

Integrated Commissioning: Children, Young People and Maternity (Families) Care Workstream

Update to Joint Health in Hackney and Children and Young People Scrutiny Commission

19th November 2018

1.0 Purpose

The purpose of this report is to update members of the Health in Hackney and CYP Scrutiny Commissions on the progress that has been made by the Children, Young People and Maternity (CYPM) Care work-stream in embedding governance and delivery arrangements, and delivering its objectives for 2018/19.

2.0 Context

The CYPM Work stream has now been delivering for a year (commenced in October 2017), having been through Integrated Commissioning Governance at Assurance Review points 1, 2 and 3. The Children, Young People and Maternity Workstream is working to deliver an integrated system for children, young people and their families across City and Hackney. The overarching aim is to co-ordinate, optimise and transform the delivery, and subsequently the health outcomes of our residents.

3.0 Plans and progress 2018/19

Moving into 2018/19 the workstream has consolidated structures to support delivery of both business as usual, and transformation.. We have now recruited to our 3 Clinical / Practitioner lead roles (for Maternity, Children, and CYP mental health and wellbeing), alongside our clinical leads for Long Term conditions (asthma, sickle cell and epilepsy), Maternity (pre-conception, antenatal pathways and patient experience) and two new clinical leads (Early years and SEND / wider children's pathways). These clinical expertise will support our wider children's services leadership and our head teacher representatives to drive forward integration.

Our top 3 deliverables, linked to our transformations plans, for 2018/19 are:

- Delivering the CAMHS transformation, including integrated work on exclusions
- Transforming pathways for children with SEND, in line with recommendations from inspections, and commissioning a new health offer for our Looked After Children
- Improving quality of maternity services at HUFT, and embarking on repatriating the significant numbers of births we have out of area

The workstream has made progress on delivery of the 4 functions outlined in the delivery framework (reported to Overview and Scrutiny committee in March 2018), that support both the development of the workstream and the delivery of the CYPM integration and transformation agenda as below:

3.1 Delivery Framework: 'How' we are working

Deliverable	Progress to May 2018	18/19 Plans
Consolidating and streamlining of workstream budgets	Work progressing. Budgets collated across LBH, CCG, CoL and HLT and recommendations drafted for pooling / aligning.	Proposals for pooling / aligning being explored currently. The first in a series of finance workshops to go ahead 20 Dec 2018. Confirmed proposals to follow, likely Spring 2019.
Refreshing children's health governance across the system	Work complete. New streamlined workstream - based governance structure being implemented.	New structures in place. To be reviewed early 2019.
Improvement and oversight of Business as usual	BAU being managed through BPOG (as below). Integrated management of BAU functioning well. See performance tracker in appendices	Continue integrated oversight and management of BAU. Key areas include delivery of QIPP, re-basing of HUFT CHS contract and support for implementation for changes in CHC (SEND) and maternity, implementation of the new School Based Health service, alongside examining acute performance and repatriation (linked to Transformation priority) and other BAU. Also see transformation priorities and big ticket items for alignment.
Identification and delivery of transformation priorities	Priorities agreed, early plans drafted and structures for delivery emerging.	Delivery of transformation priorities and big ticket items, aligned to BAU as above. Further detail below.

3.2 Key outcomes, current performance and trajectories and Business As Usual

Our CYPM performance dashboard and tracker give an overview of performance against our 'BAU' indicators and details our transformation priorities. We are currently working on re-

refreshing our performance and outcome dashboard to more accurately reflect the breadth of the work delivered.

Our business as usual is being managed by our Business, Performance and Oversight Group. Commissioners across all organisations (CCG, LBH and CoL) meet with clinical leads monthly to examine performance of commissioned contracts, issues with performance and contracting, delivery of statutory functions (including inspection co-ordination) and align with transformation work and 'big ticket' items. This is becoming well embedded across the system and also does a monthly deep dive into specific areas on a rotating basis (ie, 0-5, CoL, maternity, etc.). This group deals with any new proposals or innovations, and has an overview of risk.

3.3 Transformation Priorities

Transformation Priorities are beginning to beginning to deliver in an integrated way. As an overview, our key transformation areas (linked to our workstream 'Asks') are:

Deliverables:	Outcome ambitions:
Priority 1: Improving Children and Young People's Emotional Health and Wellbeing across the system	
<p>Ensure the development of a clear prevention offer, with an emphasis on wellbeing, and young people getting support where needed. Includes:</p> <ul style="list-style-type: none"> • Implementation of the CAMHS transformation plans, including schools work • Re-design of service system • Investigating the increase in self-harm presentation, and • Identify key trends / issues and making recommendations to address • Improving access to support to for children and young people in the City of London 	<p>Improved offer of, and access to CAMHS, demonstrated through:</p> <ul style="list-style-type: none"> • Increased diagnosis (linked to increased investment) • clearer pathways for residents and non-residents • improved access to support for crisis • CAMHS support in all schools by 2020 • Improved outcomes for those transitioning to adult mental health services through a pilot 18-25 yr service • Reduced waiting times to entering treatment within 6 weeks by Q3, 18/19 • Extended hours of Paediatric Psychiatric liaison in A&E to 10pm • Enhanced eating disorders service • Improved neurodevelopmental pathways including increase funding for Autism diagnosis and aftercare

Priority 2: Strengthening our health and wellbeing offer for vulnerable groups

Improve the health offer for Looked After Children: Re-design and procure integrated HLAC provision

Oversight of the health elements of the SEND offer and targeted joint work.

Includes:

- Pathway development, particularly around the offer at early years
- Early health input mechanisms embedded into EHCPs (Education, Health and Care Plans)
- Support at key transition points
- Further development / use of personal health budgets
- work with partners including the OJ community to support access to provision
- explore improving the health and wellbeing of boys with autism specifically for City of London

Support work with children to manage Long Term conditions. Includes:

- STP Integrated Asthma provision work
- Epilepsy and Asthma specialist nurses
- Develop local offer around allergy and dermatology
- Explore increasing access to therapies for groups with barriers to access, and specifically for City of London children
- Develop clear Primary Care pathways for children with unexplained medical symptoms (in conjunction with the Paediatric liaison service),

More effective pathways for LAC through health, particularly for those CYP with complex health needs, mental health needs and challenging behaviour needs through newly commissioned service

Increased early health support for children with SEND, as evidenced through input to EHCPs

Increased numbers of children and their families utilising Personal Health budgets and making effective transitions to adult services

Increased representation of specific communities accessing SEND health support

More families supported to manage long term conditions in the community, and through a closer relationship with Primary Care

<p>and work with CAMHS on the Autism pathway</p> <p>Scope potential for joint work across the CSE, harmful sexual behaviours and CSA agenda, and deliver on STP proposals for development of CSA hub</p> <p>Support integration and groups with disparities in health outcomes and higher levels of coming into contact with the Youth Justice system, alongside work to Explore links to reducing exclusions</p> <p>Improve the health and wellbeing offer for the most vulnerable groups of City of London children and young people</p>	<p>Further integration of social care and health, resulting in better identification and support for those at risk of sexual exploitation, and better and faster access to support for those who have experience sexual assault.</p> <p>Less disproportionate representation of specific vulnerable groups accessing health and wellbeing services</p> <p>Closer working across education, health and social care to support the most vulnerable young people to stay in school</p>
<p>Priority 3: Improving the offer of care at maternity and early years</p>	
<p>Support improvement in quality of local maternity services and perinatal care. Includes:</p> <ul style="list-style-type: none"> • Explore and propose work to reduce rates of infant mortality • Explore and evaluate data around re-admissions and identify action plan • Reduce rates of smoking in pregnancy (Embed HUFT maternal smoking pathway and explore UCL pathway) • Support work to improve rates of immunisations (including antenatal flu and pertussis). Explore potential effectiveness of devolved commissioning. • Support work on choice of maternity care and perinatal mental health (with STP partners) • Clarify pathways for women following birth and discharge <p>Support work to improve rates of immunisations at 1 and 2 years, including</p>	<p>Reduction in rate of stillbirths, neonatal and maternal deaths, supported by:</p> <ul style="list-style-type: none"> • Increased early booking by 10 weeks of pregnancy, and improve continuity of care from their midwife • Improved pregnancy outcomes, specifically for women who have Long Term Conditions (LTCs) or other specific medical needs through our GP Early Years Contract, and targeted pre-conceptual care • An increase in numbers of women taking folic acid, aspirin and healthy start vitamins for a healthy pregnancy and healthy growth and development of the child • Increased numbers of women who receive Pertussis and Flu jabs during their pregnancy • Increased referral of women early to local services when social or psychological risks are identified • Improved pregnancy outcomes for socially vulnerable women targeted support for women who may be socially vulnerable • Clearer pathways through services for women with a high

<p>exploring options for a devolved commissioning role</p> <p>Improve access to breastfeeding support</p> <p>Explore options for development of a 'supporting parents' pathway, linked to substance misuse. This includes exploring work with Fathers.</p> <p>Ensure the needs of families and young children are built into the new 'Neighbourhoods' model (above), and the interface with children's centres is effective</p>	<p>Body Mass Index (BMI)</p> <ul style="list-style-type: none"> • Ensure pregnant women, partners and parents have the opportunity to provide feedback on their experience of using maternity services • Increased identification of, and access to support for women around mental health in the perinatal period (alongside our STP partners)
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3.4 Some early highlights across both BAU and transformation priorities include:

- Improved maternity performance by HUFT, CQC Inspection August 2018 (moved from 'Requires improvement' to 'Good').
- Delivery of CAMHS Transformation plans : Over 40 schools engaged in joint CAMHS / Education workshops and 50 schools now have CAMHS workers in them
- All children with continuing healthcare needs now transferred to personal health budgets, and all those eligible now transferred from statements to EHCPs (linked to two positive SEND inspections)
- Collaborative re-design and commissioning process underway for new health of Looked After Children's service (for delivery September 2019)
- Early snapshot of factors affecting exclusions drafted, with a full data analysis now underway.
- Funding secured for implementation of recommendations arising from the CoL and LBH SEND inspections, which will include a system wide review of, and recommendations for funding protocols and pathways
- Perinatal mental health bid across North East London was successful, and will roll out further mental health support for mums over the next year in City and Hackney
- Plans developing for how we will work with Unplanned Care to embed the 'neighbourhoods' model in a meaningful way for families. This includes support for families but also a focus on strengthening relationships around children across Primary care and other professionals at both early years and adolescence. Some funding secured for this.
- Successful re-commissioning of School Based Health services and Family Nurse Partnership. New integrated model delivering from September 2018.
- Early scoping work has started on how we might take a City and Hackney approach to implementing national findings around Adverse Childhood Events. This begins in November 2018.
- Close cross-workstream work to ensure the children's contracts that are part of the current HUFT Community Health services contracts are a high priority of the new

'Neighbourhood healthcare' model, and are fit for purpose. This is being designed currently, as part of an ambitious 5 year plan.

4.0 Alignment with East London Health and Care Partnership ('The STP')

There are several areas of alignment with the East London Health and Care Partnership, and our close neighbours, including maternity, vulnerable children at risk of sexual exploitation and assault, CAMHS transformation and asthma.

5.0 Primary Care

Our newly appointed clinical lead for Children (Suki Francis) will lead on consolidating and developing clear pathways. We are keen to strengthen links across Primary Care and wider health, education and social care services for children and young people. Additionally:

- We have prioritised 'immunisations' work, and have a GP confederation contract on it. We are keen to also explore how we can develop this work through piloting a 'neighbourhood' approach.
- We want to strengthen links across Primary Care and children's community nursing and other services
- Building on our GP confederation Long Term Conditions contracts, we would like to work on scoping a clear offer around Long Term Conditions - specifically dermatology and allergy. There is currently a specialist asthma nurse and specialist epilepsy nurse, and we want to see if there are any benefits to alternative ways to manage LTCs.

6.0 Quality and Safeguarding

Quality is monitored at contract and service level, through a number of KPIs and wider indicators, with the support of the CCG quality function.

Further detail on Quality of local children's and maternity services is available, but key points are that:

- Homerton acute and community services are rated "good" by CQC and. Mental health services for children are rated "good" or "outstanding" at ELFT. All local GP practices are rated "good" or "outstanding".
- We have had two generally positive SEND (Special Educational Needs and Disability) Inspections (Hackney Dec 2017 and CoL March 2018). Health services for this cohort were found to be good
- The August CQC report on Maternity services has now rated HUFT as 'Good'

The workstream has drafted a safeguarding framework, building on very strong joint City and Hackney child safeguarding arrangements. This outlines how we interface and incorporate safeguarding throughout our workstream business and joint plans. It will ensure we are responding to recently published Safeguarding guidance: 'Working together to Safeguard Children 2018'.

7.0 Co-production & Engagement

The workstream has drafted an Engagement Plan that includes a mapping of the existing groups across the system that regularly engage children, young people and parents. We are now in the process of drafting an engagement strategy that will outline the ways we engage with children and young people. As part of this, our two public representatives (parents of very young and adolescent children) alongside our two VCS representatives (from Interlink

and the Black Parents Forum) represent our more specific communities. We have set up a Young Parents Advisory Group (4 parents), who are working with us to inform and support engagement and co-production. They have begun to think about how they would like to take co-production forward across maternity (specifically the campaign to attract births back to HUFT - alongside the Maternity Voices Partnership), CAMHS (as part of evaluating delivery of transformation plans), and how they will be part of designing our new health offer for Looked After Children.

8.0 Financial plans

Having almost completed a financial transparency and consolidation exercise to look at all the workstream budgets, we are now in a position to state exactly what they are, and which areas we would like to explore propose for pooling and aligning in the immediate term. We are commencing a series of workshops to look at the detail underneath these proposals with Finance Directors and Service Leads, commencing in December 2018.

We plan to have a more detailed proposal worked up for April 2019.