

<b>Subject:</b>	<b>Commissioning Children's Services in Brighton &amp; Hove</b>
<b>Date of Meeting:</b>	<b>29 July 2014</b>
<b>Report of:</b>	<b>Executive Director of Children's Services, BHCC/ Chief Operating Officer, CCG</b>
<b>Contact Officers:</b>	<b>Pinaki Ghoshal Geraldine Hoban</b>
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<b>Ward(s) affected:</b>	<b>All</b>

**FOR GENERAL RELEASE****1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 The purpose of this report is to set out the mechanisms for strengthening joint commissioning arrangements between the Council and CCG following dissolution of the Section 75 Children's Commissioning Agreement on 1<sup>st</sup> October 2014.

**2. RECOMMENDATIONS:**

That the Health and Wellbeing Board:

- 2.1 Endorses the mechanisms for strengthened collaborative commissioning arrangements between the CCG and Council (outlined in Part 3 of this report);
- 2.2 Agrees that the LA and the CCG develop a joint strategy for children's health and wellbeing services which will be brought back to the Health & Wellbeing Board in 2015. This will be informed by the recommendations agreed by the Health & Wellbeing Board in early 2015.

**3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 The Children's Act 2004 placed a statutory duty on Local Authorities to produce single strategic plans for children and young people. Whilst this statutory duty was withdrawn in 2010, the wider duty for both health and local authorities to co-operate with partner agencies to improve health and wellbeing of young people in the City is still very much in force.

- 3.2 In addition, the Children and Families Act, due to be implemented from September 2014, places a statutory requirement on the Council and health services to operate joint commissioning arrangement for services provided to children with special educational needs and disabilities.
- 3.2 Since 2007, the City Council and the PCT have maintained their commitment to joining up the strategic planning and commissioning of children's services via a Section 75 Commissioning Agreement. As part of this agreement, the PCT transferred a sum annually to the Council and delegated the commissioning function for children's services such as community disability; special education needs; CAMHS; school nursing; health visiting, and support services provided by the Third Sector. Through this agreement the council commissioned NHS health providers to deliver a range of health services. Many of these services are delivered by NHS staff working in an integrated way with council staff through a Section 75 Provider Agreement with Sussex Community Trust. At the time that these agreements were put in place the council was unable to employ NHS staff directly.
- 3.3 Following significant changes to the NHS as a result of Health and Social Care Act which came into effect on 1<sup>st</sup> April 2013, CCGs were established and the responsibility for commissioning a range of children's health services transferred to NHS England (health visiting, screening programmes and specialist acute care) and Public Health, situated with Local Authorities (school nursing, sexual health, teenage pregnancies, substance misuse, alcohol and health promotion programmes). During authorisation, the CCG agreed to maintain its commitment to the Children's Section 75 commissioning arrangement but to review this agreement during its first year of operation.
- 3.4 Following due consideration, the CCG concluded:
- Mechanisms for jointly setting the strategic direction for children's health and well-being services needed to be strengthened. Whilst the CCG, until recently, has been represented on the Children's Committee, its remit increasingly focused on issues relating to education and there was the need for a renewed emphasis on our aspirations for children's health and wellbeing;
  - More robust mechanisms for contract monitoring and the performance management of providers needed to be established;
  - Our respective roles and responsibilities around safeguarding and quality assurance need to be clarified;
  - Governance and accountability to the CCG Governing Body around statutory duties needed to be strengthened;
  - Clinical leadership and management resource within the CCG for children needs to be increased.
- 3.5 Consequently on 1<sup>st</sup> April 2014 the CCG signalled its intention to withdraw from the Section 75 Arrangement for Children and gave 6 months' notice under the terms of the Section 75 Agreement. By doing so it is the CCG's intention to fully

engage with and strengthen collaborative commissioning arrangements rather than continue to devolve that responsibility to a joint commissioning team based at the Council.

- 3.6 In parallel with the developing thinking taking place within the CCG the Council has also been considering its role in relation to the Section 75 commissioning role. Key events and developments that have informed this thinking have included the following:
- The sweeping SEND reforms within the Children and Families Act require an enhanced level of joint commissioning and joint delivery of services between all agencies contributing to Education, Health and Care Plans for children and young people aged 0-25 years;
  - With the recent refreshing of the terms of reference for the Health & Wellbeing Board there has been an opportunity to consider new and more robust governance arrangements regarding children's health and wellbeing;
  - The Council has instituted a thorough review of disability and special educational needs, as discussed in more detail at the previous meeting of the Health & Wellbeing Board, including a consideration of the health provision within the Integrated Disability Service;
  - Discussions with the Public Health Team regarding their future commissioning intentions have started, and this will be discussed at the Health & Wellbeing Board in the Autumn;
  - The need for the Council to have a clear and senior lead officer for health and wellbeing who will liaise closely with the CCG, Public Health and NHS England. At present this role has been undertaken by the Acting Assistant Director of Children's Services, Regan Delf;
  - The opportunities provided by the recent changes in the NHS for the Council to improve the level of integration between NHS and Council staff.

### **3.7 Proposal.**

Additional resource has been identified within the CCG to take a more proactive lead on children's services, and following the appointment of Regan Delf to her current Acting role the Council now has a senior point of contact with regards to the delivery of health services for children and young people. With these developments, meetings have taken place between the respective commissioning teams within the CCG and Council. It is proposed that building on the extended remit of the newly constituted Health and Wellbeing Board, more robust collaborative commissioning arrangements are established as follows:

- a) Strategic Oversight and Direction for Children's Health & Wellbeing Services  
The newly constituted Health and Wellbeing Board will set the aspirations for children's health and wellbeing in the City, sign off commissioning plans and hold commissioners and partners to account for delivering on agreed outcomes. Given current specific areas of concern in the City around children's health and

wellbeing outcomes, the Board may want to consider whether a refresh of our joint strategic plans for children in the City is required.

b) Senior Management Leadership for Children's Commissioning

A senior Officers Group will translate the aspirations of the H&WB into annual commissioning plans and oversee delivery through strengthened systems for joint contract/performance management and quality assurance/safeguarding.

c) Operational Management of Delivery

Regular contract, performance and quality meetings will be put in place to ensure providers are being held to account for delivery and key issues are being identified early and escalated/resolved when necessary. Joint panels for setting and reviewing individual packages of care will be established.

In addition, specific reviews or service redesign groups will be established under the auspices of the Officers Group in order to address specific issues.

d) Mechanisms for Quality Assurance/Safeguarding

It is proposed that there will be further strengthening of the existing process already in place to monitor quality and safeguarding of providers to include children's service delivery. In most areas this will take place within the already established structures for monitoring quality performance and safeguarding. Additional structures are being developed for areas where gaps have been identified.

In addition within the CCG and Council there are a series of internal working arrangements that will ensure that each agency maintains oversight of the quality of provision. Overall oversight of safeguarding arrangements will be maintained by the Local Safeguarding Children's Board

e) Formalising the Joint Approach

It is proposed that a clear annual memorandum of understanding be drawn up which outlines how the CCG and Council will work together collaboratively on the joint commissioning of children's services.

#### **4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

- 4.1 The CCG considered the option of staying within the current Section 75 Commissioning arrangement and continuing to discharge its commissioning of children's community health and CAMHS services via the Council. On balance for the reasons stated above it was felt that a joint approach rather than a delegated function would be more effective.

#### **5. COMMUNITY ENGAGEMENT & CONSULTATION**

- 5.1 This was considered not applicable as it relates to the commissioning function only and no changes to the delivery of children's services are being proposed.

## 6. CONCLUSION

- 6.1 The CCG and Council are committed to comprehensive and robust mechanisms for jointly commissioning children's services.
- 6.2 The need for effective mechanisms for collaboration, particularly in relation to packages of care for children with special educational needs and physical disability is about to be strengthened through the implementation of the Children and Families Act in September.
- 6.3 Following a review, the CCG felt the Section 75 Commissioning Arrangement for Children was not delivering the right level of joint ownership for children's services and signalled its intention to withdraw from the arrangement from 1<sup>st</sup> October 2014.
- 6.4 Enhanced capacity within the Council and CCG around the Children's commissioning agenda has enabled more regular discussions to take place and a mechanism for strengthening the governance and accountability around children's services is proposed.
- 6.5 This new way of working will be underpinned by a memorandum of understanding which the CCG and Council will refresh and sign annually.
- 6.6 It is also felt that the time is right for a refresh of our joint aspirations for children in the City in order to inform longer term commissioning strategy and ultimately improve outcomes.

## 7. FINANCIAL & OTHER IMPLICATIONS:

### Financial Implications:

- 7.1 Last year the commissioning arrangements for children's health funding changed with the CCG, via Brighton & Hove Council as lead commissioner, no longer having responsibility for certain services. Public Health took over responsibility for School Nursing and NHS England became responsible for Health visitors, immunisations and the child health information system. Services not commissioned by the CCG are not covered by the section 75 agreement. The indicative budgets for 2014/15, including those services commissioned and provided through Children's Services, are:

Brighton & Hove CCG	£ 4.376m
Public Health (BHCC)	£ 1.090m
NHS England	£ 4.028m
Children's Services (BHCC)	£55.283m

Changes to the health commissioning arrangements this year will not impact on the amount of money available to children services, the only difference being that funding previously directed via Brighton & Hove City Council will instead be held directly by the CCG working alongside the council as co-commissioners.

The funding for council provided children's services of £55.283m is not directly affected by any of the changes to the NHS commissioning arrangements.

*Finance Officer Consulted: David Ellis*

*Date: 11/07/14*

Legal Implications:

- 7.2 The body of the report sets out the legal framework in which the CCG and City Council are operating.
- 7.3 Part 3 of the Children and Families Act 2014, which comes into force on 1 September 2014, introduces a new, single, system from birth to 25 for all children and young people with SEN and their families. Section 26 of the Act requires local authorities and local CCG's to work in partnership and make arrangements for commissioning special educational provision, healthcare provision and social care provision for children and young people with SEN for whom the Authority is responsible. It does not specify the form which the arrangements should take as this should be agreed locally.
- 7.4 The LSCB's main function is to agree how the relevant organisations in each local area co-operate to safeguard and promote the welfare of children in that locality, and to ensure the effectiveness of what they do. The LSCB is not accountable for their operational work. In law each LSCB partner retains their own existing lines of accountability for safeguarding and promoting the welfare of children by their services. Thus each agency is ultimately responsible in law for ensuring that the services provided meet their own statutory and regulatory duties to children, including safeguarding duties, and monitoring arrangements need to reflect this. In the case of the City Council this will be with reference to the statutory guidance, 'The Roles and Responsibilities of the Lead Member for Children's Services and the Director of Children's Services' (2013)

*Lawyer Consulted: Natasha Watson*

*Date: 18.07.14*

Equalities Implications:

- 7.5 None identified at this point. Appropriate assessments of the potential impact of changes upon protected groups will be undertaken.

Sustainability Implications:

- 7.6 None identified in this report

Any Other Significant Implications:

- 7.7 None identified at this point.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Flow chart showing proposed new governance structures

### **Documents in Members' Rooms**

None

### **Background Documents**

None