

Children's Joint Commissioning

October 2016

Report for Children, Education, Learning and Safeguarding (CELS) Committee

Introduction

The health outcomes for children and young people living in Barnet are generally good. Through an outcome based approach to commissioning our aim is to maintain and improve the health and wellbeing of children and young people living in Barnet. This report provides the CELS with an update on children's health services, commissioned by the Joint Commissioning Unit, including key performance highlights and future priorities.

Funding for jointly commissioned services

Areas of spend	2016/17 confirmed contract values £
NHSE Health Visiting Contract (NHSE)	£4,022,004
MASH HV post or Health Care Assistant [1FTE]	£50,000
NHSE Health Visiting Contract (NHSE)	£250,000
School Nursing [including NCMP]	£1,030,009
Family nurse partnership	£350,000
Breast Feeding	£115,000
Children's oral health promotion	£59,000
Occupational Therapy	£401,000
Speech & Language Therapy	£2,053,635
Looked after Children	£131,941
CAMHS Public Health contribution	£250,000
CAMHS Transformation Funding (NHSE) - £800,000	
Pooled funding	£5,770,000
Total Joint Children's commissioned spend	£14,480,707

Key achievements

- Breast feeding rates are good at 82.8% of infants being breast fed at 6-8 weeks compared to the national average 60%.
- Good performance for the Family Nurse Partnership (FNP) cohort i.e. breast feeding rates at 6-8 weeks are at 84% compares to the national average of 60% and only 10% of mothers smoke when their child reached 12 months old compared to the national average of 10%.
- Re – negotiated Health Visitor specification to bring in line with budget allocation.
- Improved performance reporting for all services.
- Recruitment to the Designated Medical Officer post to support delivery of the requirements in relation to Special Educational Needs and Disability (SEND).
- Revised process for children with complex care/continuing care needs ensuring a partnership approach across health, social care and education to supporting and funding packages of care for some of our most vulnerable children and young people.
- Health & Well Being Board agreed recommendation to remodel and re-commission services for children's mental health and well- being (CAMHS) and to develop a Section 75 agreement between the CCG and LA and to pool budgets.
- CAMHS performance improving for eating disorders.
- Agreement to re-model children's therapies to develop an integrated service and to explore the benefits of a child development service.
- Health Matters Website 0-5 years launched on 18th October 2016. Health Matters is a digital hub that supports the health visiting and school nursing services delivered by Central London Community Healthcare NHS Trust across 9 boroughs in London. <http://healthmatters.multi2.sitekit.netR>

Key priorities for improvement

- Managing the delivery of the Healthy Child Programme through the revised Health Visitor specification.
- School Nursing and Family Nurse Partnership contracts due to end in March 2017, negotiations are ongoing to extend for an additional year to March 2018 to align with the School Nursing Contract and 0-19 Family Services Review.
- Delivery of Initial Health Assessments and Review Health Assessments for Looked after Children within the required timescales and to re-specify and procure service.
- Managing the performance of therapy services e.g. waiting times for Occupational Therapy while we remodel and re-commission the services.
- Change to the Family Nurse Partnership cohort to include care leavers and an increased focus on tracking child development outcomes.
- Manage provider performance in relation, across all commissioned services, and improve performance reporting particularly in relation to outcomes.
- Resilience based approach to be built in to all service specifications.

Health Visiting - Central London Community Health Trust (CLCH).

Key Performance Highlights

We have worked with Central London Community Health Trust to re- negotiate the service specification in line with the budget allocation. This means that health visitors are only carrying out some of the standard checks for the most vulnerable children. CLCH have put in place arrangements to mitigate the risks associated with not delivering these checks universally and we will continue to monitor the risks and review priorities through contract monitoring and safeguarding remains paramount. A health visiting summit was held in September to start to re-design the service and introduce skill mix in order to improve performance. The checks that are only carried out on vulnerable children are:

- Mothers receiving a first face to face antenatal contact at 28 weeks pregnant. CLCH are working closely with midwifery colleagues to ensure that they carry out visits and refer vulnerable mothers to the health visiting service.
- Children receive a 6-8 week review. CLCH are working with GPs to mitigate against this. GPs carry out a standard check and will alert the health visiting services when mothers do not attend in order for them to follow up.

Performance against checks delivered universally:

- 96% of mothers' received a new birth visit within 14 days against a target of 95%.
- 4% of mothers receive a new birth visit after 14 days against a target of 5%.
- Number of mothers that received a first face to face antenatal contact with a Health Visitor at 28 weeks.
- 60% of children received a 12 month review by age of 12 months against a target of 75%.
- 70% of children received a 2-2.5 year old review against a target of 75%.

Priorities

- Continue working with CLCH to monitor the risks associated with the revised specification and to ensure that the arrangements with midwives are working.
- Health Visiting and Family Nurse Partnership contracts due to end in March 2017. Negotiations are ongoing to extend for an additional year to March 2018 in order to align with the School Nursing Contract and the 0-19 Family Services Review.
- Develop a detailed service specification following the outcome of the 0-19 Family Services review.

School Nursing - Central London Community Health Trust (CLCH).

Key Performance Highlights

School Nursing Caseload is based around the Barnet School Age Population (Sept 2016) total of 66,014.

- The School Nursing Service is currently achieving in line with KPIs and national guidance for the service.
- The service has delivered 27 sessions of health promotion delivered in schools to date to ensure that the public health promotion and prevention continues to be highlighted.

Priorities

- To start reporting on the National Child Measurement Programme from October 2016.
- To collate all the Comment cards which have been distributed to all school nursing teams for this quarter.
- To ensure that the 2 case studies including children's views are published by end of March 2017.
- To continue to monitor, track and correct data quality issues, associated with a new information management system, to ensure complete accurate data capture for service line reporting/contract monitoring.
- To facilitate the sign off of the information sharing agreement between Barnet Education department and Central London Community Health Trust that has now been approved.
- The School Nursing Services is included in the 0-19 Family Services Review

Family Nurse Partnership- Central London Community Health Trust (CLCH).

Key performance highlights

- Q2 14/15 58 Clients on caseload. No leavers.
- Q2 15/16 65 Clients in caseload. 2% (3 clients) left programme.
- Overall, the caseload has increased by 12.5% in comparison to the previous year.
- The proportion of clients receiving 80% of expected visits is below target during pregnancy at 70% however for infancy 68% receive expected number of visits compared to a target of 65% and 65% receive the expected number of visits during toddlerhood compared to a target of 60%.
- There has been an increase in breastfeeding rates before 6 weeks at 84% compared to the national average of 60% .However at 6 months rates fall to 21.7% which is below the national average.
- Smoking during pregnancy is 14.3% and at 12 months 10%, better than the national average 20%.
- There is 100% take up of immunisations for the cohort.
- The programme has low attrition rates.

In Comparison to previous last three years to 2015/16, there has been a significant increase in the following client presentation:

- A 6% increase of Non English speaking clients of all languages.
- A 30% increase in 2015/16 of low self-esteem measured using Strengths & Difficulties questionnaire.
- Mental health issues and abuse at intake has increased to 25.4% in 2015/16.
- Domestic violence abuse by someone close has had a 25% increase from 2014/15 to 40% in 2015/16.
- The service has also seen an Increase in the vulnerability and complexity of Children with pre-birth assessment.

Priorities

- To plan for the FNP Annual Review on the 24 November 2016.
- To develop an improvement plan which will address the service challenges such as growth in activity and the increasing vulnerability of clients.
- Increase the % of maternity referrals into the service at 16 weeks pregnancy.

- Change the referral criteria to extend to leaving care up to the age 22-24 years old.
- Aim to work with Public Health to track children from the FNP programme through infancy and toddlerhood to gather evidence on the long term efficacy of the programme.
- Track school children (1st cohort commencing school sept 16) in order to gather data to evidence the longer term impact of the programme on child health outcomes.
- Work with Dr Michelle Newman, who is the children's clinical lead, to assess smoking cessation training, advice and support within the Borough.

Therapies

Key Performance Highlights

Occupational Therapy – Central London Community Health Trust (CLCH)

<i>Indicator</i>	Target	Performance
<i>% of children seen within 18 weeks referral to treatment</i>	95%	81.8% YTD

Speech & Language Therapy – East London Foundation Trust

<i>Indicator</i>	Target	Performance
<i>Children and young people achieve the goals agreed for the intervention</i>	80%	80.6%
<i>Indicator</i>	Target	Performance
<i>Children and young people accessing the Targeted/Specialist tiers have a written plan with clear goals</i>	100%	95.7% (within 5% of target)

<i>Indicator</i>	Target	Performance
<i>Children and young people referred for statutory assessment of special educational need seen within 4 weeks.</i>	100%	100%

<i>Indicator</i>	Target	Performance
<i>18 weeks Referral to treatment (%) (removals)</i>	95%	87.7%
<i>18 weeks Referral to treatment (%) (waiters)</i>	92%	90.1%

- Waiting times for Occupational Therapy, referral to treatment, are not within target and need improving.

- Wait times for Speech & language therapy are not within target, however, the service is performing well in relation to meeting statutory assessment timescales and children having plans with clear goals.

Priorities

- Recruitment of staff and data management and reporting are factors impacting on performance in relation to Occupational Therapy – work is underway with the CLCH to address these.
- CLCH have been asked to produce an action plan and trajectory for improvements to be put in place whilst we extend current contracts for another year in order to undertake a service review exercise.
- A notice to improve has been sent to CLCH requesting a recovery plan to address concerns.
- The JCU is currently developing a new reporting schedule ensuring improved performance reporting and an increased focus on outcomes reporting including patient stories and case studies for Occupational Therapy and SALT.
- To commence a remodelling and re-commissioning exercise to develop an integrated therapies service.
- The new service should provide co-ordinated care that contributes to a multi-disciplinary team (MDT) around the child approach, working in collaboration with key stakeholders ensuring that a high quality, seamless integrated care service is developed.

Complex Needs/Continuing Care – Central London Community Health Trust

The Barnet Clinical Commissioning Group and London Borough of Barnet have been working together to ensure a partnership approach to supporting children who have a range of complex needs which include challenging behaviour and mental health issues. Often these children are placed in out of the borough in special placements jointly funded by health education and social care.

- We have revised the assessment, support and funding processes for this cohort of children which has led to a more streamlined, efficient and timely response to meeting the needs of these children and a fairer approach to tripartite funding.
- The new pathway and process is aligned to adults Continuing Health Care improving transition when a young person turns 18.

Priorities

- To ensure over the next two quarters that the new guidelines which are being developed are implemented, agreed and monitored.
- To strengthen the various panels involved to ensure a streamlined process.
- To draft a protocol this sets out the new process.
- Early identification of children needs to be established, especially those who are placed outside the borough.

CAMHS

Key Performance Highlights

<p>Average annual referrals 2014.15 and 2015.16 = 2800</p>
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Community CAMHS- Barnet, Enfield and Haringey NHS Trust
<13 weeks Referral to Assessment

Target	Performance
100%	97%

- Targets and performance reporting for CAMHS are in the process of being strengthened to include < 8 weeks referral to assessment. New reporting requirements to start Q3 2016.17.
- We have raised concerns about a number of performance indicators including referral to treatment timescales (this is not currently reported on) and this has also been identified by the Care Quality Commission. A demand and capacity analysis was commissioned and although the data needs to be quality checked the initial headline findings show that:
 - The waiting list stands at 164 and is increasing by an average of 4 a week.
 - There is an average wait of 8.5 weeks referral to assessment and 9 weeks assessment to treatment.
 - It is estimated that only 50% of referrals are accepted by the service.
 - In 99.4% of cases it has been recorded that a choice of appointment times was not offered.

Specialist Eating Disorder Service – Royal Free London NHS Foundation Trust
< 4 weeks Referral to Assessment no-urgent
< 1 week Referral to Assessment urgent

Target	Performance
85%	87%
100%	100%

- Additional investment of £100k in Eating Disorder services has resulted in significant reduction in waiting times from < 4 weeks 47% to 87% between Q4 2015.16 and Q1 2016.17.

Other Key Highlights

- Agreement reached for Section 75 pooled Budgets to begin 1st October 2017 and London Borough of Barnet will lead this process.
- Work has begun on remodelling the service.
- Public Health is leading on the development of the THRIVE resilience based approach in schools.
- Additional £25k invested in psychiatry sessions at maternity services and partnership bid submitted to NHS England for funding to further improve perinatal mental health services.
- CAMHS satellites set up with psychologist input, group and 1-1 sessions and parental support. 25 CYP engaged and 12 Parents.

- Satellite support into Pupil Referral Units.
- CAMHS Health and Justice Proposal drafted to increase support in the YOS and to support work on gangs.
- A specification and tender pack have been developed to procure a new nurse led Out of Hours CAMHS Crisis Service to help support crisis and reduce admissions to hospital and long term residential placements.
- Barnet CAMHS offer a named Primary Mental Health Worker to all schools. New model now under consideration.
- CYP Participation films have begun production.
- We have now set up a CYP CAMHS Service User Group.
- New BEH CAMHS Website almost completed-Soft Launch December 2016 and full launch January 2017
- New access policy in place for BEH CAMHS as of September 2016. Evidence of improvement not yet confirmed

Priorities

- Refresh Needs Assessment and Service mapping by November 2016 and initiate remodelling and re-commissioning of Community CAMHS with new service in place autumn 2017.
- Address the findings of the demand and capacity analysis and work with BEH to improve performance across a range of indicators.
- Issue a notice to improve requiring BEH to provide remedial action plans which will be monitored by the CYP Mental Health & Well Being Governance Board (chaired by the Director of Children's Services.)
- Implement the Thrive approach in schools.
- Refresh CYP Transformation plans.

LAC Health Assessments – Central London Community Health Trust

Key Performance Highlights

	Q2	Q1
Number of Looked after Children 31st March 2016	334	320
Number of children missing health assessment appointments	30	18
RHA completed	53	53

- Quarter 2 data indicates that during this period 50 children came into care, of which 30 did not have their Initial Health Assessments (IHAs).
- The provider has been sent a notice to improve and asked to submit an improvement plan.
- The provider now has administration resource in place and is improving the process for booking the IHA with GPs.
- There continues to be a lack of GP slots.

- The pathway to obtain consent to undertake the Initial Health Assessment has improved with the Local Authority. This is now signed off by the manager from the Local Authority.
- Regularly six weekly meetings are now in place with the provider to discuss all issues on how to improve the service.
- Performance has been escalated to the Clinical Quality Reference Group.

Priorities

- To begin the re-procurement of this service by the end of quarter one of the new financial year.
- To ensure that the data required is being provided in a timely manner in order to monitor the service and expedite issues.
- To continue discussions with the 3 General Practices who undertake the Initial Health Assessments to improve the service.
- Dr Debbie Frost to communicate with GPs re the criticality of honouring booked slots.
- To ascertain whether other General Practices could offer additional slots.
- Ensuring that the Local Authority and the Council are compliant in meeting the statutory requirement of 20 days for the Initial Health Assessments.
- Ensuring where health treatments have been prescribed for looked after children that they are monitored and reviewed in a timely manner ensuring that they are still appropriate.