Care Bill. Further changes to the roles of PCT clusters continue to be announced, whilst further guidance on arrangements for public health are awaited.

The purpose of setting this context out is, as discussed at our meeting, for us to bear in mind:

- That for all those involved in managing significant organisational change at the same time as continuing with the work of providing or commissioning services inevitably means increased pressure on time and a delay in some aspects of any transformation programme either because of changes in decision making processes and structures or simply because of capacity.
- That we continue to be in an evolving situation with uncertainties remaining for both structural arrangements and policy. For example, we discussed that there was greater reference within the Public Health White paper regarding services for children than in the Health and Social Care Bill, yet at our time of meeting the government had not published any further guidance or response that clarifies future commissioning responsibility or policy.

Consequently there are potential risks during this time that planning for the future delivery of services for children, young people and families may not be able to build upon the achievements that have been secured over recent years. Equally it was agreed that this increased the importance of maintaining a productive dialogue between those responsible for commissioning and provision whilst supporting an iterative process of improving services together.

2. Current Risks

The evidence that has informed both the National Service Framework (2004 – 2014) and Every Child Matters policy demonstrates 2 key principles:

a. There is a need to address the specific needs of children, young people and their parents in the commissioning and in the provision of services (e.g. learning from the Bristol Inquiry, Victoria Climbie Inquiry and many other serious case reviews).
b. Professionals working effectively between different organisations and agencies is essential in order to address the multiple aspects of children's lives and therefore to properly safeguard and promote their welfare and to fully achieve improved outcomes.

This is reflected in local experience where the development of dedicated services for children, young people and families along with increased cooperation between agencies in Plymouth has been assessed as improving the quality of services by successive external joint inspections by OFSTED and CQC over recent years.

However we spent some time at our meeting discussing how the current context of organisational change and focus on achieving efficiency savings presents a number of potential risks to sustaining these principles including:

2.1 An internal focus within each organisation providing healthcare to achieve significant efficiencies at a corporate level leading to:

a. dedicated clinical and management time to address the specific needs of children, young people and families being reduced
b. consequent reduction in profile and awareness at corporate and strategic level within each organisation
c. reduced capacity and/or importance given to inter-organisational or inter-agency work.

This poses risks for each organisation in sustaining the required standards of care stipulated in the NSF as well as risks to effective co-operation between partner organisations. This is a particular risk in healthcare organisations where services for children and young people represent a relatively small part of each individual organisation but make up 25% of the overall population, with unique healthcare needs.

2.2 Effective clinical / professional engagement to both improving the quality of care provided by individual organisations as well as cooperating across organisational boundaries may be diminished either as a result of a reduction in clinical time or as a result of focus on organisational change. The latter is relevant to hospital and community services providers as well as in structures for commissioning. This risk may be exacerbated without a mechanism for bringing clinicians / professionals together from different parts of the health community to engage with colleagues in partner agencies.

2.3 The relationship to adult / generic services is critical to securing collaborative advantage, e.g. in identifying vulnerable children at an early stage when responding to domestic abuse between adults or providing adult mental health services for adults who are parents. Equally effective collaboration is essential for securing smooth and successful transition to adulthood and adult services that provide for both a good experience and outcomes. However in seeking closer collaboration between services for children and young people and adult / generic services, there is equally a risk that:

a. dedicated children and young people's services are incorporated / absorbed within services for adults for the purposes of efficiency.
b. the focus shifts away from being child centred to the greater volume and issues associated with adult services.

2.4 In summary it is necessary to consider and set out how best to:

i. Sustain achievements and continue to improve the quality of care for children, young people and their families.
ii. Refresh where necessary and continue to improve cooperation between organisations providing services for children, young people and families.
iii. Maintain or, in some areas, increase clinical engagement
iv. Secure appropriate collaboration between children's services and adult / generic services in order to maximise the potential to identify and address vulnerability, improve outcomes and support transition in a 'family centric' approach

All of these taken together are necessary for securing ongoing improvements in both quality and efficiency. Indeed efficiency gains across the health and social care community have the potential to be realised in the interactions that take place between services for children rather than simply through the management of resources within each individual organisation. Consequently inter agency cooperation will be essential to manage demand, identify and meet needs early to avoid escalation and to provide efficient and effective pathways of access to services in order to improve quality in a sustainable form.

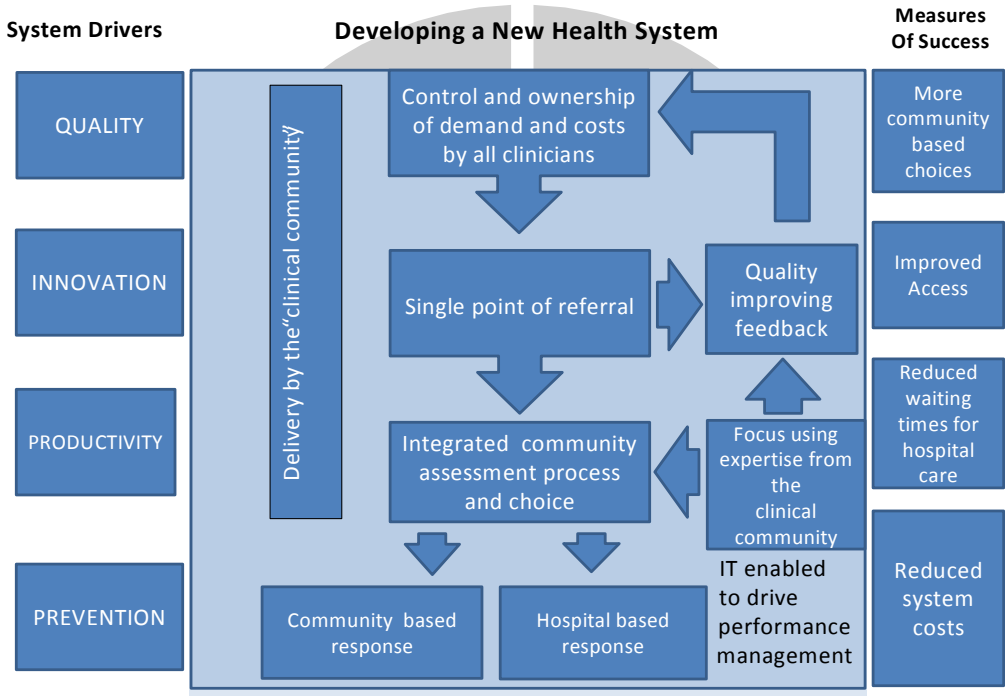
3. Commissioning Plans and Priorities

During our meeting we referred to two key documents that have most recently set out the key commissioning plans and priorities for services for children, young people and families in Plymouth:

1. The Children and Young People's Plan (CYPP) 2011/14 which sets out joint priorities for all partners of Plymouth's Children and Young People's Trust. This plan has been endorsed by all partners including NHS Plymouth.

2. NHS Plymouth's Annual Operating Plan and specifically the section on services for Children and Young People complemented by the section on Public Health. These describe NHS Plymouth's commissioning priorities for healthcare services that will support the delivery of the CYPP particularly enabling children to have best start to life and to reduce risk taking behaviour.

Included within NHS Plymouth's Operating Plan 2011/12 is a description of the "Healthy System" model for the local health and social care community, features of which are summarised in the diagram below. We referred to this in our meeting as it provides a joint vision that is guiding the development of commissioning plans as well as the behaviours and interactions needed between clinicians / professionals of partner organisations to achieve sustainable improvement in the quality of services. The aim for these professionals to cooperate in understanding demand, providing timely and effective responses at an early stage, reducing avoidable activity in more specialised services and releasing resources (including clinical expertise) to support prevention has clear synergies with the CYPP and Healthy Child Programme.



We acknowledged during our discussion that there is more to do to describe how the "Healthy System" model will apply in the delivery of services for children, young people and families. Below is an initial description of some of the key features:

- The system should promote healthy development, including safeguarding the welfare of children, in physical, mental and sexual health – rather than simply treat ill health.

- Therefore the system should provide universal screen or checks at key points in order to identify concerns at an early stage, offer support and prevent escalation. The Healthy Child Programme provides a framework for this involving all key partner agencies with whom there needs to be effective cooperation, for example primary and community health care, children's centres, schools, etc.
- When an additional need has been identified that indicates a requirement for healthcare services the system should ensure that this is done in a timely and accessible way that is appropriate to the developmental needs of children and young people and provided by staff with the appropriate skills, as described in the standards set out in the National Service Framework.
- To be effective the healthcare service(s) response should be integrated in its delivery with related health care services and partner agencies in order that it addresses the multiple factors affecting children's lives without additional barriers or handoffs. This feature should be integral to services provided at an early stage in localities as well as in more specialised provision and can be enabled through use of the common assessment framework and joint plan, supported by a lead professional where appropriate.
- Any healthcare intervention provided should seek achieve more than just treatment of the presenting symptom, but actively look to address factors that may result in recurrence where necessary by engaging support to change lifestyle factors and promote improved future health. For example improved cooperation between acute and community services to address issues leading to repeat admissions or attendances at hospital.
- A full understanding of demand so targeted support can be provided to those groups who are known to be more vulnerable and less likely to access services that support their health e.g. Children in Care.
- Meaningful engagement and participation of children, young people and their families in decisions about their own health care as well as in the planning and evaluation of services. In turn this should support reporting of patient reported outcomes, experience and delivery mechanisms that are informed by service users.
- Appropriate collaboration with generic / adult services using a 'family centric' approach in order to improve the capability and capacity for:
    - early detection / identification of vulnerability and provision of services at an early stage
    - support to family unit as a whole
    - effective transitions from children and young people's services to adult services

4. Summary of Commissioning Intentions

Whilst the above features will continue to be refined in parallel with ongoing work to support delivery of the healthy system, the key elements that underpin our commissioning intentions are set out, namely:

- Cooperation between clinicians / professionals across the health and social care community and between partner agencies.
- Provision of dedicated services to meet the specific needs of children and young people that work effectively with children's services in related partner agencies.
- Engagement of children, young people and their families in the planning and evaluation of services at an individual and whole service level.
- Appropriate collaboration with generic / adult services.

5. Specific Service Priorities

Our meeting also covered the need to stabilise and strengthen current performance in key services in order to provide a strong platform for transformation. This included:

- The development of a Plymouth Health Visiting Implementation Plan jointly between provider and commissioner that will enable local implementation of the national plan and support improvements in quality.
- Arrangements to sustain the Family Nurse Partnership
- Recovery of referral to treatment time compliance in CAMHS and review of capacity issues.
- Achievement and sustaining referral to treatment time for Speech & Language Therapy
- The development of an integrated team for Children in Care to address physical and mental health needs.
- The need for gaining clarity on the future commissioning of the Child Death Review function and the Rapid Response Team, including issues of capacity.

Each of these areas will require a specific action / improvement plan that needs to be agreed between the commissioner and provider in the forthcoming months and prior to transferring services to the social enterprise on 1st October.

6. Cross Cutting Themes / Priorities

Through your engagement / scoping events, staff identified a number of key themes that need to be considered in order to support progress toward seamless service provision for children, young people and their families. There was a broad consensus to these and each was subject to discussion with some actions identified as follows:

1. <u>Joint commissioning of services for children, young people and their families.</u>

   As indicated in the Context above, commissioning structures have been and continue to be subject to change and therefore this has an impact on developing joint commissioning. Nevertheless we described at the meeting the establishment of the Sentinel Clinical Commissioning Executive, the commissioning functions that had been delegated to this new clinically led committee and that it now holds the responsibility for working in partnership. As a consequence we are now representing this

Commissioning Executive at the Plymouth Children & Young People's Trust Board in order to maintain the commitment to joint strategic planning and overseeing the delivery of the CYPP.

In addition the Children &Young Peoples Clinical Commissioning Group has a shared membership with the children's trust executive. Since our meeting further discussions have taken place to invite both commissioning staff from Plymouth City Council and representative Head teachers to join this group on a regular basis, as well as providers where appropriate. This provides a solid platform for progressing joint commissioning in future.

2. Establishment of a single point of access

Bringing demand through a single point in order to coordinate an appropriate response and to inform the planning of services is a feature of the healthy system model. At the meeting we agreed that further discussion was required to consider how this might best be applied in services for children and families, firstly in healthcare and in time taking account of integrated services with partners. Provider leads were to meet with Neil Parsons; a further dialogue with Neil and Dr Andy Sant would be necessary to take this forward.

3. Adoption of locality based, multi-professional approach to delivery

This development offers potential to support implementation and cross agency ownership of the Healthy Child Programme. The public health consultants offered to be involved in the development of proposals for this initiative. In addition it was agreed that Paul O'Sullivan would convene a meeting to bring together key staff leading the parallel proposals for locality working in Plymouth's children's services and in adult community healthcare services. We support using localities as a means to deliver our higher level commissioning intention.

4. Contracting and payment process

We indicated that we are keen to explore alternative contractual mechanisms that would enable improved coordination in the delivery of services between different organisations, for example with PHNT community services. This will be considered in conjunction with similar cross community service lines over the forthcoming months. In addition you were invited to propose key performance indicators that could best demonstrate the quality of services and their impact on outcomes and experience that could incorporated into the contract monitoring process in future.

5. Single electronic record

We agreed with the issues identified by practitioners and confirmed that this proposal is included in the 10 Transformation Priorities that NHS Plymouth Board had approved as being necessary to support the development of the Health System.

In addition to this we know that improving access to services by children and young people along with improving coordination between professionals can be supported through appropriate facilities. Therefore I have included as an appendix an extract from the Estates Strategy relating to health services for children, young people and families that was

approved by NHS Plymouth Trust Board on 30 June 2011. A pilot has been approved by the Sentinel Clinical Commissioning Executive

7. Next Steps

In concluding our meeting we reiterated our commitment to an iterative process between commissioner and provider that should also support staff to be involved in the design of services to improve quality for children, young people and their families. In order to support this we agreed to a regular "transformation meeting" to facilitate a dialogue and overview of progress. This would be complemented by work on specific issues outside of this for example the specific improvement plans in paragraph 4 above. Where possible we would seek to arrange this every two months. A date for our next meeting will be circulated as soon as possible.

The commissioner will also undertake a revision of the existing service specifications for the contract with Plymouth Community Healthcare for all services for children and families, but with a priority for Health Visiting and School Nursing in the first instance prior to 1st October 2011.

Finally we will seek assurance from the executive of Plymouth Community Healthcare that appropriate arrangements will be put in place that enable the provision of dedicated services for children and young people working in an integrated partnership approach with key agencies under the Children & Young People's Trust whilst also achieving appropriate collaborative advantage with generic / adult services as part of its proposals for developing effective support for families. This will include working strategically at Childrens Trust Board level and operationally at the front line of service delivery.

Yours sincerely

Paul O'Sullivan
Director of Joint Commissioning

Dr Andrew Sant
Sentinel Board Director

cc: Steve Waite, Chief Executive (Designate)
Duncan Currall, Chair (Designate)

Appendix

Estates Strategy – extract for C&YP as ratified by NHS Trust Board on 30/06/11

5.5 Health services for children and families

5.5.1 Currently children's services are delivered from a number of properties such as Derriford Hospital, clinics, church halls, schools and children's centres. A redesign of children's and families community services following the commissioner Case for Change document is being developed, and from this the estate requirements of the service will be realised. As an overview, the main focus will be to provide multi-professional teams within locality/community settings to offer a single point of access.

5.5.2 A recent external inspection of children's services in Plymouth by OFSTED and CQC has reported how agencies are working effectively together to safeguard and improve the well being of children and young people in Plymouth under the leadership of the Children & Young People's Trust. The children and young people's plan has provided a focus for the shared strategic development of joint priorities and alignment of resources across the individual partner organisation. Nevertheless, there continue to be significant health needs in Plymouth and variation in health and access to patterns of healthcare associated with inequalities. Ongoing needs are shown below[7]:

- Promoting the health of parents and ensuring that young children receive a healthy start to life as measured for example in reduced rates of smoking in pregnancy, increased rates of breastfeeding and reduction in obesity
- Promoting good mental health and reducing stigma
- Improving the transition to adult services
- Reducing risk taking behaviour in young people as indicated by levels of alcohol and substance misuse, smoking and unprotected sex with consequent levels of sexually transmitted infections and under 18 conceptions

5.5.3 The National Service Framework for Children, Young People and Maternity Services set out a range of standards to be achieved by 2014. These standards need to inform service and estate planning on how best to provide services to meet these local needs as they have been developed specifically to improve the quality of healthcare

7 Commissioner Case for Change – August 2010

and promote healthy outcomes. Key elements of these standards that are pertinent to the estate strategy are:

- Improving access to services by providing them in a range of community settings, for example children's centres, schools and youth venues
- Facilitating the co-location of services in order to enable the delivery of integrated care by health, social care and education professionals
- Providing care in environments that are safe and appropriate to the age and development of the child and young person

5.5.4 Plymouth has made progress toward these standards in two key domains:

- Developing services that are provided in a range of community settings including schools and children's centres
- Developing purpose built or dedicated environments for the provision of services for children and young people with additional or complex needs including:
    - Paediatric emergency department, theatres and inpatient facilities
    - CAMHS Tier 4 inpatient mental health service facility for young people from Devon and Cornwall
    - Child development centre and CAMHS day and outpatient facilities

5.5.5 A redesign of children's and families community services following the commissioner case for change document is being developed, and from this the estate requirements will be realised. As an overview, the main focus will be to provide multi-professional teams within a locality-community setting to offer a single point of access and offer more accessible and integrated service provision. This is intended to build on the progress to date and support continued progress toward achievement of the NSF standards and delivery of the Plymouth children and young people's plan (CYPP).

5.5.6 Early intervention, increased access to services for vulnerable groups and avoiding the use of specialist services where appropriate is a common aim shared by all children's trust partners. The estates strategy will support the CYPP aims by continuing to support the delivery of community healthcare services in local facilities. This principle applies across physical, mental and sexual health outcomes where the right 'front door' to an appropriate health professional may enable the child, young person or professional from another agency to identify a health need and gain access to the relevant service at an early stage thus preventing escalation. Some examples are offered below.

- Learning from the experience of targeted mental health service in schools (TAMHS), NHS Plymouth would like to increase the number of 'talking rooms' available around the city so that

these can be accessed by young people and families to provide advice and promote health

- The CAMHS (child and adolescent mental health services) community services are currently based over a number of localities and co-location options will be investigated once the review has been completed
- Access to community contraceptive and sexual health services are a core priority in promoting sexual health and reducing teenage pregnancy. Providing this service through community based venues as directed by young people themselves will support a continued increase in take up of these services
- Work is currently under way to review the pattern and causes of attendance and admission for children to hospital. This information will be used to inform how services can be provided in the community in order to reduce avoidable and repeat admissions in future

5.5.7 The strategy to increase the range of services provided in community settings will also mean that planning of estates for this client group will need to be done in co-ordination with partners including primary health care, early years and school education and the voluntary and community sector. In addition, quality standards such as provided in the DH guidance 'You're Welcome' can be used to ensure that the facilities and services are designed and delivered in a way that can best meet the needs of children, young people and their parents.