

From: Patricia Davies, Accountable Officer for Dartford, Gravesham and Swanley and Swale Clinical Commissioning Groups,
Andrew Ireland Corporate Director of Children's Strategic Commissioning, Health and Wellbeing

To: Kent Health and Wellbeing Board

Subject: Update report on the Children's Integrated Commissioning Project

Key Impact: Affects Kent County Council Children's Strategic Commissioning and Swale and Dartford, Gravesham and Swanley (DGS) Clinical Commissioning Group (CCGs)

Date: 25th January 2017

Summary: This report provides an overview and update on the progress so far of the Children's Integrated Commissioning Project in North Kent. This report provides information around the successes to date, lessons learned and plans for future working.

Recommendation The Kent Health and Wellbeing Board is asked to take note of the implications of this Integrated Commissioning Project for Children's Services

1. Introduction

- 1.1 In 2015 Dartford, Gravesham and Swanley (DGS) and Swale Clinical Commissioning Groups (CCG's) embarked on a collaborative project with Kent County Council (KCC) Children's Strategic Commissioning Team to understand how an integrated commissioning support function could operate across both KCC and CCGs. The aim of the project was to identify opportunities to improve the effectiveness of all commissioning activities.
- 1.2 The two core components of the project were identified as:
- Work stream 1 - Identification and implementation of joint commissioning priorities and opportunities specifically for children with disabilities.
 - Work stream 2 - Review of models of joint commissioning and options for a future CCG/Local Authority joint commissioning function.
- 1.3 In order to deliver the project, the North Kent CCGs and KCC children's Strategic Commissioning allocated existing senior commissioning staff time to

work on the project and the CCGs jointly funded a project worker at NHS Agenda for Change Band 7 to support the project.

2. Progress to date

- 2.1 The project has made good progress in both strands of work. Most importantly the project has already started to deliver real benefits resulting in improved service delivery and outcomes for children and young people. For example, through the work in relation to Speech and Language and Occupational Therapies we are seeing significantly reduced waiting times for these services across both CCG areas. This has also delivered an estimated cost avoidance of £196,000 this financial year. Further benefits and areas of joint working can be seen in the table below;

Project Title	Service Quality Improvement	Project Description
Short Breaks Holiday Clubs	✓	Day Short Break Clubs for profoundly disabled children provided by KCC have been jointly procured as a result of the closure of Preston Skreens which has led to greater range of choice and options to support need.
Specialist Nursing Function review	✓	A review has been undertaken to inform changes/amendments and new specifications for elements of the nursing service. Specifications were revised to align school public health and community health provision.
Multi Agency Specialist Hub (MASH) review	✓	A review of the function and utilisation of the MASH building has been undertaken to identify where improvements to current services can be made, and to look at ways to optimise the available space in the building as well as improved integration of services. . Financial savings are forecast for later this financial year.
Portage Review	✓	Review of the Portage Specification is being undertaken to ensure that KCC and CCG outcomes for children are being met in the most efficient and effective way possible. Service quality improvement and financial savings are being worked through to be realised in 17/18.
Speech and Language Therapy (SaLT) and Occupational Therapy (OT) Traded Service	✓	SaLT and OT in North Kent is provided by MCH. Previously the CCGs were undertaking the commissioning of the service for all children regardless of primary need. The impact of ensuring services are jointly commissioned by the appropriate commissioner has ensured that waiting times for all children with need has reduced.

- 2.2 In relation to the wider commissioning activity, the arrangements in a number of areas around the country have been reviewed to inform the structure that has developed. Desktop research and interviews with different areas, across the country took place to inform the recommendation about the structure moving forwards. Throughout September to December 2015 an appraisal was undertaken which looked to review national best practice and allow the project team to scrutinise existing models of integrated commissioning functions within comparable health and social care settings, with a view to use the findings to better inform our own developments locally.

2.3 The key findings from this research showed that

- The assessment outputs have shown a broad variation in the operational approaches and solutions to joint commissioning undertaken by the Councils and CCGs interviewed.
- There does not appear to be a particular 'pattern' or 'one fit' approach to the activity undertaken; but that the solutions chosen appear to be based on an assessment of what would achieve the 'best fit' for the particular circumstances of the LA/ CCG in question.
- This supports the premise that statutory guidance allows for a significant level of flexibility with regards the application of arrangements to deliver 'joint commissioning' and this is not constrained by an either/or option.

2.4 Part of the learning locally has been to uncover differences in each of our organisations understanding of commissioning and commissioned services, in language and definitions, and in the approach used to different stages of the commissioning cycle. Therefore much work has taken place to develop a shared understanding of process, language and approach.

2.5 The North Kent CCGs and KCC Children's Strategic Commissioning teams are now working in an aligned way. This new way of working, as part of a virtual integrated team, has allowed a more fluid approach to resourcing and recognising that in many forums representation can be joint, as long as routed back into both organisations' appropriate governance structures. This has reduced the amount of commissioning officer time needed for each organisation. Benefits of an aligned, as opposed to integrated, team include a less formal initial structural arrangement. This also means that the team/project is able to develop over time, with an iterative approach to final integrated commissioning that supports integrated service delivery.

2.6 Learning has also been taken from other programmes aligned to this project including the integrated commissioning arrangements for people with learning disabilities, the community mental health and well-being procurement and model, the procurement for emotional wellbeing and child and adolescent mental health services, and the collaborative work to develop a new maternity pathway. These and the aligned approach within this project are enabling a faster paced approach in key areas for improvement, for example in campaigning work in Swale for mothers who are smoking during pregnancy bringing together public health and CCG commissioning.

2.7 A Memorandum of Understanding (MOU) has been developed to put a framework around how we work together. Going forwards this work will look to share this learning with KCC public health and education commissioning colleagues and connect the governance across these partners as well. This

will provide information and gain support for widening the project/commissioning function.

- 2.8 In addition a clear 3-5 year plan is being agreed which sets out the commissioning opportunities across the organisations, enabling the right joint approach to be taken at each contract/procurement milestone and other commissioning opportunities. This will be significant in utilising all the opportunities to further jointly commission in a planned process.

3. Challenges

- 3.1 This project has also resulted in a number of challenges which are still being worked through. These lessons are captured in a lessons learned log and will be beneficial to the ongoing work within this project and also for future projects. Issues have included technical difficulties where KCC and the CCGs work in different offices with different ICT systems. This has made working flexibly difficult resulting in KCC laptops being unable to connect at NHS sites during the early phase of the project; however this has recently been resolved. The CCGs, however, have always been able to connect successfully at KCC sites and there are a number of locations, including the Multi Agency Specialist Hub (Swale MASH) where the building is shared and connectivity is not an issue. This will be expanded moving forwards.
- 3.2 Similarly there have been challenges with some Information Sharing. Communication between colleagues from both KCC and the CCGs involved in this piece of work is good; however there are some restrictions on information sharing. New ways are being developed to share information including through the co- location opportunities identified above.
- 3.3 It is also worth noting that at times it has been more complex to work with just the two North Kent CCGs than it would be to work with all 7 CCGs due to the unpicking of arrangements/pathways/funding which are organised in a wider geographical area, wider teams and services.

4. Moving Forwards

- 4.1 In September 2016, an options paper was taken to the North Kent Joint Strategic Commissioning Group meeting. Four options were outlined for the next steps of the North Kent Children and Young People Integration Project and subsequent commissioning activity. The agreed option was to further build on the current arrangements to align the commissioning function across KCC Children's Strategic Commissioning, Public Health and Education with the North Kent CCGs and to base work going forwards on a joint 5 year commissioning plan.
- 4.2 This three to five year plan has been developed to encompass services not only for disabled children, but for all children, including Acute Services, Maternity Services and services provided by Public Health. The plan represents each service or contract and the stage that the contract is currently in, with details of any analyse/plan/do/review activity included. As a timeline, it

is possible to identify pathways and priorities and look at ways in which we can re-commission services together in a more strategic, staggered and efficient way.

- 4.3 In order to commission services more strategically and sustainably in the future, the Children's Integrated Commissioning Team will work towards developing a more integrated approach to delivering all services around the child including Acute services for all children, Maternity Services, Physical Disability, Education and Public Health. This will help create a central focus, budget and team behind the delivery of these services. The team will also look to develop opportunities to work collaboratively with Education and Public Health.
- 4.4 This option will include wider teams and staffing pulling together to develop a stronger and growing aligned commissioning team/function. There is also the opportunity to develop and grow the current working arrangements to encompass other teams within both organisations. The emphasis within this option is placed on building and promoting relationships at a senior management level, with the establishment of strong governance structures with "dotted lines" of accountability retained by Council Cabinet and CCG Governing Body. The North Kent Joint Strategic Commissioning Group meeting will continue to be the single Governance Board to focus decision-making and drive collaborative change across the organisations.
- 4.5 There will also be continued review of governance arrangements to ensure longer term sustainability for the project/commissioning function. Clearly the project must be sustainable during the evolving structures across KCC and Health and in line with implementation of the Kent and Medway Sustainability and Transformation Plan.

5. Conclusions

- 5.1 The North Kent Health Integration Project began in 2015, and has since delivered a number of benefits. Working in an integrated way has resulted in better communication, sharing of knowledge and the building of relationships. In working together, we have been able to deliver real benefits to children and young people.
- 5.2 There is the opportunity to develop similar arrangements with other parts of the Kent system for commissioning children's services, both with other partners and also with other clinical commissioning groups across the county.

6. Recommendation

- 6.1 **The Kent Health and Wellbeing Board are asked to take note of the implications of this Integrated Commissioning Project for Children's services.**

Contact details




Swale Clinical Commissioning Group


*Dartford Gravesham and Swanley
Clinical Commissioning Group*

Report Author:
Joanna Fathers,
Commissioning Officer
Telephone number 03000 414178,
Email address: Joanna.fathers@kent.gov.uk