

PLYMOUTH CITY COUNCIL

Subject:	Business Case for Community Health, Wellbeing and Special Needs and Disability (SEND) Support Services Integration
Committee:	Cabinet
Date:	31 st October 2017
Cabinet Member:	Councillors Beer and Bowyer
CMT Member:	Carole Burgoyne (Strategic Director for People)
Author:	Emma Crowther, Strategic Commissioning Manager, Co-operative Commissioning Team
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Ref:	
Key Decision:	Yes
Part:	I

Purpose of the report:

The purpose of this paper is to set out the current position regarding community health, wellbeing and SEND support in Plymouth, and the proposal for the future integrated delivery of these services.

The business case sets out the possible options for integration, the risks and benefits of these and makes recommendations for consideration by Cabinet.

The Corporate Plan 2016-2019:

The recommendations align with the Corporate Plan as follows:

Corporate Objectives	How the business case aligns with the Corporate Plan
Pioneering Plymouth – we will be innovative by design, and deliver services that are more accountable, flexible and efficient.	The recommendations propose an integrated service offer which will drive innovation in delivery and improved experiences for children, young people and their families.

Caring Plymouth – we will work with our residents to have happy, healthy and connected communities where people lead safe and fulfilled lives.	Children, young people and families are at the centre of the recommendations of this report, with emphasis on enabling them to receive the right levels of support at the right time, to improve their life chances and outcomes.
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Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land

It is estimated that in the mid-term (2017/18) there will be some costs associated with closer working, such as work force development, project management and possible changes to accommodation to support co-location (if required). Any costs (currently estimated at £55k as set out in Appendix Two) associated with integration will aim to be absorbed into existing budgets, and would be shared proportionately across the three existing providers if additional spend is required.

It is anticipated there will be longer term financial benefits from closer operational working between the existing service providers between the current time and April 2019, but these are as yet unquantified and require further exploration as closer working progresses.

We would also consider very carefully the financial requirements and weightings of any procurement activity, in order to ensure maximum value for money is achieved.

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:

The contract will have implications for child poverty and community safety by aiming to support families to be able to care effectively for their children, and for children to receive the interventions they need, at the right time, to enable positive outcomes for their education and emotional health and wellbeing.

Equality and Diversity

Has an Equality Impact Assessment been undertaken? A Quality and Equality Impact Assessment (QEIA) is currently being developed by NEW Devon CCG, which has overall responsibility for the procurement process.

Recommendations and Reasons for recommended action:

Approval is sought from Cabinet for the following recommendations:

- 1) Approve the operational and strategic direction of travel towards integration of community health, wellbeing and SEND services between 2017 and 2019 (Phase One).
- 2) Acknowledge that a procurement of the services currently provided by Livewell South West (including Public Health funded School Nursing and Health Visiting services) will be carried out as required by procurement regulations. The procurement will be led by NEW Devon CCG. The commissioned provider will be expected to work in partnership with the existing service providers to ensure the benefits of integration are not disrupted.
- 3) Agree that more formal options for longer term partnership working can be researched and considered for possible implementation, if appropriate, from 2019 onwards.

Alternative options considered and rejected:

Do nothing – this option would be illegal as parts of the service require a fair and transparent procurement process to be carried out in line with Regulations.

Procure all services in scope – this option does not fit the strategic or operational direction of travel for Plymouth.

Develop a new organisational entity to deliver services – this option requires further consideration as part of longer term plans for the delivery of children’s services in the city.

Published work / information:

Not applicable.

Background papers:

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7
Appendix One – Feedback from	X								

engagement									
Appendix Two – Integration proposal	X								

Sign off:

Fin	djn1718.111	Leg	MS/29028	Mon Off		Strat Proc	HG/PSF/454/C P/0917- CHWB SEND
Originating SMT Member Craig McArdle							
Has the Cabinet Member(s) agreed the contents of the report? Briefed 11 th September and 2 nd October							

Community Health, Wellbeing and Special Educational Needs & Disability (SEND) Support Services Integration

BUSINESS CASE

'A whole systems approach enhancing prevention and providing flexible and earlier intervention through a single system of service'



1.0 BACKGROUND

This paper is jointly produced by NEW Devon Clinical Commissioning Group (NEW Devon CCG) and Plymouth City Council (PCC), as part of the work of the Integrated Commissioning Team.

The **Integrated Children and Young People's Commissioning Strategy 2015**, sets out the ambition to:

Fully Integrate Specialist Education Support Services, Health Services and Social Care Services, to create a core offer for children (and young people) with SEND (and complex health needs), and provide a core component of delivery for a collaborative model of support for vulnerable children.

This ambition also provides the opportunity to incorporate Public Health Nursing services into an integrated model. The Public Health role is to improve the health and wellbeing of all children and young people, prevent ill health, and support access to all core offers. There is also a key role for Public Health services in identifying emerging need and complexity and linking with specialist services.

2.0 LOCAL DRIVERS

In Plymouth, commitment to partnership working has allowed innovation to support more family-centred and joined up approaches to vulnerable children and their families. There are many examples of good practice but the level of ambition is currently limited by the fragmentation of Community Health, Wellbeing and SEND support services within the city. Both the good work, and areas for further development, is reflected in the Joint Ofsted/CQC Local Area Inspection for SEND feedback in October 2016. In order to deliver the right care, at the right time, in the right place, there is now a need to build upon the Integrated Children and Young People's Commissioning Strategy's ambition to focus on investing in health and wellbeing early and cohesively. This can be a cost effective way of bringing benefits to the whole system of care, enhancing long-term outcomes for children, young people and their families.

Analysis of need and demand shows that the current system is predicated on getting help through assessment and/or diagnosis, with a high rate of referrals to specialist services. Many children and young people who are referred for assessment wait for long periods of time, only to discover that the specialist threshold for assessment is not met, or indeed their need has escalated and requires a higher level of intervention whilst waiting for a service. Families often hold the view that ‘diagnosis’ means that an intervention from specialist services is required.

Feedback from parents in Plymouth indicates anxieties around the ability of parents and professionals to effectively navigate the system of support in Plymouth, particularly for children with more complex needs.

In 2010 our families told us what they wanted through the Aiming High for Disabled Children Strategy Steering Group:

- Better information for families
- Joined up assessment across different disciplines
- Care Planning using a Team Around Me approach, which identifies a Lead Professional (or a Key worker)
- Better transitions, at all stages

This remains relevant today, and is in line with the feedback from engagement work carried out with families to date – **see Appendix One: Feedback from Engagement.**

There is a need to ensure greater support to families, community based services and schools to enable them to promote health, wellbeing and resilience for every child, identify emerging need early and manage complexity through Early Help and the Local Offer.

3.0 NATIONAL DRIVERS

The National Service Framework (NSF) for Children, Young People and Maternity Services (2004)¹ set out a vision for the future of services for children who are experiencing ill-health which remains relevant to Plymouth City Council and its partners today. At its broadest, the NSF suggests providing care that is

- well timed;
- high quality and effective;
- as close to home as possible;
- within a locally co-ordinated system of health, social care and education;
- meeting individual needs.

¹ <https://www.gov.uk/government/publications/national-service-framework-children-young-people-and-maternity-services>

This is linked to the **Healthy Child Programme (2009 onwards)**² which is at the heart of public health services for all children and families. It brings together the evidence on delivering good health, wellbeing and resilience for every child. This is delivered as a universal service, including the provision of mandatory checks with additional services for families needing extra support, whether short-term intervention or ongoing help for complex longer-term problems.

Nationally, the **SEND integration agenda (2014 onwards)** has been identified as an area of opportunity for patients and services. Locally, children, young people & families affected by SEND and complex health needs, have told us that the delivery of a single system of service, where joined-up services will meet their needs is their priority. The SEND reforms introduced in September 2014 were designed to improve this situation. These reforms, linked with the **Children & Families Act and Care Act (2014)**, provide the principles for future service design.

The **Next Steps on the NHS Five Year Forward Review (2017)**³ sets out the measures required to deliver a more responsive NHS in England, focusing on the issues which matter most to the public. There is a focus on delivering services on a more sustainable footing to enable high quality care – now and for future generations.

This is also reflected in the **Transforming Care Partnership (TCP)**⁴ for Devon which was formed between the NEW Devon CCG, Torbay and Southern Devon CCG and NHS England (NHSE) who have worked closely with people living in our area to produce a plan with three aims:

- Bring people who are in hospital home so that they are not living away from their local communities, making it easier for people to see their families and loved ones;
- Support people to stay in the community so they don't need a hospital in the future by providing a choice of local housing and support;
- Help people live good lives in Devon.

4.0 CURRENT POSITION – EXISTING SERVICES

The Community Health, Wellbeing and SEND Support Services offer in Plymouth is currently delivered by three providers and is a mixture of commissioned and in-house services (shown in Figure 1 below).

² <https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>

³ <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

⁴ <https://www.newdevonccg.nhs.uk/your-ccg/partnerships-strategies-101372>

Figure 1					
Service	Commissioner	Provider	Contract arrangements	Commissioner Spend (16/17)	Volumes of service 16/17
School Nursing	PCC (Public Health)	Livewell South West	Time limited contract ends 31st March 2019	c£544K	5,214 children and young people weighed and measured (NCMP) 1766 children, young people and families received targeted interventions from the service
Health Visiting	PCC (Public Health)	Livewell South West	Time limited contract ends 31st March 2019 (option to extend up to 30th Sept '20)	c£4.8m	10,982 Mandated Checks with families On average 20% of all families checked go on to receive a targeted intervention from HV and / or other service e.g. children centres. FNP (Jan 2016 –Dec 17): 120 families
Named nurses for Looked After Children (LAC) and Safeguarding. Specialist Nurses for LAC, Named Doctor for Safeguarding, Multi Agency Safeguarding Hub (Plymouth Multi Agency Team)	New Devon CCG	Livewell South West	Time limited contract ends 31st March 2019	c£200K	400 children in care (as of end September 2017)
Children's Speech and Language (cSALT): Triage, Community Specialist	New Devon CCG	Livewell South West	Time limited contract ends 31st March 2019	c£1.63m	Referrals for cSALT 16/17: 1,721 Caseload end March 17: 619
CAMHS: Early Intervention Crisis Response, Specialist CAMHS Pathways (including	New Devon CCG	Livewell South West	Time limited contract ends 31st March	c£4.05m	Referrals for Camhs 16/17: 1,971 Caseload end March 17: 999

OT) Children in Care			2019		
SEND Support Services: Occupational Therapy (OT), Portage (Early Years) CIT Advisory Teachers, Social Workers, 0-25 SEND Assessment Team, Hearing impaired and deaf (schools link)	PCC	PCC	N/A In-house service	c£1.03m	EYIS: 430 CYP supported Language: 278 CYP supported ASC: 1122 CYP supported Sensory support: 447 CYP supported OT: 179 CYP supported Social work team: 112 CYP on caseload 0-25 SEND assessment team: 2000 CYP known to service Short Breaks and Family Support Planning team: 148 CYP supported
Child Development Centre (CDC): Community Paediatric Service, Community Nursing (including OT, Diabetic Nursing and special school nursing staff from September 2017), Palliative Care, Psychology	New Devon CCG	Plymouth Hospitals NHS Trust	Part of overarching acute two year rolling contract	c£2.46m	Data for Western Locality (not specifically Plymouth City Council boundary): 18,523 attendances 6,930 patients

Plymouth City Council (PCC) and NEW Devon CCG are the commissioners of the services within scope of this integration and some services are already jointly commissioned through the integrated commissioning Section 75 agreement. The total commissioning spend on services in scope for 2016/17, across the system, is approximately £14.7million per year and is based upon the current footprint.

Agreement on the proposed footprint (Plymouth City Council boundary) upon which to build the local integration proposal was formulated as a result of a workshop in spring 2017 attended by a group of key commissioning colleagues. The preferred option was then tested out with wider stakeholders, including commissioning colleagues across the wider Devon footprint, providers, interdependent services as well as children, young people and their families. This was done through public workshops, technical working groups and young person and parent representation at the SEND Steering Group.

It was acknowledged that there will be cross border and inter-dependency issues that will need careful and considered management regardless of which geographical footprint was preferred.

The current providers already share many of the same outcome goals and are often working with the same families, noting that Public Health Services also have a whole population focus. However, a number of system issues have been identified with the current way of working:

- Information not being shared between agencies and concerns not being passed on. As a result children may slip through the net or receive services only when problems become severe.
- Children sometimes receiving assessments from different agencies which duplicate rather than complement each other.
- Multiple professionals being in contact with a young person over time but no single person providing continuity or co-ordination of services.
- Several agencies spending some money on the child or young person, rather than one agency spending an appropriate amount on a co-ordinated package of support.
- Professionals and services often based in different locations rather than co-located. Co-location can make services more accessible to service-users and improve inter-professional relationships and ways of working.
- Services sometimes being commissioned and planned in isolation rather than looking at the holistic needs of children and young people
- Missed opportunities to realise efficiencies through the eradication of duplication and shared management.

5.0 REGIONAL CONTEXT

In North, East and South Devon, Virgin Care Ltd (VCL) currently deliver Community Children's Services; the provider has a one year extension to their original five year

contract, which expires on 31st March 2019. NEW Devon CCG established a Pre-Procurement Board for the re-procurement of Community Children's Services across the whole of Devon.

To enable Plymouth to consider possible integration options of similar services on a wider scale, Western Planning and Delivery Unit (Western PDU) of NEW Devon CCG issued Livewell South West (LSW) with an interim contract until 31st March 2019, as the services provided by LSW will need to be re-procured at this time. Representatives from PCC and the Western PDU have been included in the Pre-Procurement Board.

In addition, Commissioners across the local STP, CCGs and Local Authority partners (Devon County Council, Torbay Council and Plymouth City Council), have been working together to agree a commonality of high level service outcomes, expectations and principles to ensure a consistency of services across the whole of Devon. This collective vision is set out below and aligns with the vision for Plymouth (discussed at point 6.0):

We want all children and young people in Devon to have the best start in life, growing up in loving and supportive families, and being happy, healthy and safe. Children and young people and their families and communities will have access to a personalised, sustainable and co-ordinated system of care and support which meets needs early and improves their quality of life so that they can live well throughout life and make the most of the choices and opportunities available to them.

6.0 THE PLYMOUTH VISION

In accordance with the Integrated Children and Young People's Commissioning Strategy, and in line with the SEND Code of Practice outcomes as the guiding principle, the vision is for the delivery of Community Health, Wellbeing and SEND support services in Plymouth to provide:

- All children, young people and families with the capability to improve their health, prevent ill health and know how to access information, advice and support;
- Improved conditions for better health outcomes in a range of settings including the home, early years settings, schools and other key community hubs;
- Proportionate universalism with additional services for families needing extra support through the early identification of Health / SEND need;
- Early intervention and support that can be accessed by families directly without the requirement to go through an assessment process, where appropriate. Maximising a digital offer for families wherever possible;
- Clear pathways of support for all stakeholders (children, young people, families and agencies);
- Integrated multi-professional planning for assessment accessed via a single entry point that facilitates a triage discussion to identify need and provide advice and initial support to move the individual child to the correct assessment pathway with the minimum delay;

- Outcome based care plans with offers of support that measure progress;
- A single system for Community Health, Wellbeing and SEND Support and complex health needs service delivery which meets the aspirations of the Integrated Children and Young People’s Commissioning Plan, to provide the best start in life, timely outcomes and improve service experience for children and their families.

Community Health, Wellbeing and SEND Support Services Integration will bring together a range of interdependent services. These will deliver against three wide service offers which are described in **Figure 2** below:

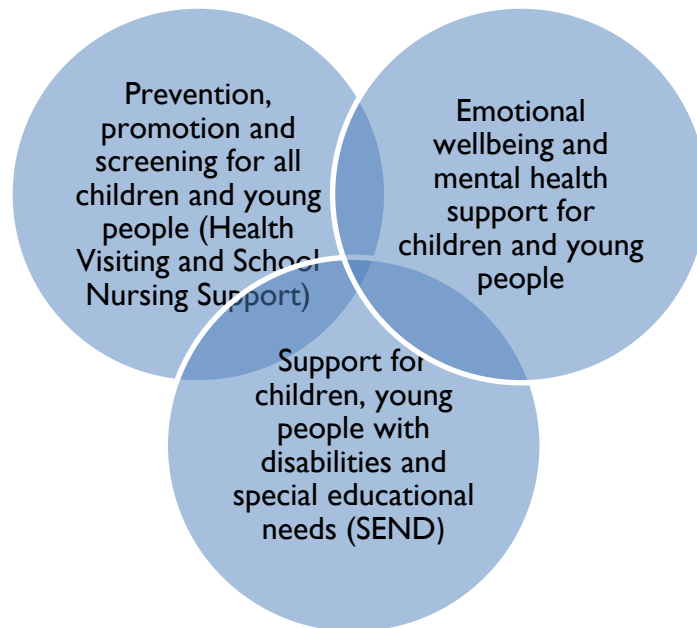


Figure 2

There are other commissioned offers that are specific to children and young people that form part of their offer but will not sit inside this integrated service e.g. commissioning equipment, short breaks and other health improvement services.

Integrating the Community Health, Wellbeing and SEND support services agenda will also have an impact on other service areas that are not considered ‘in scope’. Examples of such interdependencies include:

- Children’s Centres
- Maternity services
- Early Help and targeted support system
- The Gateway / DRSS
- Children’s Social Care
- Education Psychologists
- Downham House
- Budgets for Short Breaks for disabled children

- EHWB offer in secondary schools
- Health and wellbeing offer into educational settings including early years
- Health improvement services
- Health and Wellbeing Hubs

In addition there is a need to ensure that integration is kept in sight of the respective Systems Optimisation Groups (Vulnerable Children and Young People, Maternity and Early Years), Steering Groups (SEND) and the Children and Young People’s System Design Group (SDG) where other agencies are represented including Primary Care, the voluntary sector and acute services to ensure full awareness and engagement across the system.

7.0 PROPOSED SERVICE OFFER

Current providers of services in Plymouth, in co-production with commissioners, have been working together over the past 12/18 months to review the current operating models and systems of practice to consider how best a model for integrated delivery can be realised in Plymouth. This has been underpinned by the adoption of the principles behind the **iThrive AFC–Tavistock model** shown in **Figure 3** below, which was designed for CAMHS but is applicable across wider children’s services. It operates a graduated approach to meeting need, with a focus on intervening early with the most appropriate intervention to prevent escalation. It separates the offer into 4 key areas:



Figure 3

Appendix Two: Integration Proposal paper sets out the detail on the proposed local service offer and the operational changes required in achieving this vision. Broadly,

there will be four offers for children and their families following an assessment of their needs echoing the iThrive principle and described in **Figure 4** below:

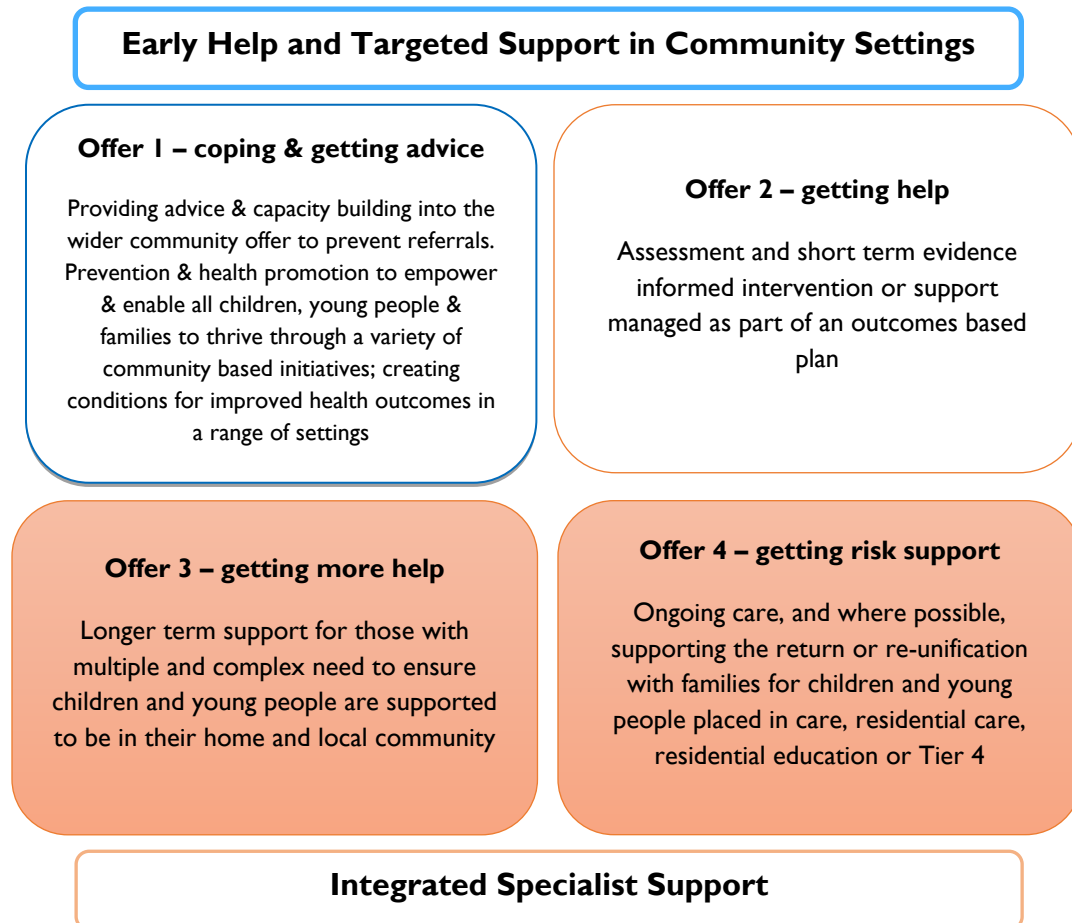


Figure 4

8.0 OPTIONS FOR INTEGRATION

In researching the best way to achieve the ambition for integration in Plymouth, the commissioners have reviewed national documents and examples of best practice. For example in Trafford, a Section 75 has been used to integrate a range of services across children’s and adult provision, using changes to governance and management structures, shared systems and co-location.

A key consideration for the future of services in Plymouth is the geographical scope; current provision includes services across PCC and the council’s footprint of the Western PDU of NEW Devon CCG. The exceptions to this boundary demarcation are services for children in care and the Community Paediatric Services, which have a wider catchment area to account for travel to school, work and placement location.

Another consideration is the requirement to procure services in an open and transparent process, in line with the Public Procurement Regulations 2015. The NHS Procurement, Choice and Competitions Regulations 2013 require an assessment of the

most capable provider to be undertaken. Therefore 'doing nothing' in relation to the children's services currently provided by LSW in scope of this integration is not a legal option given that the interim contract ends on 31st March 2019. The children's services provided by PHNT that are in scope of the integration form part of the CCGs wider contract with the hospital and this contract is not currently being considered for re-procurement. Services provided by PCC are 'in house' and a procurement process is not legally required.

Figure 5 below provides a summary of the options which have been considered:

Option	Issues	Benefits	Risks	Implementation Risk (ease of set-up/appetite for implementation/legal risk)
Option 1: All in scope services to be put out to tender and commissioned as one 'lot' as part of the wider NEW Devon children's service re-procurement	<p>Services offered by PNHT and PCC do not legally need to be put out to tender</p> <p>Will require consideration of boundaries to be set which may cut across current provider footprints</p>	<p>One provider or lead provider for all services</p> <p>Avoids risk of procurement challenge particularly in relation to the LSW contract</p>	<p>May undermine all the positive work that has taken place with existing providers</p> <p>Risk of stranded costs if current providers do not win the contract</p>	Moderate
Option 2: All three provider organisations enter into a partnership agreement (e.g. through a Provider Section 75).	<p>LSW cannot perform public service tasks (this is one of the conditions of regulation 12 (7) of Public Contract Regulations 2015 in relation to public to public cooperation).</p>	<p>This would build upon the collaborative work that has been done by local providers who are already working towards bringing services closer together</p>	<p>Not a legal option as LSW is not a public body</p>	High – not legal
Option 3: PHNT and PCC enter into to a 'Partnership Agreement'; services that are currently provided by LSW and commissioned by PCC and NEW Devon CCG are re-procured separately, as part of the wider NEW Devon procurement process	<p>This would maintain the current commissioning arrangements for PHNT service (i.e. the continuation of the rolling award of contracts)</p> <p>Potential for stranded costs for the current provider if they are not successful</p>	<p>This would build upon the collaborative work that has been done by local providers who are already working towards alignment of service delivery</p> <p>Procurement related costs are kept to a minimum</p>	<p>Relies on provider commitment to integration.</p> <p>The partnership arrangement would need to be sufficiently robust</p>	Low
Option 4: Develop an Integrated Care Organisation or 'Children's Trust' vehicle	<p>If looking to include private participation, the opportunity to join will need to be advertised and a competitive process will need to be</p>	<p>This would build upon the collaborative work that has been done by local providers who are already working towards bringing services</p>	<p>Once established, care must be taken to ensure that members are not placed at an advantage when competing for contracts. This</p>	Moderate

	<p>followed such as competitive procedure with negotiation.</p> <p>PHNT would need to take its own legal advice as to whether it can join or create another organisation, i.e. whether an application will need to be made to the secretary of state before it can participate in the new organisation.</p> <p>The model of delivery through Children's Trusts requires further exploration but would be more effective if applied to a mature delivery system; this would be an option for longer term consideration.</p>	<p>closer together</p> <p>A Children's Trust type model could test the effectiveness of this way of working, prior to any other children's services being delivered in this way.</p>	<p>organisation will not be a 'Teckal' entity if it includes private participation and therefore will need to compete with other providers for contracts.</p> <p>The risk of challenge may increase as third party providers may assume there is bias in favour of the Integrated Care Organisation due to the Council's involvement.</p>	
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Figure 5

9.0 NEXT STEPS

Within Plymouth there is an agreed aim to achieve the integration of community health, wellbeing and SEND support services across all partners in order to support the commissioning intentions set out in the Children and Young People Integrated Commissioning Strategy and System Action Plan for 2016-17.

In light of the work already underway in Plymouth (**See Appendix Two**) and after consideration of the options presented, having taken legal advice and looked at how other areas across the country are achieving integration, the recommended approach is Option 3. This would be delivered through a phased approach:

Phase One 2017-2019: closer working relationships between existing providers delivered through three key areas of work:

- Creating a Single Point of Access
- Embedding Trusted Triage and Clinical Decision Making
- 'Single View' IMT

Further details of this approach are set out in **Appendix Two: Integration Proposal** which includes a risk and mitigation section.

In order to facilitate integration and moving forward from the learning taking place between now and April 2019, a Partnership Agreement (or Memorandum of Understanding) between PCC and PHNT would sit alongside the current integrated commissioning Section 75.

Phase Two 2019 onwards: The procurement of services currently held by LSW would be carried out during 2017/18 in line with NHS regulations, with the expectation that the successful bidder would support integration between the service providers. This procurement would include those services commissioned by PCC Public Health. The procurement would be tailored to meet local requirements.

The evidence demonstrates that full integration of services requires at least five years to embed, bringing together separate cultures and operational practices. Developing a phased model of integration, whilst maintaining existing organisational structures, allows time for major changes to take place and for learning to inform the changes as they are implemented.

The expected benefits will be measurable in terms of savings to be made from the integration of services and are anticipated at all levels as referral, assessment and back office support costs are amalgamated across the organisations. Some benefits will be harder to quantify and demonstrate, for example, family satisfaction and confidence in the process; a matrix will be developed to review, through engagement with families and stakeholders, the progress of the integration and the measurement of benefits.

10.0 RECOMMENDATIONS

Approval is sought from Cabinet for the following recommendations:

- 1) Approve the operational and strategic direction of travel towards integration of community health, wellbeing and SEND services between 2017 and 2019 (Phase One).
- 2) Acknowledge that a procurement of the services currently provided by Livewell South West (including Public Health funded School Nursing and Health Visiting services) will be carried out as required by procurement regulations. The procurement will be led by NEW Devon CCG. The commissioned provider will be expected to work in partnership with the existing service providers to ensure the benefits of integration are not disrupted.
- 3) Agree that more formal options for longer term partnership working can be researched and considered for possible implementation, if appropriate, from 2019 onwards.

Appendix One: Feedback from engagement

Appendix Two: Integration Proposal