Essex County Council

Integrated Plans 2013-16 and

Outline County Council Health and Wellbeing Plan

Version 1

Document owners

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Essex County Council

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Please note that this document is a draft that is yet to complete full governance approvals.

This document forms a ground breaking moment for ECC in so much as it is the first time that ECC has published an overview of its strategic system level position for health and wellbeing with its partners in Essex.

ECC is in a similar position to the CCG's in so much as their Integrated Plans are being submitted to the Health and Wellbeing Board before completing the CCG internal governance processes, Likewise the ECC Outline Health and Wellbeing Plan is being submitted to the Health and Wellbeing Board before it has completed ECC internal governance. Following submission to the 27th March 2013 Health and Wellbeing Board this document will be further refined before being sent to internal Directorate and Corporate Leadership Teams and political governance processes.

The primary purpose of the document is to present, for Council Members, the Health and Wellbeing Board and partner CCGs, the following ECC perspectives flowing from the Integrated Planning process for 2013/14:

- The County Council view on the 5 Clinical Commissioning Group Integrated Plans, the integration commitments contained therein and the Council's approach to working with CCGs to promote integration in 2013/14.
- A summary of County Council commissioning activity in 2013/14 that will be of interest to CCGs and may stimulate discussion on additional potential for integrated commissioning of services in the future.
- An assessment of potential gaps or areas for further development between the County Council and the CCGs and NHS Commissioning Board.

It is presented as a work in progress in light of the continuing Integrated Planning process and will continue to develop in April following the 27 March Health and Wellbeing Board.

The following abbreviations are used in the document for the key partners:

Essex County Council – ECC

Clinical Commissioning Groups – CCGs

NHS Commissioning Board – NCB

NHS Commissioning Board Local Area Team – NCB LAT

Essex Health and Wellbeing Board – HWB

1. Executive Summary

The vision for Integrated Commissioning in Health and Wellbeing services has been articulated by partner public service organisations in the ambition of the Whole Essex Community Budgets programme.

Integration for the partners means integrating the focus on citizen experience, with the common aim of optimising people's health in their normal place of residence and enabling as much health and care support as possible to be delivered safely in the community and in people's homes. It is not necessarily an organisational or structural prescription for joint commissioning, but recognises that commissioning vehicles such as joint commissioning with aligned or pooled budgets and single commissioning teams have potential to push the integrated commissioning agenda further and faster. As recognised in the WECB business case[1] integration is a staged journey to integrated public service commissioning for health and wellbeing through levels of integration, based on what works well for local people and local places

The vehicle of the NHS Integrated Planning process has been used to move the Community Budget ambition into business as usual working through the period December 2012 to March 2013.

The economic context facing the partners sees the County Council needing to make £200m savings by 2017 and the Clinical Commissioning Groups needing to make annual savings in 2013/14 of between 3.1% and 7.8% of their budgets to meet the challenges of growing demand and cost pressures. Service providers are faced by equivalent challenges for savings.

Notwithstanding the challenges of "inventing the process" for integrated commissioning development in a key period of NHS and ECC organisational change, the process has generated significant benefits already in:

- Building mutual trust, understanding, transparency, partnership working and relationship/network development for the long term across Essex.
- There is greater understanding of respective commissioning cycles and pipelines.
- The process has enabled the recalibration of the ECC Transformation Mark II programme as Integrated Commissioning becomes a reality.
- ECC commissioning staff are engaging directly with CCG commissioning delivery Boards.
- There is for the first time some real transparency around the respective financial positions, plans and challenges facing the partners.
- Children's commissioning is now genuinely on the shared agenda.

[1] http://www.wecb.org.uk/WECB-Projects/integrated-commissioning

- Public Health has taken an increasingly prominent role in the development of the Integrated Plans.

ECC, the CCG's and the NHS Commissioning Board understand that lock-in to integrated commissioning will only happen when joint service contracts are signed. In reality, due to contractual commitments already in place this will happen mainly from 2014/15 onwards. The ground work however to enable the joint contracts will require important mutual commitments to be made early in 2013/14.

ECC is committed to this process as demonstrated by its proposals to create the posts of Integration Directors with fully delegated responsibility, aligned to each CCG, supported by a business management function and Public Health Consultants within each CCG. ECC has embarked on its Transformation Mark II programme during which it will be re-designing its "people" commissioning function. Integrated commissioning posts are key to this transformation and as such the ambition is to have ECC Interim Integration Directors in place from May/June2013 to enable the integration process to proceed whilst the Transformation Mark II programme completes its final designs for commissioning structures within the council.

The County Council and the NHS are now articulating common vision and ambition for the populations they serve, and there is genuine buy-in among partners to use Integrated Commissioning as a vehicle to transform public service delivery.

There is emerging consensus, subject to approval by organisations' respective governance arrangements, on adopting an Integrated Commissioning approach to a set of common themes to enable independence, provide support, care and services at different system levels:

- Older People – to be commissioned locally on a CCG footprint, within an overarching strategic framework for the county.
- Mental Health services – to be commissioned on a north and south Essex basis.
- Learning Disabilities – to be commissioned on a north and south Essex basis to start and explore opportunity for Essex-wide approach.
- Children's services – a mixture of local and Essex-wide as appropriate.
- Public Health – mainly at Essex level, some at local level and some by Public Health England.

Significant work will be required on common Essex-wide governance and enablers in 2013/14 to prepare the system for wide spread and embedded Integrated Commissioning by March 2016.

Learning Disabilities in north Essex is an illustration of the work to be done. The partners know that 3 significant ECC and NHS service contracts are due for renewal from 1 April 2014 that could better be commissioned jointly. To exploit the opportunity a whole series of practical and

logistical challenges would need to be overcome, including the delivery of joint service specifications in the summer of 2013 for procurement. For that purpose each of the partners would need to have declared clearly the available finances and the term for which they are committed, the integrated commissioning team would need to have formed at least in shadow operating mode, notice would need to be given to providers and any governance and partnership agreement issues would need to be well advanced by the end of quarter 1 of 2013/14. Partners will need to test the viability of such a timetable in planning the next stage of the Integrated Commissioning programme.

ECC proposes to commit the £5.6m growth in Section 256 Sustainability funding in 2013/14 to drive the integrated commissioning transformation agenda, piloting joint demand management approaches and enabling the delivery of Integrated Commissioning.

The programme of work between December 2012 and March 2013 has created a significant momentum that will need to be maintained by the partners in 2013/14 from the outset in order to make integrated commissioning a widespread and embedded reality in Essex from 2014/15 onwards. For this purpose partners will need to commit both time and resources to a joint Programme Management approach. The Council foresees the Business Management Group of the Essex Health and Wellbeing Board having a key role in driving and overseeing this process.

The same principles and activities apply to all the potential areas for integrated commissioning and, building on this example, a generic high level programme of activities to support Integrated Commissioning is outlined below. Detailed timings will need to be agreed between the partners relating to each of the different integrated commissioning priorities. The enablers will generally be common for all but exceptional cases.

Activity	**Responsibility**	**Proposed Completion**
1. ECC to appoint Interim Directors for Integrated Commissioning and Vulnerable People	ECC Cabinet	May 13 / June 13
2. Agree lead commissioning responsibilities if not already covered through Integrated Plans	CCG Boards	April13 – October 13
3. Review process for 13/14 Integrated Planning and construct 14/15 timetable and process.	HWB Business Management Group (BMG)	April13 - July 13
4. Establish Integrated Commissioning Governance and Programme Management arrangements, with	ECC/CCGS/	April 13 / Oct

agreed resourcing plan.	NCB LAT	13

5. Establish Programme arrangements for LD/MH/Children and local arrangements for Older People Services Integrated Commissioning Boards for
• Older People Services – at CCG level typically through existing QIPP programme boards.
  ○ Some Essex wide arrangements needed for S256 sustainability projects.
• Mental Health. North and South Essex arrangements.
• Learning Disabilities. North and South or pan-Essex.
• Children
  ○ Some at local level
  ○ Some at Essex level.
	ECC/CCGs	April 13 – June 13

6. Establish the Learning Disability Commissioning Arrangements across Essex • Establish an Integrated Commissioning Programme Board with representation from CCGs and ECC • Agree the governance arrangements and delegated decision-making mandates • Establish priorities for service transformation that reflect current local and national imperatives • Agree and publish a joint health and social care strategy • Set up aligned or pooled financial arrangement with appropriate governance • Establish genuine joint arrangements for commissioning and contracting with health &		April 13 – Mar 14

social care providers		
7. Initial Programme: Establish Enablers programme at pan-Essex level – Phase 1: • Governance – e.g. S75 agreements, consistent arrangements between workstreams. • Commissioning – vision, strategy, etc • Commercial – contracting & procurement • User/Carer, & clinical Engagement • Information governance/Data sharing • Communications • HR – workforce planning, culture training (universities, LATs etc)	Programme Board/HWB BMG	April 13 / Oct 13
8. Establish Enablers programme at pan-Essex level – Phase 2: • Finance – Aligned or pooled Budgets • Communications • Commissioning Implementation • Information governance/Data sharing		Commencing Oct 13
9. Integrated Commissioning governance arrangements in place across Essex, including draft Partnership agreements, Board accountabilities and reporting, risk and benefits share	Programme Manager for constituent partner approval processes	Nov 13
10. Integrated Commissioning Programme PID and workstream PIDs, including commitment to clear programme and project timetables	Programme Manager	May 13 / June 13
11. Financial planning assumptions and Contract	ECC/CCGs	Apr 13 – Mar

Mapping for joint service contracts		14
12. Shadow Integrated Commissioning teams in place with clear leadership.	Lead Commissioners	May13 / June 13
13. Draft service specifications for 2014/15 contracts (timetables subject to formal contract notice periods with providers and CCG contestability plans)	Shadow IC Teams	Sept 13
14. Engagement with stakeholders and service providers on draft service specifications.	Shadow IC Teams	Sept 13 onwards
15. Agree procurement route and contract terms	Programme Board	Dec 13
16. Service specifications issued for procurement	Shadow IC teams	Dec 13
17. Local guidance on process for Integrated Planning between partners in 2014/15	NCB LAT/HWB	October 13
18. Formal appointment of Integrated Commissioning Leads and teams where required and agreed (aligned to TM2)	ECC/CCGs	September 13
19. Integrated Plan process for 2014/15	CCGs/ECC	November 13- March 2014
20. Initial first tranche jointly commissioned contracts in place	Lead Commissioners/IC teams	April 2015

Figure 1

2. Context

2.1. Whole Essex Community Budgets

NHS, Social Care and Public Health services are strongly connected across a number of domains in Essex. The Health and Social Care system is extremely complex, with 19 statutory organisations commissioning health and wellbeing services either through the NHS or the top-tier local authorities. Each is often separately dealing with the same conditions and types of people in their programmes of care, and collectively they spend around £3.1bn a year on the populations they serve.

To tackle growing demand and public expectations of health and social care against constrained resources, the partners have to think radically both how to reduce demand and commission services together in order to address a collective funding gap they have identified of £354m in years 2013-2017. These figures represent the requirement against underlying baseline budgets and are already factored into the organisations' savings plans. In order to address the economic and demand pressures Local Government and the NHS embarked on the Whole Essex Community Budgets (WECB) programme, of which Health and Wellbeing is one of the key workstreams. Through the Essex Health and Wellbeing Board the partners have agreed to use the vehicle of the CCG Integrated Plans to drive forward the Integrated Commissioning agenda.

The system partners in Essex come together in the Essex Health and Wellbeing Board which has been established as a partnership Board to encourage, stimulate and oversee the development of integrated working between the partners.

2.2. Essex County Council Financial and Demand Outlook

Local government faces central government funding reductions of nearly 30% over the 4 year period to 2015 and further reductions are expected in the next Comprehensive Spending Review. As a result of this reduction in funding, ECC is forecast to shrink from being a £930m organisation in 2012/13 to an £850m organisation by 2016/17 (excluding new responsibilities and funding arrangements around Public Health and Learning Disability Grant). The gap between available budget and demand for ECC services is forecast to be £200m by 2016/17.

Over the last 4 years Essex County Council has embarked on an ambitious transformation programme and achieved savings of £300m by 2013. This is one of the largest savings targets of any local authority in the country.

However, the major challenge ECC faces is not simply one of reductions to funding levels, but inflation and demographic pressures. The Council faces demographic pressures and increased demand for services, particularly in the Adult, Health and Wellbeing service area including Learning Disability, Physical and Sensory Impairment, Older People and Mental Health services. These services alone represent close to half of ECC's controllable budget. The risk is further exacerbated given the enormous efficiency savings and demand pressures within the health system. It is imperative that the Council works with health partners and builds on the Whole Essex Community Budgets work to date, to address the common issues.

An overview briefing paper of Essex County Council Expenditure Analysis was provided to CCGs in mid-February.

The profile of the financial gap for ECC over the years to 2017 is:

- 2013/2014 - £5m
- 2014/2015 - £77m,

- 2015/2016 - £137m
- 2016/2017-£195m

2.3. NHS Financial and Demand Outlook

The NHS in Essex faces the same demographic pressures and similar growth in demand for services. While not losing cash in the same way as the County Council in its financial outlook, the NHS in Essex faces unprecedented efficiency demands on average of 5.5% per annum.

The 2013/2014 allocations and Quality Innovation Productivity and Prevention (QIPP) programmes for the Essex CCGs are outlined in Figure 2.

CCG	13/14 Allocation (£ 000s)	Population (ONS projections 2013)	Allocation per head (£)	QIPP	% of Allocation
North East Essex	388,790	317,478	1,225	12,002	3.1%
Mid Essex	368,029	371,807	990	27,500	7.5%
West Essex	310,407	280,158	1,108	20,000	6.4%
Castle Point and Rochford	192,516	171,942	1,120	14,997	7.8%
Basildon and Brentwood	292,064	255,603	1,143	11,475	3.9%
Total across ECC area	**1,551,806**	**1,396,988**	**1,111**	**85,974**	**5.5%**
Southend	198,232	178,029	1,113	7,777	3.9%
Thurrock	175,282	163,848	1,070	6,100	3.5%
Grand Total Greater Essex	**1,925,320**	**1,738,865**	**1,107**	**99,851**	**5.2%**

Figure 2

The Council wishes to further understand the implications of historical PFI and other structural challenges facing the CCG's. In addition the Council wishes to understand better the impact on the health and social care system of the QIPP challenges facing the CCGs. We will be further exploring these issues with CCG's during the first half of 2013/2014

2.4. NHS Organisational Landscape

The organisational changes in the NHS that come into place on 1 April 2013 have absorbed a massive amount of time and leadership attention over the past 18 months and have had an

understandable but inevitable impact on the momentum for Integrated Commissioning for several reasons:

- Key leadership relationships have changed and organisational arrangements are only now beginning to settle. Accountable Officer appointments for example are not yet complete in all of the Essex CCGs.
- The changes in leadership have meant new relationships having to be forged with many among the new leadership not having been previously engaged in the Integrated Commissioning journey between the NHS and ECC, and therefore coming to the table with new perspectives and views.
- CCGs' priorities leading into the integrated plan timetable have been to complete successfully their respective Authorisation processes; this has absorbed a great deal of CCG leadership time and resource.

2.5. Joint Health and Wellbeing Strategy

ECC affirms its commitment to the Joint Health and Wellbeing Strategy for Essex, with the 3 priorities of:

- Starting and developing well – every child has the best start in life.
- Living and working well – residents make better lifestyle choices and have the opportunities needed to enjoy a healthy life.
- Ageing well – older people remain as independent for as long as possible.

ECC also affirms its commitment to the Health and Wellbeing Board as the overarching partnership board to facilitate and encourage integration of health and wellbeing services for the population of Essex.

2.6. ECC Commitment to Integrated Commissioning

ECC is committed to becoming a commissioning led organisation and is prepared to initiate a programme of joint commissioning with CCGs where it offers improved customer / service user / patient and organisational benefits.

Alongside this process it intends to develop with partners the initiatives previously developed in the Whole Essex Community Budgets business cases; particularly those for Families with Complex Needs, Domestic Abuse and Strengthening Communities.

Essex County Council acknowledges the sovereignty and geographical context of the Essex CCGs. ECC proposes to work collaboratively with individual CCGs to coordinate integration and with the NHS National Commissioning Board (NCB) as well as other bodies to ensure system wide sustainability of health and social care in Essex.

ECC's intention is to eliminate jointly new costs being added to the health and social care system, with services developed or decommissioned on a system basis, rather than by one party implementing change unilaterally to the detriment of the other party.

In support of its objectives ECC will align an Integrated Commissioning Director to each CCG with fully delegated responsibility. The Integrated Commissioning Director will be supported by locality focused commissioning resources from the ECC Strategy, Transformation and Commissioning Support function and a locality based Public Health Commissioner. ECC has embarked on its Transformation Mark II programme during which it will be re-designing its "people" commissioning function. Integrated commissioning posts are key to this transformation and as such Interim Integration Directors will be put in place from May/June 2013 to enable the integration process to proceed whilst the Transformation Mark II programme completes its final designs for commissioning structures within the council.

ECC expects the Health and Wellbeing Board to have a central role in facilitating the development of coordination and integration.

ECC will resource its activity to support the integration of plans and development of joint commissioning using the Social Care Sustainability Fund and its Transformation Mark II outputs.

2.6.1. ECC Transformation Programme *(Subject to Business Case Approval)*

In order to deliver efficiencies of £200m per annum by 2016/17 the County Council has agreed a Transformation Mark II programme. The programme will continue the council's transformation into a commissioning-led council, separating explicitly strategy and commissioning from operations.

In re-structuring the council, it is proposed that the statutory roles of the Director for Children's Services (DCS) and Director for Adult Social Services (DASS) be combined. The combined post-holder of DCS and DASS will be the principal Commissioner for People Services.

To progress the integrated commissioning agenda the County Council is proposing to establish 5 Directors of Integrated Commissioning and Vulnerable People posts in the People Commissioning Structure, to be aligned to the 5 Clinical Commissioning Groups within Essex County Council's geography.

The current roles of Commissioning Delivery Director working with the CCG's will no longer exist.

The proposed role and responsibilities for the Director of Integrated Commissioning and Vulnerable People in relation to CCG posts are outlined below.

- It is proposed that the post-holder will be the Nominated CCG Board member for the County Council and will have equivalent status in ECC to the Authorised Officer of the CCG. The County Council proposes they have the status of a CCG Board Executive Director with voting rights.
- It is proposed that the post-holder will be a member of CCG Executive Team and will have a 'time commitment' presence in their respective CCG.
- In addition to their responsibilities in the CCG it is proposed that each post holder will take a lead role for Integrated Commissioning on behalf of ECC (and in time potentially for ECC and CCGs jointly) for specialist strategic commissioning for a client-group or groups in addition to their CGG- specific responsibilities (an example could be Mental Health or Learning Disabilities).
- It is proposed that they will oversee the support and input from ECC commissioning staff (e.g. Subject Matter Experts and Procurement where appropriate) into the CCG.

Integrated Commissioning will develop in Essex at a number of different levels of the health and wellbeing system. Adult Mental Health, Learning Disability, Public Health and some Children's services will be commissioned on either a north and south Essex or Essex-wide basis. Services for Older People and some Children's services will be commissioned jointly at CCG level.

For Integrated Commissioning to develop meaningfully at CCG level the Integrated Commissioning Posts will require delegated authority to create "lock-in" to joint contracts. ECC recognises this has not been its way of working historically and is developing the process to determine freedom to commission against delegated budgets at CCG level.

The post-holders will be accountable to the ECC People Commissioner for the performance and development of Council commissioning resources including budgets, and the commissioning of services in line with County Council policies and priorities.

Where the CCG's and ECC agree in the future to pool or align budgets for jointly commissioned services the post-holders may be the Joint Commissioning lead on behalf of the CCG and ECC. In such cases the post holder will be jointly accountable to the People Commissioner and the CCG Board for the use of agreed joint commissioning resources and delivery of jointly commissioned contracts.

The County Council believes it is imperative that ECC and Health partners build on the Whole Essex Community Budgets work to meet the demographic pressures and requirements for financial savings together. The planned, phased activity of the ECC Transformation Mark II programme includes having integrated commissioning in place with partners by March 2016.

ECC aims to secure lock-in to integrated commissioning arrangements with CCGs through joint contracts for services. To achieve this aim ECC is committed to reviewing jointly its procurement

pipeline and CCG contestability plans to identify opportunities for joint commissioning. These should lead to the development of joint specifications, followed by joint procurement and contract management, with deliverable savings for the partners.

ECC commits to working with CCGs and the NCB LAT to ensure system leadership issues and roles are clarified across Essex on behalf of the partners.

The final versions of the Integrated Plans will specify how Reablement funds will be used on a joint commissioning basis.

As evidence of its commitment to devolve commissioning activity to CCG areas, ECC will be co-locating commissioning capability and resources to CCGs to support integrated commissioning development during the course of 2013/2014.

2.6.2 Section 256 Sustainability funds

The initial proposals for the use of sustainability funds transferring from the NHS to ECC, which are in the process of agreement between the NCB LAT, ECC and CCG lead Commissioners, are:

- £15.5m will be used in ECC base as for previous year's agreements.
- £5.6m will be put in to demand management schemes with ASC benefits as well as health.

Appendix 7 contains the paper submitted to North and South Essex PCT Cluster Boards during March 2013 for approval on ECC's use of the Social Care Sustainability funds. The paper submitted to the PCT Boards is attached as Appendix 7

2.7. Commissioning Support

The importance of high quality commissioning support in the health and care market has never been greater, for the following reasons:

- Local authorities and the NHS are increasingly recognising they have joint interests with common providers.
- Business Intelligence, Procurement and Contracting are essential components of any commissioning system.
- Joint or integrated commissioning must be delivered through a single procurement route if it is to be contractually deliverable.
- The County Council and the NHS have separate business intelligence, procurement and contracting infrastructures.

The NHS Commissioning Support Unit (CSU) for Essex has been established as an arms-length agency to support the new Clinical Commissioning Groups and CCGs have choice whether to procure commissioning support in-house or through the CSU. The CSU is hosted temporarily with the NHS Commissioning Board Local Area Team and will be subject to review in 2014 to determine its organisational future.

Essex County Council has its own Procurement and Business Intelligence infrastructure and the Transformation Mark II programme will separate commissioning from delivery in Adult Social Care, Schools, Families and Children and Public Health.

High quality joint procurement can help shape integrated provision of services when commissioners work together to achieve common outcomes. Indeed it is difficult to see how integrated commissioning can be delivered without either single or joint procurement led by either the County Council or the NHS.

Market shaping of important sectors of the health and care market and the development of shared market strategy presents previously unavailable opportunities to drive up standards and quality in areas such as care homes where different commissioners are often charged different rates for the same services, and delivered to different contractual standards.

The development of joint Procurement, Business Intelligence and Contracting infrastructures by the key Integrated Commissioning partners needs to be explored as the respective Commissioning Support infrastructures are reviewed.

3. ECC and NHS Accountabilities

It is important to recognise that the differing accountability, governance and funding arrangements between the County Council and NHS partners can create tensions and a failure of mutual understanding/trust if they not are appreciated. They are not matters of local design or choice and must be understood as such.

The County Council is led by democratically elected politicians, with elections every 4 years. It receives its funding primarily through local taxation, Central Government grant and charges for service. Policy and funding cycles may therefore necessarily differ between the partners.

Services are not necessarily universal in areas such as adult social care and may also be subject to national eligibility criteria.

The County Councils main responsibilities include:

- Safeguarding
- Assessment against Fair Access to Care Services (FACS) criteria

- Provision of Services or personal budgets to meet identified needs

In addition for Children the County Council's main responsibilities include:

- Services for looked-after children, including fostering and residential care
- Court liaison and advisory services
- Adoption
- Child protection
- Family support
- Services for children with disabilities.

Eligibility thresholds have been established for children's services. Sometimes, parents contribute to the costs of some specialist residential placements for children.

CCG Governing Bodies are responsible for assuring the delivery of the majority of NHS commissioning and corporate objectives. CCG Boards include ECC representation.

CCGs are clinically-led and are membership organisations to be run by member practices. To do this effectively the CCGs each have a Governing Body, which acts to perform those functions and responsibilities delegated by the CCG member practices and those accountabilities required in the Health & Social Care Act (2012).

CCGs' accountabilities pertain to their commissioning responsibilities not their provision of services which is not their primary role. That role is one discharged by independent contractors (including GPs, Dentists, Opticians and Community Pharmacists)

The provider services/independent contractors in primary care are commissioned by the NHS Commissioning Board, which is a national body and a Special Health Authority.

Important local services commissioned by the NHS CB Local Area Teams include primary care.

NHS services are free at the point of need with limited exceptions in terms of charges for service such as dental services and prescriptions.

3.1. Health and Wellbeing Board

The Essex Health and Wellbeing Board is the Partnership Board charged with oversight of the Essex Health and Wellbeing system. While it is formally a Committee of the Council the governance has been established for partners to hold one another to account for the delivery of integrated working and oversight of the system.

The partners recognise that they operate to significantly different funding, eligibility criteria, governance and accountability arrangements which can undermine partnership working if there is a lack of commitment, mutual trust and good will on the part of any or all partners.

4. Integrated Plans Overview

4.1. Common Challenges and Common Ambition

The NHS and the County Council both face significant financial and demographic challenges which, if not addressed in partnership, create the risk of even greater fragmentation of service quality and massive potential for cost-shifting around the system.

The risk however is counter-balanced by the strong shared ambition for the population whom the Council and the NHS serve. The engagement process for Integrated Commissioning over the last 3 months has brought to the surface the common values and ambition to develop more person-centred approaches in health, care and support, focussing more on strategies for prevention and enabling independence / self-help in people and communities.

There is also a common direction of travel strategically in both ECC and the CCGs seeing their organisations as commissioners of services and support. The Council's Transformation Programme is a key enabler of that shared direction. As a result there is an increasingly common language being used around outcomes-based commissioning by all parties.

There are several common themes for the Essex-wide system but also differences of approach and relative priority – the differences however are generally about the "how" and not the "what" or the ambition.

The common high-level themes are explored in the following sections.

4.2. Shared Principles for Integrated Commissioning Arrangements

Experience of integrated care and commissioning both nationally and in Essex is mixed, and a key aspect of learning from previous local arrangements in Essex is the need for the partners to commit and "lock-in" to them for the long term.

The proposition developed in the WECB Health and Wellbeing workstream is based on 9 shared principles, the first of which is that integration is essentially about shared focus on citizen experience[2].

[2] See Appendix 1for the 9 principles for Integrated Commissioning.

4.3. Essex-wide Themes for Integrated Commissioning

4.3.1 Shift from Institutional to Self-help and Community-based Solutions.

There is shared vision around the need to shift from institutional to community-based solutions for people. In the case of the NHS this means a shift away from hospital based care, and in the case of the County Council it means a shift away from care delivery in residential and care homes.

There is a shared desire to create systematic and robust community-based models of integrated health and social care, organised primarily around clusters of GP practices in identified localities.

There is a shared ambition to move towards prevention, resilience and self-care / mutual support.

4.3.2 Outcome Based Commissioning and Accountable Lead Provider Approaches (ALP)

In all CCG areas a common theme has emerged to develop outcome based joint specifications through an Accountable Lead Provider (ALP) approach. ECC is committed to examining the viability of this approach.

Each CCG is at different places in its thinking about the model. The West Essex CCG area is piloting the pathway for frail elderly early in 2013/2014, while in North East Essex the thinking is at a more “macro” level of service bundles for all age services.

Whether approached from a micro or macro level the common characteristics of the model are:

- Commissioners commission an Integrated and Accountable Programme of Care for a population of patients with particular needs.
- The commissioner would have an outcome based contract with the Accountable Lead Provider with aligned service and financial incentives.
- The Accountable Lead Provider is a provider of care within the pathway of care, not just a "navigator" or "integrator".
- The Accountable Lead Provider both provides and subcontracts health and care.

The approach is radical and new to the NHS and social care, but has clear precedents in the worlds of commerce and service industries through supply chain management. There is some limited case study evidence in the NHS of successful approaches in disease pathway management.

The task of integrating services is transferred from the Commissioner to the ALP provider.

Very careful attention will need to be given to systems issues such as payment mechanisms and risk/benefit share between the Commissioners and the ALP, as well as between the ALP and other providers, including:

- Alignment of transformation, social care sustainability and reablement funding.
- Alignment of commissioning processes
    - Commissioning support arrangements.
    - Contract and procurement timelines.
    - Structure and development of provider market.
- Equity of outcomes across Essex.

4.3.3 New Way of Working

It has to be recognised that joint commissioning in Essex is a relatively new way of working for most NHS and County Council commissioners and the programme to move Integrated Commissioning into business as usual will take significant organisation development effort.

As highlighted earlier in the document the council is working to ensure Transformation Mark II aligns with this plan

4.3.4 Consistent Pattern of System Level Commissioning

Through the December to February engagement process, agreement has been reached in principle, subject to organisational governance processes, to commission services either jointly or in an aligned way at different system levels.

The table below shows the level of agreement in principle

Service	System level	Lead Commissioner/Commissioning Coordination
Older People	• CCG for most • Essex for CHC	• CCG or ECC • Lead CCG or ECC
Mental Health	• South Essex Cluster • North Essex Cluster	• CP&R • NEE
Learning	• North and South Essex Clusters to start	• ECC with WE and CSU in support in north Essex

Disabilities	• Potential move to Essex-wide	
Children's services	• Some at local level (e.g. maternity and early years, including children's centres) • Some Cluster or Essex-wide(e.g. Integrated CAMHS & Behaviour)	• NHS or ECC? • Note the NHS CB role also in Health Visiting to 2015.
Public Health	• Essex for population health programmes (e.g. Sexual Health) • CCG for some very specific interventions(e.g. case finding) • Public Health England for immunisations and screening programmes	• Mixed according to nature of programme
Enablers	• This is an area to be developed as there is no system level agreement for enablers	

Table 1

4.3.5 Enablers

There are a significant number of common enablers across all of the proposed strands of Integrated Commissioning and agreement is needed on how they will be developed if they are not to become practical barriers to integrated commissioning and joint contract lock-in later in the programme.

It will be critical that enablers such as finance, procurement, Information governance and HR are aligned to support that timetable.

It is proposed that the HWB Business Management Group should lead on establishing a set of task and finish work streams for the required enablers for integrated commissioning across Essex.

The key work streams are:

- Governance – e.g. S75 agreements, consistent arrangements between workstreams.
- Commercial – contracting & procurement, contestability plans, contract pipelines.
- Finance – e.g. forward commitments, payment mechanisms, aligned or pooled Budgets.
- Information governance/data sharing.
- Communications and engagement with wider stakeholders.

- HR – workforce planning, team development.
- Estates and IT – e.g. team co-locations, shared IT systems.

It will essential to establish these work streams, with clear objectives and mandates, early in 2013/14, with a proposed duration of 6 months.

5. Essex-wide programmes for Integrated Commissioning

5.1 Older People

There is consensus across Essex that services for Frail Older People should be commissioned locally (within CCG boundaries) within an overall draft ECC/CCG strategic framework, against locally determined priorities.

The strategic framework aims to achieve optimum levels of independence for older people and reduce health inequalities. It has a set of common strategic themes:

- Social inclusion, including prevention and early intervention - information and advice.
- Dementia.
- Falls Prevention.
- Continence Management.
- Support for carers.
- Urgent Care Pathways - crisis avoidance and crisis response, long term conditions.
- Support for professional carers to raise standards in care homes, linking with providers of community services.
- End of Life Care.
- Continuing health care - children and adults.

Priorities within the themes are often different in the 5 CCGs, but the sense of strategic coherence will be enabled by the Council's proposed use of Section 256 Sustainability funds in 2013/14 for consistent approaches to demand management across the county.

In previous years ECC has allocated the Social Care Sustainability funds directly into its base budgets to relieve known pressures on Adult Services. However, for 2013/14 a different approach is proposed for the additional money over and above the £15.5m that has again been added to ECC base. It is proposed that the additional £5.6m of Social Care Sustainability funds be used to manage demand recognising the geographical sovereignty and integrity of each CCG. The schemes to be invested in must benefit Adult Social Care but also benefit our Health partners.

The schemes will be high impact schemes working at a local level but will also include transformation programmes of work. The funds will not be allocated back to CCGs on a population basis.

With regard to Re-ablement and the Home Care Support service the County Council wishes to work with health partners through integrated plans to review and remodel a joint approach to domiciliary care and re-ablement to enable individuals to remain independent in their own homes for as long as possible and access their communities. The plan is to:

- Monitor performance and feedback of existing domiciliary re-ablement contract.
- Develop Essex strategy for re-ablement - to manage demand pressures created by shift in demographic profiles.
- Remodel HSS service and related health services to move away from task and time focused provision to outcomes based interventions which promote independence and move away from dependence.
- Work with health partners to review and remodel joint approach to domiciliary care and reablement longer term in line with existing contract end dates.
- Work with health partners to consider needs of individuals with long term conditions.

It is agreed that services for the Frail Elderly will be commissioned at CCG level for the majority of the themes.

The exception to CCG level commissioning would be Continuing Health Care where ECC wishes to see an Essex-wide set of system rules and processes established.

5.2 Mental Health

ECC agrees that joint commissioning in Adult Mental Health should be on a north and south Essex systems basis. ECC understands the lead CCG commissioner in north Essex will be North East Essex CCG and Castle Point and Rochford CCG in south Essex.

NHS and local authority social care commissioning for mental health in secondary care is already aligned and well established across Essex and this includes a Mental Health Outcomes Framework that has been developed with Essex County Council, health commissioners, and the two south Essex unitary authorities (Southend and Thurrock), providers, service users and carers. This framework provides a common framework for commissioning both health and social care and incorporates the national outcomes framework 'No Health without Mental Health' Outcomes. The population outcomes described in the Essex Mental Health Outcomes Framework are:

- People will have good mental health.
- People with mental health problems will recover.
- People with mental health problems will have good physical health and people with physical health problems will have good mental health.
- People with mental health problems will have the best possible quality of life.

In south Essex it is proposed that Mental Health services for Working Age Adults will be commissioned jointly by ECC and south Essex CCGs on a south system basis. This will be overseen by a South Essex Mental Health Joint Commissioning Board comprising representatives of the four CCGs and Directors of the three local authorities in south Essex. The priorities for south Essex for the next year are set out in the South Essex Mental Health Joint Commissioning Strategy which went out for formal consultation in March 2013[3]. www.southessex.nhs.uk/mentalhealth

The CCGs in north Essex and ECC have committed to developing a Mental Health Joint Commissioning Strategy in 2013 that is evidence-based and informed by the Essex JSNA. This will build on priorities identified in workshops held between health and social care commissioners, supporting a greater focus on empowering people to live fulfilling and independent lives in their own homes.

For north Essex there are a number of non-statutory services that are jointly funded by NHS and ECC commissioners and managed by ECC under a S256 agreement. These are services that support social inclusion and include employment, housing, social networks, engagement, day time activities and advocacy. The S256 agreement ends on 31 March 2014 and there will need to be early discussions and agreement about how services and contracts are to be taken forward after that time and in the context of the mental health accommodation pathway, contract reviews and the development of new specifications for services.

The Mental Health accommodation pathway is a key feature in changing the shape of services, supporting recovery oriented approaches and enabling people to live more independent lives in the community. In particular, the aim is to move from dependence on residential care, to enabling services and supported housing that meets a wider range of needs from high level 24 hour services to support within individual homes wherever possible. The County Council is front loading investment in recognition of the importance of the accommodation pathway in managing demand and supporting recovery. It will involve a procurement exercise, planned for 2013, in order to engage a strategic partner to take forward the housing related support function and remodelling of existing supported housing provision. The NHS across Essex currently supports a number of supported housing schemes, some of which are managed by Essex County Council

[3] See Appendix 2.

under a S256 agreement, and therefore the future shape of supported housing and housing related support will need to be taken forward jointly. There is also potential for extending the proposals to specialist supported housing to support people with complex health needs.

The County Council's statutory social care functions in relation to Mental Health are delegated to North Essex Mental Health Partnership University NHS Foundation Trust and South Essex Mental Health Partnership University NHS Foundation Trust through two S.75 Partnership Agreements for integrated working and joint management under the Health Act 2006. These agreements have been extended for six months until the end of September 2013 whilst negotiations are concluded on new agreements that are outcomes focussed. The value of these agreements for 2013/14 is in the region of £4,179,000 and £2,115,000 respectively.

The following ECC programmes of work are not included in the integrated plans but will be of interest to or have potential impact on the NHS and may have potential for future joint commissioning. The activities are listed at summary level:

- Embedding and strengthening personalisation within the Trusts.
- Producing a market position statement for social care support to people with mental health needs across Essex.
- Strengthening mental health services for people who are profoundly deaf.
- Working with drugs and alcohol specialists to provide appropriate responses to people with a dual diagnosis of substance misuse and mental illness.

5.3 Learning Disabilities

North Essex CCGs and Essex County Council have agreed jointly to establish Integrated Commissioning of health and social care services to support adults with a learning disability. The strategic intent re-affirms the leadership and role of Essex County Council as the lead commissioner for learning disability services. To achieve this end, the north Essex CCGs and Essex County Council will address the following key tasks and action areas:-

- Establish an Integrated Commissioning Programme Board with representation from CCGs and ECC.
- Agree the governance arrangements and delegated decision-making mandates.
- Establish priorities for service transformation that reflect current local and national imperatives.
- Agree and publish a joint health and social care strategy.
- Set up an aligned or pooled financial arrangement with appropriate governance.
- Establish genuine joint arrangements for commissioning and contracting with health & social care providers.

The CCGs and Essex County Council have agreed jointly to complete these actions and tasks by 31st March 2014.

The joint vision is that people with learning disabilities will have improved health and wellbeing through:

1. Making healthy choices and adopting healthy lifestyles.
2. Having equal access to primary health services.
3. Maintaining and improving their physical and mental health.
4. Learning to manage their own health and care needs.

Integrated commissioning arrangements will help ensure that services reflect best value through:

- Reducing dependency by encouraging and supporting people to develop skills and capabilities to do as much as possible for themselves.
- Maximising use of low level interventions, equipment, technology and adaptations that increase independence and reduce the need for more intensive support.
- Maximising use of community and mainstream facilities and services that allow people to lead as ordinary a life as possible.
- Closer integration of specialist health and social care services and integrated care and support pathways.

The following ECC programmes of work are not included in the Integrated Plans but will be of interest to or have potential impact on the NHS. Several may have potential for joint commissioning in future Integrated Plans.

The activities are listed here at summary level, with more detail in Appendix 3

- Implement an All Age Disability approach to working with service users with learning disabilities.
- Develop a pan-Essex Autism Strategy, focusing on people with high-functioning Autism.
- Develop the 'Shared Lives' service to cover parents with a disability.
- For parents with a disability we will explore the issues within the current service offer.
- Complete the reviews for those people receiving housing related support and adult social care services.
- 'Be Safer' project. To further address hate crimes.
- Expand the reach and uptake of supported volunteering opportunities.
- Inclusive Communications Essex service.
- Analyse needs, current & future demand and the market for the short breaks service.
- Develop a Greater Essex (inc. Southend and Thurrock) Market Position Statement for people with learning disabilities aged 14+.
- Deliver a new model for LD citizen engagement.

- Develop an integrated health and social care approach to people who challenge services

5.4 Children's Services

The County Council's vision, strategic priorities, outcomes and Effective Support Windscreen are set out in Appendix 4, along with more detailed descriptions of the services commissioned.

The Children, Young People and Families Partnership is the partnership body driving an integrated and coordinated approach to children's services across Essex and in localities. Essex County Council is responsible for the leadership of this.

ECC is committed to integrated commissioning to achieve the best outcomes for children, young people and families. Hence, we are developing a multi-agency approach to commissioning. CCGs and the NCB (responsible for health visiting until April 2015 when it transfers to ECC) are significant partners; however schools/Colleges, the Police and District Councils are also important Commissioning partners. There are over 500 schools and colleges with 106 Academies, each has their own budget and responsibilities for providing education and support to pupils.

The Schools, Children and Families Directorate of ECC has worked with each CCG to ensure that plans for integrated commissioning of children's services are developed. ECC is producing a Children's Commissioning Strategy.

This Commissioning Strategy has two components – what we intend to commission directly ourselves and what we wish to commission through an integrated approach with CCGs and the NCB. These ambitions and plans are summarised in this Plan.

Provision that Essex County Council is currently commissioning itself and would expect to continue doing so in the forthcoming years includes the following. CCGs will have an interest in many of these services and integrated delivery will be important; however we consider that ECC would continue commissioning these services by itself.

- Education and Childcare
- Adult and Family Learning.
- Support for Young People
- Safeguarding and Child Protection.
- Children In Care and Children Leaving Care.

Provision that Essex County Council wishes to commission together with CCGs includes

- Family Solutions – Integrated Support for Families with Complex Needs

- Child and Adolescent Mental Health Services (CAMHS) - to develop plans to re-commission an integrated CAMHS and behaviour service across Tiers 2 and 3 with good links with universal and Tier 4 provision.
- Early years and children's centres - to work with CCGs to ensure that specifications ensure improved links, information sharing and joint working between maternity, health visitor/MESCH/FNP services and Children's Centres and all other appropriate early years services. From April 2013 onwards we will be planning to re-commission children's centres and want to ensure that together we develop plans for an integrated early years service.
- Safeguarding and Child Protection - to improve the links and joint working opportunities between CCGs, Health Providers and ECC staff and ensure the requirements to ensure that appropriate and timely reports, contributions and interventions are made by health staff to Child Protection Assessment, Conference and core group, Planning and Review activities and that these are embedded into contracts and performance managed.
- To work with CCGs to ensure continuing joint development and resourcing of the Essex Safeguarding Children's Board.
- Children In Care and Children Leaving Care - to improve the access to timely and appropriate health services for Children and Young People in Care and Leaving Care, and ensure Young People Leaving Care are supported to access adult services. Also to ensure that appropriate and timely reports, contributions and interventions are made by health staff to Assessment, Conference and core group, Planning and Review activities; that staff complete Initial and Review health Assessments and provide reports and advice for fostering and adoption and that these requirements are embedded into contracts and performance managed.
- Children with SEN and/or a Disability - to develop a joint approach in line with the All Age Disability framework which will bring together adult social care, children's social care, education and therapies and health provision into an integrated system of joint commissioning, assessment and planning that takes the whole view of a disabled person's life. This would include a joint approach to equipment.
- Continuing Care - to continue to plan jointly and fund the care packages for individual children with complex and specialist care needs agreeing resources and plans at the Joint Assessment Panel (JAP).
- Support for Young Offenders - to resource and deliver intervention and supervised contact to young people on the edge of becoming offenders and who are offending. Health and police professionals are part of the service and we want to work closely with CCGs to ensure appropriate support is available for this group.

- Domestic Abuse - to develop a fully integrated, multi-agency approach to reducing incidents of domestic abuse through development of a shared outcomes framework and coordinated interventions across both Children's and Adult services.

ECC is working together with the 5 CCGs across Essex and with Southend and Thurrock where appropriate to develop detailed plans which will articulate the actions and timescales needed to ensure these integrated commissioning ambitions are realised.

The Families with Complex Needs business case is a key component of the County Council strategy for 2013/14 and CCGs are committed to working with the Council in 2013/14 to identify health impacts and consider contributing resource and to ensure maternity providers and adult mental health services work in an integrated way with the Family Solutions teams to provide coordinated support to Families with Complex Needs.

A significant amount of the joint work in 2013/14 will be in system assurance and joining up thinking between agencies. Ensuring NHS commissioner contracts require provider input to local safeguarding arrangements is one example and developing joint performance management arrangements around safeguarding would be another.

We are agreed that some provision, such as CAMHS Tiers 2 and 3 integrated with Behaviour should be commissioned jointly at either a north / south cluster level or at a pan-Essex level. This would include potential for delivery in CCG aligned lots within an overall framework that is consistent across the County.

Much planning work will be undertaken during 2013/14 to develop and agree specifications, plans, resources and commissioning processes for the various service areas we want to commission jointly.

TO BE DEVELOPED AND FINALISED IN APRIL ONCE FINAL INTEGRATED PLANS SEEN AND REVIEWED

5.5 Public Health

The responsibility for commissioning Public Health programmes transfers formally into the County Council on 1 April 2013 with a newly ring-fenced public health budget.

It is proposed that commissioning in 2013/14 at least initially will not be joint but will give the opportunity to settle the new arrangements and explore integrated commissioning further for future years.

In 2013/14 the Essex-wide priorities for review and development of plans/specifications for procurement in 2014/15 are in

- Sexual Health Services.

- School Health Services
- Drugs and Alcohol misuse.

The following summary of activities, impacting on the health status of CCG populations, will be funded by the ECC Public Health budget in 2013/14.

- ReachOut - Proven prevention & early intervention model designed to reduce inequalities in health through identification of households in crisis or pre-crisis.
- Mental Health Casework Project.
- Physical Activity.
- Obesity and Weight management.
- Reducing smoking prevalence and tobacco control.
    - During 2013 commissioners will re-design the stop smoking service specifications towards a single tobacco control service.
- Increasing the prevalence of breastfeeding at 6- 8 weeks.
- Improving sexual health.
- NHS Health Checks.
- Identification and Brief Advice (IBA) services across Essex in a range of appropriate settings and as part of the Health Checks agenda in Primary Care.
- Primary care prescribing interventions to dependent opiate users referred from specialist prescribers (Shared Care) in partnership with specialist drug treatment providers.
- Atrial Fibrillation management.

More detail is provided on these activities in Appendix 5

6. Issues for further review

6.1. Access Points and Front Door Services – consistent approaches

It is recognised that as part of CCGs' plans to develop unplanned care services, especially for groups such as the frail elderly, there is an identified need to develop local joined up access points (variously called SPOR - Single Points of Referral or SPA - Single Points of Access). These access routes aim to bring together the multiple referral routes for GPs and other professional staff in localities to provide rapid assessment and access into local community and other services, to support people to remain independent and avoid unnecessary acute hospital admission. This is a different model from ECC where there is a single county wide customer channel for first contact (Social Care Direct) via telephone from users and professionals. Social Care Direct provides rapid signposting, initial assessment and onward referral.

ECC is committed to working with local CCGs and providers to design effective systems and processes for social care input into local SPAs and SPORs.

6.2. Impact of CCG QIPP Plans

ECC and CCGs finance staff have begun the process of understanding one another's' pressures and system demands in the course of the last 2 months. This will be an on-going process.

CCG QIPP plans for 2013/14 are very demanding, ranging between 3.1% and 7.8% of CCG allocations. They will be highly reliant on demand management schemes and the partners will need to work closely together to monitor any unintended consequences in the health and care system that may arise as a result of organisational financial plans.

6.3. Development Areas in the plans

Work is continuing across all partners to develop Integrated Plans. However at this stage in the process the following potential gaps have been identified:

- Work with the CCGs to improve access to Continuing Health Care; seeking an integrated approach and considering aligned or pooled budgets and aligned/integrated teams as appropriate.
- Develop a specification for integrating reablement and domiciliary support for all service user groups based on a recovery/progression model with a new contract to commence 2015/16.
- Assistive Technology: ECC will be finalising its AT strategy in Spring 2013 and will seek to expand this to cover health provision with a view to increasing jointly commissioned and funded services; linking this to TeleHealth.
- Carer strategy development and commitment needs further work generally across the partnerships.
- Autism has been identified as an opportunity for integrated commissioning in north Essex and a commitment has been made to explore the best model for joint commissioning.

6.4. Areas of Opportunity ECC would like to develop with CCG's.

To be drafted after completion of final iterations of CCG IPs

7. Finance

7.1. ECC budget

The ECC 2013/14 budget has been set within the context of a difficult economic environment. Due to the scale of change in the funding regime and the inherent uncertainty in the funding availability for the future, it has been necessary for ECC to take a prudent yet ambitious approach to planning for the coming years. Estimates have been included in the modelled financial envelope to mitigate tax collection volatility which has not been so keenly felt at County Council level previously.

The budget will be discharged during a year where there will be significant changes to the governance and provision of health and welfare support.

The first transformation programme comes to an end in March 2013, and will have delivered significant efficiency savings by that time. Financial modelling set against the continuing and very difficult national economic situation indicates that significant on-going pressures will continue to necessitate innovation and change to deliver high quality services within a reducing financial envelope.

The continued provision of adequate Earmarked reserves and General balances is essential to the S151 officer's confidence that the Council can successfully manage its financial affairs within increasingly tight cash limits and an increasing risk profile. Without these reserves it may be necessary to take remedial urgent action in-year to mitigate challenges that arise, which could lead to longer term consequences.

ECC total Controllable 2013/14 Net budget

Portfolio	£m
Adult Social Care	380.3
Children's Services	193.0
Communities & planning	5.4
Customer services, Environment & culture	12.8
Economic Development and Waste & Recycling	69.7
Education & 2012 games	(11.1)
Finance & Transformation (Deputy Leader)	18.7
Health & Wellbeing	25.0
Highways & transportation	93.1
Other Operating Costs	103.7
Strategy & Policy (The Leader)	8.8
Recharged Strategic Support Services	69.6
Net Cost of Services	**969.0**

This constitutes a cash reduction of £8.8m on the 2012/13 budget.

The figures assume savings plans in order to absorb the pressures arising from demographic growth, inflation and other factors. The savings and efficiencies planned for the year total £55m, compared with £123m in 2012/13.

In drafting the 2013/14 budget, it has been assumed that under-spends in 2012/13 to a total of £25m will be transferred to the General Balance and utilised to support the budget requirement in 2013/14.

7.2. ECC Budgeted Expenditure by Locality

Figure 3 shows the breakdown of ECC gross expenditure budget (excluding user charges and grant income) for 2013/2014 by CCG area and the respective CCG allocations.

	Analysis Of Total 2013/14 Budgeted Exp By CCG (£000's)						
	North East	Mid	West	South East	South West	Countywide	Total
CCG Allocations	388,790	368,029	310,407	192,516	292,064		**1,551,806**
Adult Social Care	148,251	105,600	89,889	65,827	86,555	21,128	**517,249**
Schools, Children & Families	13,322	11,561	9,750	6,048	9,175	1,199,390	**1,249,246**
Public Health	12,702	9,603	13,392	4,210	8,967	0	**48,874**
Total Exp	**563,065**	**494,793**	**423,438**	**268,601**	**396,761**	**1,220,518**	**3,367,175**

Notes:

1. MH services are commissioned at a sub-county level split between the North and South localities. So, exp for the North has been allocated to the North East Essex CCG and the South to Castle Point & Rochford CCG.

Figure 3

7.3. Service Implications of the Revenue Budget 2013/14

7.3.1 Adult Social Care

The net revenue budget in 2013/14 for Adult Social Care (ASC) is £380.3m compared to £318.1m in 2012/13. £45.2m of this movement relates to funding received in 2012/13 as grant income from Health to fund care packages which will now be received as part of the financial settlement and therefore no longer appears as income in the ASC budget.

The main pressures in 2013/14, which relate to the Care and Support area of the budget, are Demographic growth (£13.3m) and Inflationary increases (£8.1m).

The 2013/14 budget includes efficiency savings of £16.9m which contribute to mitigate the cost pressures. Of the £16.9m, £6.4m relates to efficiencies that have been deferred to 2013/14 from the current year due to programme slippage or, a need to profile the savings over a longer period so as to not destabilise the care markets.

The 2013/14 savings initiatives include:

7.3.1.1 Working Age Adults initiatives - £5.5m

Service redesign looking at complex behaviours and sensory services and how these can best be delivered to meet the needs of the service user. In addition current contracts are being reviewed in order to deliver efficiencies.

7.3.1.2 Reablement Contract - £1.4m

Procurement savings from the re-tender of the contract for Reablement services.

7.3.1.3 Reablement Care cost - £1.7m

Savings to be achieved through the provision of a Reablement service to clients resulting in improved outcomes for service users and a reduction in costs to the authority.

These savings are the on-going impact of prior year savings initiatives and therefore it is not anticipated that there will be significant impacts on service delivery as a result of this budget.

7.3.2 Health & Wellbeing portfolio budget

The net revenue budget in 2013/14 for Health and Wellbeing is £25m compared to £26m in 2012/13. The main pressures in 2013/14 relating to the Mental Health area of the budget are Demographic growth (£0.3m) and Inflationary increases (£0.5m). The portfolio also includes Public Health services which become the responsibility of the Local Authority from 1st April 2013. The budget requirement will be fully funded by grant.

The 2013/14 budget includes efficiency savings of £1.6m to be delivered through redesign of the service with health partners. Of the £1.6m efficiencies, £0.5m relates to savings that have been deferred to 2013/14 from the current year due to slippage in the current savings programme.

These savings reflect the on-going impact of prior year savings initiatives and therefore it is not anticipated that there will be significant impacts on service delivery as a result of this budget.

7.3.3 Children's and Education Revenue Budget 2013/14 – service implications[4]

The areas within the Children's and Education portfolios are responsible for ensuring that the full range of the Council's statutory responsibilities for children and young people are met and for providing efficient and effective services to improve outcomes for children and young people

The financial climate remains difficult and funding regimes are uncertain for 2013/14 and beyond. There are particular risks around: funding allocated to councils with the shift towards academy status for many schools; a new funding formula for schools; reductions in the Early Intervention Grant and re-direction of EIG resources to funding early learning and child care places for two year olds via the Dedicated Schools Grant (DSG).

Partnership working, both with internal and external partners, and the development of increasingly integrated services is seen as central to the achievement of the vision for Schools, Children and Families.

To continue to provide efficient and effective children's services with reduced budgets, we are continuing to radically examine the functions and services provided; work innovatively; target resources to communities and families with the most acute needs; and enhance collaboration, joint commissioning and realignment of services to achieve the most effective and efficient use of reducing resources.

A strong focus on outcomes and rigorous approach to allocation and use of resources is a key feature of the directorate's way of working.

The revenue budget is made up of four high level business areas with a cash limit gross expenditure budget of £1,249,245,691 after agreed savings for 2013/14. The proposed net budget for 2013/14 is £182,276,386, compared to £216,581,000 in 2012/13.

KEY SERVICE AREAS	GROSS BUDGET	INCOME EXCL SPECIFIC GRANTS	SPECIFIC GRANTS	NET BUDGET
	£	£	£	£
CHILDREN'S & EDUCATION	**1,249,245,691**	**- 20,442,764**	**- 1,046,526,541**	**182,276,386**
SOCIAL CARE AND YOUTH OFFENDING	127,522,820	- 5,306,154	- 4,889,369	117,327,297
EDUCATION AND LEARNING	184,859,155	- 13,689,133	- 39,697,087	131,472,936
TRANSFORMATION, PERFORMANCE & OTHER STRATEGIC SUPPORT	53,430,570	- 1,477,943	- 35,963	51,916,665
INDIVIDUAL SCHOOLS BUDGET (Incl Schools PFI etc)	883,433,146	30,466	- 1,001,904,123	- 118,440,511

The gross budget is re-presented in appendix 6 based on Essex's effective support windscreen. In addition outlined within the Integrated Planning Schedule is £49.857 million of the 2013/14 gross budget which is expended on areas which could provide early opportunities for commissioning in an integrated way.

[4] See Appendix 6

The emerging pressures and efficiency opportunities within the Children and Education related budgets are set out in the report on County Council Revenue Budget for 2013/14 (agreed by full Council in February 2012) and summarised in the short sections below.

Social Care and Youth Offending

The gross revenue budget in 2013/14 for Social Care and Youth Offending is £127,522,820 (net £117,327,297). Key responsibilities: Safeguarding vulnerable children and young people at risk of abuse or neglect, meeting the needs of children looked after, providing support for children and families in need.

The main 2013/14 areas of pressures include the following:

- Care Management and Assessment - Family Support - working directly with families providing Intensive Family Support Services
- Staffing Establishment - additional resources to ensure manageable caseloads improve inter-agency working; provide additional child protection expertise and independence, and greater efficiency in the adoption process.
- Carer network rates - uplift in rates aligned to Residence Orders, Special Guardianship Orders and Adoption Allowances to reflect the authority's legal responsibility

Efficiencies identified to mitigate service impact include the following:

- Children in Care placement costs - reduce the need to use more expensive external or residential care placements due to our investment in early intervention and prevention
- Staffing productivity savings across the directorate

Education and Learning

The gross revenue budget in 2013/14 for Education and Learning is £184,859,155 (net £131,472,936). Key responsibilities: Providing leadership to the education and skills sector in Essex, commissioning the work to: drive up standards, improve access to education and educational outcomes, and improving the likelihood of employment.

The main 2013/14 areas of pressures include the following:

- Education for Under Fives- secure early education places for 2 year olds from lower income households, and volume growth / rate increase for 3 and 4 year old free entitlement to 15 hours of nursery education

Efficiencies identified to mitigate service impact include the following:

- Early Years Services - redesign of the early years' service, predominantly around the procurement of Children's Centres

- School Education Strategy - final phase of the School Education redesign

Individual Schools Budget (Including PFI and other school specific expenditure)

The gross Schools specific revenue budget in 2013/14 is £883,433,136 (net -£118,440,511). Key responsibilities: educating for excellence, ensuring all young people get the best opportunity to realise their full potential and no individual or community is left behind in the process.

The main 2013/14 areas of financial change include the following:

- Changes in the formula for funding schools
- Increase due to increase in pupil numbers, transfer from the Non DSG and subsequent increase of 2 year old funding and Newly Qualified Teacher (NQT) funding

Transformation, Performance and Other Strategic Support

The gross revenue budget in 2013/14 for Transformation, Performance and Other Strategic Support is £53,430,570 (net £51,916,665). *Key responsibilities:* Provides the "engine" to drive and deliver innovation and improvement within the Children's and Education related services.

The main 2013/14 areas of pressures include the following:

- Home to School Transport: Provision of special and mainstream transport to eligible pupils to ensure that all children eligible for services will be enabled to attend their local schools safely

Efficiencies identified to mitigate service impact include the following:

- Commissioning Efficiencies – more efficient commissioning, reduced spot purchasing

The 2013/14 budget should be seen in the context of on-going resource reductions and future budget and service planning will need to take account of the need to continue to find ways of reducing budgets whilst maintaining essential services to the most vulnerable children and young people.

8. Pathway Modelling and Impact Assessment

The proposals being developed by CCGs and ECC for areas of aligned and integrated commissioning will require investment (whether additional or redirection of existing spend) and generate benefits. As specific service redesign proposals are developed in more detail with local CCGs through the QIPP and integrated planning process, further specific modelling will be undertaken to assess the likely cost and benefits across health and social care. This analysis needs to include where benefits fall, e.g. within providers via reduced lengths of stay in hospital or to commissioners by reduced demand. This will impact how the benefits can be realised.

Specifically there has been some work around developing the initial proposals for the use of circa £5.6m of S256 Social Care Sustainability funds transferring from the NHS to ECC for 2013/14, which have yet to be agreed between the NCB LAT, ECC and CCG lead Commissioners. The proposals include resources for mutually beneficial demand management schemes.

Key criteria for considering the demand management schemes are:

1. Can reasonably be expected to reduce demand across the health and adult social care system.
2. Align with the overall Essex Health and Wellbeing Strategy and key ECC and CCG strategies.
3. Are capable of commencing delivery within 2013/14.
4. Support prevention and/or early intervention.
5. Deliver benefit across all localities in Essex whilst recognising localities start from different points.
6. Support the development of integrated commissioning.

Applying these criteria a shortlist of potential areas has been developed.

- Stroke prevention and pathway
- Urgent care
- Dementia
- Integrated Falls
- Continence

Modelling of the relevant pathways and potential scheme impacts has begun. Development of the models is continuing alongside extensive engagement with GP, clinical, professional and commissioning staff in CCGs, NHS CSU, public health and ECC.

The models are outlined below

8.1 Stroke Prevention and Pathway

A number of initiatives have been identified by public health which will contribute to preventing strokes across Essex including:

- Senior health checks.

- Atrial Fibrillation management.
- NHS Health Checks.
- Physical activity.
- Obesity and weight management.
- Reducing smoking and tobacco control.

Midlands and East Region carried out a Stroke Review in 2012 which has contributed to service reconfiguration proposals in Essex. Modelling of service change focussed on NHS impacts was part of this review.

As part of the ECC support to Integrated Planning, a pan-health and social stroke pathway model is being developed using Scenario Generator, which allows changes in the stroke pathway to be modelled and the impact on demand, capacity, activity and costs across health and social care to be assessed. This will inform any cost benefit analysis of proposals.

8.2 Urgent Care

As with Stroke Prevention and Pathway, a pan-health and social urgent care pathway model is being developed using Scenario Generator. The model incorporates a number of initiatives being considered as part of the development of integrated / aligned specifications for frail elderly people including integrated crisis response, virtual wards, and practice based integrated LTC teams, etc. As for stroke the model allows changes in the pathway to be modelled and the impact on demand, capacity, activity and costs across health and social care. The model can be adapted to mirror the different pathways in each CCG locality – both current and planned 'to be'.

In addition an excel based model has been developed to model the impact of an integrated crisis response service on admission avoidance.

8.3 Dementia

The joint ECC/NHS Dementia Strategy is based on the national strategy and reflects a model based on early diagnosis and support to provide care during, and hopefully slow, disease progression. A disease progression model has been developed using Scenario Generator. As for stroke the model allows changes in the pathway to be modelled and the impact on demand, capacity, activity and costs across health and social care.

8.4 Integrated Falls Pathway

A pan-health and social integrated falls pathway model has been developed using Scenario Generator. The model incorporates a number of initiatives being considered as part of the

development of integrated / aligned specifications for falls prevention and management, including public health awareness, exercise and balance classes, falls screening, falls clinics, primary and secondary prevention, and bone health. The model allows changes and differential development in the pathway to be modelled and the impact on demand, capacity, activity and costs across health and social care to be captured.

This is based on different levels of development of integrated falls service in a CCG area. This illustrates that each move from the 'base' level to each of the four levels, could generate in the region of circa £0.5m – 1m in savings across health and social care in a typical CCG, from reducing falls, including fractured neck of femur and subsequent associated activity. Clearly each CCG area starts from a different level and so will have a different investment need and benefit profile. Further modelling is planned to prove the viability of these potential savings.

8.5 Continence

An excel-based model is being developed to model the impact of an improved continence management pathway. The model will capture predicted impacts on activity and costs across health and social care. The model is based on clear assumptions, local data as available and published evidence however the robustness of this data needs to be refined over the next months during the implementation phase. This indicates that CCGs and ECC might make savings by investing in improved proactive continence services.

The impact assessments will be updated as modelling is further developed with CCG and ECC staff.

9. Alignment with other ECC Programmes

This section describes the ECC programmes of work that are not included in the Integrated Plans or elsewhere in this document but will be of interest to or have potential impact on the NHS. Several may have potential for joint commissioning in future Integrated Plans.

The activities are listed here at summary level.

9.1 Primary Preventative Services (universal)

- Re-tender the existing Advocacy contracts.
- Improving access to, and the quality of, Information and Advice.
- Review the current second tier support to advice providers by Essex Benefits Plus.
- Develop approaches to reduce isolation across Essex linked to the Campaign To End Loneliness.
- Progress the Community Budgets workstream on 'Strengthening Communities'.
- Monitor and review the 'Healthy Ageing' project.

9.2 Housing and Housing Related Support

- Deliver the ECC £6m capital programme.
- Deliver the 'Housing for people with additional needs' strategy.
- Evaluate the Housing Brokerage services for people with learning disabilities and physical and sensory impairments.
- Consult with partners on the Housing Related Support strategy.
- Review and re-commission the Housing Related Support funded within Adult Mental Health, Domestic Violence and Home Improvement Agency services, with relevant partners.

9.3 Physical & Sensory Impairment

- We are reviewing the current pathways and services provided for people with Sensory Impairments and will implement short term improvements between now and March 2013. We will also develop a new specification for Sensory services across Essex working across all ages with a view to implement from April 2014 as part of the broader All Age programme. We will seek to progress this with the CCGs and other public sector partners.

9.4 HIV / AIDS

- Extend the current contract for HIV/AIDS services for 1 year to March 2014 whilst undertaking a strategic review and identifying opportunities for joint/lead commissioning with Public Health and CCGs.

9.5 Carers

- Implement the Carer strategy in the north Essex CCGs.
- Progress agreement to the strategy in the south Essex CCGs.

9.6 Adult Safeguarding

- Deliver the Essex Safeguarding service and commission a report for the safe commissioning of individual placements.
- Improve our understanding of safeguarding referral and activities.

9.7 Developing System Enablers

- Work with the CCGs and CSU to develop mechanisms for sharing information for both operational and analytical purposes; including consent and integrated assessment and support plans.
- Deliver the Social Care Case Management System replacement programme.

9.8 Market Development and Contracts

- Deliver the Provider Support Programme; which delivers training as identified within the market supplement.
- Develop the market to deliver the All Age Disability Strategy and move towards a single specification for reablement and domiciliary care.
- Invest up to £12m (£8m released in April 13, £4m subject to review) to improve the quality of residential and domiciliary provision for Older People.
- Ensure that all future contracts that do not directly relate to the improvement of performance on Falls prevention, continence management, End of Life and Public Health priorities take these into account wherever possible as part of 'Making Every Contact Count'.
- Work with CCG partners to identify the opportunities for joint commissioning of Residential and Nursing Care Home services; including short - and long-term placements.

9.9 Workforce

- Review the skill mix and capacity of social work teams and redesign 'People Delivery' to support ECC commissioning intentions with partners.
- Improve social work practice to include community resilience.
- Provide good quality placements for Social Work and Occupational Therapy Students.
- Further develop a best practice framework for supporting Newly Qualified Social Workers within their assessed year in employment.

9.10 General

- Increase the number of service users in receipt of cash payments.
- Continue to work in partnership with Department for Work and Pensions, Independent Living Fund, Essex Coalition of Disabled People and Job Centre Plus to deliver Right to Control.
- For people who use our services and their Carers, better understanding the overall satisfaction levels.
- Complete a strategic review of day opportunities for all service user groups and develop a model that more radically promotes community inclusion, progression, and employment.
- Embed outcomes-based commissioning, Payment by Results (PbR) and alternative funding approaches in ECC commissioning approach.
- Develop co-production approaches to commissioning; covering all stages of the commissioning cycle.
- Engage in the corporate refresh of the ECC Voluntary & Community Sector Strategy.

- We will tender for the provision of an ECC wide Community Alarm service in Spring 2013 to remove inconsistencies and inequity; improve efficiency and effectiveness and incorporate future requirements, e.g. joint work on TeleHealth.
- We will continue to roll-out the use of AT in residential settings to provide greater freedoms and flexibilities for residents.
- We will retender the Equipment Service for 2014.

10. Summary and Forward Work Programme

Very significant progress has been made by ECC and NHS partners in the last 4 months in the development of integrated commissioning through the Integrated Planning process.

The partners recognise however that Integrated Commissioning is only a vehicle to improve care and support. The process will not fulfil its purpose unless it achieves the development agenda to achieve “lock-in” through integrated service contracts.

Moving forward to ensure integrated commissioning genuinely becomes embedded business as usual, the partners have a demanding development programme between the County Council and the 5 CCGs.

The aim is to develop and establish appropriate governance and organisational arrangements in Essex to enable joint commissioning for each of the key programmes early in 2014/15 and to achieve full integrated commissioning in Essex by March 2016 at the latest.

The County Council will implement the Transformation Mark II arrangements for Integrated Commissioning on an interim basis with effect from May/June 2013 and proposes to use the additional Section 256 Sustainability funds to enable Integrated Commissioning to go further and deeper in 2013/14.

The County Council will continue to refine its approach to apportionment of budgets to CCG areas in order to prepare for jointly commissioned service contracts with effect from 1 April 2014 where contracting opportunities arise.

There are significant opportunities for achieving “lock-in” to Integrated Commissioning through jointly commissioned service contracts with providers in both health and social care in Essex from 1 April 2014. To do so will require collective commitment to a demanding programme of joint work in 2013/14 and no loss of the momentum that has been achieved since December 2013.

As an example, in Learning Disabilities in north Essex there are 3 major health and social care contracts due for renewal in 2014 or 2015:

- ECC contract with HSS for community support and supported living.
- 2 Specialist Health LD Services contracts with both Hertfordshire Partnership Foundation Trust and with Anglian Community Enterprise.

To deliver jointly procured contracts in all 3 cases will require the development of joint specifications (timing subject to contract notice requirements).

For this purpose the following would have to be in place:

- The leadership on joint commissioning will need to be agreed by the constituent Boards.
- Shadow integrated commissioning teams will need to be in place.
- Projected commitment of finances by the partners.
- Agreement between partners on length of contracts.
- Risk and benefit sharing arrangements through Partnership Agreements.
- Board reporting and accountability arrangements.
- Decisions about procurement processes.

The same principles and activities apply to all the potential areas for integrated commissioning and, building on this example, a generic high level programme of activities to support Integrated Commissioning is outlined below. Detailed timings will need to be agreed between the partners relating to each of the different integrated commissioning priorities. The enablers will generally be common for all but exceptional cases.

Activity	**Responsibility**	**Proposed Completion**
1. ECC to appoint Interim Directors for Integrated Commissioning and Vulnerable People	ECC Cabinet	May 13 / June 13
2. Agree lead commissioning responsibilities if not already covered through Integrated Plans	CCG Boards	April13 – October 13
3. Review process for 13/14 Integrated Planning and construct 14/15 timetable and process.	HWB Business Management Group (BMG)	April13 - July 13
4. Establish Integrated Commissioning Governance and Programme Management arrangements, with agreed resourcing plan.	ECC/CCGS/ NCB LAT	April 13 / Oct 13
5. Establish Programme arrangements for LD/MH/Children and local arrangements for Older People Services Integrated Commissioning Boards for • Older People Services – at CCG level typically through existing QIPP programme boards.	ECC/CCGs	April 13 – June 13

○ Some Essex wide arrangements needed for S256 sustainability projects. • Mental Health. North and South Essex arrangements. • Learning Disabilities. North and South or pan-Essex. • Children ○ Some at local level ○ Some at Essex level.		
6. Establish the Learning Disability Commissioning Arrangements across Essex • Establish an Integrated Commissioning Programme Board with representation from CCGs and ECC • Agree the governance arrangements and delegated decision-making mandates • Establish priorities for service transformation that reflect current local and national imperatives • Agree and publish a joint health and social care strategy • Set up a aligned or pooled financial arrangement with appropriate governance • Establish genuine joint arrangements for commissioning and contracting with health & social care providers		April 13 – Mar 14
7. Initial Programme: Establish Enablers programme at pan-Essex level – Phase 1: • Governance – e.g. S75 agreements, consistent arrangements between workstreams. • Commissioning – vision, strategy, etc	Programme Board/HWB BMG	April 13 / Oct 13

• Commercial – contracting & procurement • User/Carer, & clinical Engagement • Information governance/Data sharing • Communications • HR – workforce planning, culture training (universities, LATs etc)		
8. Establish Enablers programme at pan-Essex level – Phase 2: • Finance – aligned or pooled Budgets • Communications • Commissioning Implementation • Information governance/Data sharing		Commencing Oct 13
9. Integrated Commissioning governance arrangements in place across Essex, including draft Partnership agreements, Board accountabilities and reporting, risk and benefits share	Programme Manager for constituent partner approval processes	Nov 13
10. Integrated Commissioning Programme PID and workstream PIDs, including commitment to clear programme and project timetables	Programme Manager	May 13 / June 13
11. Financial planning assumptions and Contract Mapping for joint service contracts	ECC/CCGs	Apr 13 – Mar 14
12. Shadow Integrated Commissioning teams in place with clear leadership.	Lead Commissioners	May13 / June 13
13. Draft service specifications for 2014/15 contracts (timetables subject to formal contract notice periods with providers and CCG contestability plans)	Shadow IC Teams	Sept 13
14. Engagement with stakeholders and service	Shadow IC	Sept 13

providers on draft service specifications.	Teams	onwards
15. Agree procurement route and contract terms	Programme Board	Dec 13
16. Service specifications issued for procurement	Shadow IC teams	Dec 13
17. Local guidance on process for Integrated Planning between partners in 2014/15	NCB LAT/HWB	October 13
18. Formal appointment of Integrated Commissioning Leads and teams where required and agreed (aligned to TM2)	ECC/CCGs	September 13
19. Integrated Plan process for 2014/15	CCGs/ECC	November 13- March 2014
20. Initial first tranche jointly commissioned contracts in place	Lead Commissioners/IC teams	April 2015

Figure 4

Appendices

Appendix 1

WECB shared principles for Integrated Commissioning

1. Integrated focus on citizen experience. The common aim of optimising people's health in their normal place of residence and enabling as much health and care support as possible to be delivered safely in the community and in people's homes.
2. Local focus. The emerging CCGs will be the proxy for "Community" in the Community Budgets approach for Health and Wellbeing.
3. Sustainability. Arrangements around integrated commissioning must be sustainable and based on long term commitments that are difficult to exit unilaterally.
4. Simplified governance arrangements avoiding dual lines of reporting and accountability where possible and where dual reporting is required using the same report formats.
5. Subsidiarity. Clarity on what commissioning authority resides at which level of the system.
6. System development through the Essex Health and Wellbeing Board and collaborative arrangements with the Unitary HWB Boards
7. A shared outcomes framework.
8. Clarity about the resources each partner is committing and for what period of time.
9. Does not add to the cost of commissioning for either partner.

Appendix 2

Mental Health consultation

press release mh consultation launch 1

Appendix 3

Learning Disabilities Integrated Plan Priorities

IPC - Integrated Plan Priorities LD.docx

Appendix 4

Children's Services Strategy and Outline Commissioning Plan

ECC **vision** for children is as follows:

'Our vision is that Essex is a great place for children, young people and their families to live and grow up. We have the highest of aspirations for all children and young people and will encourage and support them to reach their full potential. We will ensure that they grow up feeling safe and healthy, supported by a range of educational and social experiences that maximise their skills, their options for employment and their general life chances, providing opportunities throughout life to reskill and up-skill.'

Drawing on the Joint Strategic Needs Assessment, SCF have identified 10 Strategic Priorities which form the framework for SCF's ambitions for Children, Young People and Families in Essex. These ten Strategic Priorities are the drivers of and inform the outcomes and objectives for SCF's commissioning and delivery and are articulated in the Schools, Children and Families Directorate Business Plan 2013/2014. These **priorities** are as follows:

1)	**Protect Children and Young People from harm and neglect**
2)	**Develop resilience in families to help reduce dependency on public services by enhancing their capacity to resolve their own problems**
3)	**Improve outcomes for Looked After Children and Care leavers as well as improving support to children and young people on the edge of care**
4)	**Support and Challenge Schools to raise Educational achievement and aspirations at all key stages**
5)	**Enabling children to get the best start in life**
6)	**Work with partners to provide inclusive education that meets the needs of those with the most difficulties**
7)	**Promote good health for Children and Young People and reduce health inequalities**
8)	**Work with partners to maximise the number of young people who are in Employment, Education or Training**
9)	**Promote the benefits of young people making a positive contribution to their community and decisions affecting their own lives**
10)	**Provide opportunities for reskilling and up-skilling throughout residents' working lives**

The **outcomes** that we wish to achieve through our commissioning are:

a. Parents/ carers have the skills to **recognise, manage and respond to** their children's **behaviour and needs**
b. Children, young people and parents/carers form positive attachments and social relationships (**Social Wellbeing)**
c. Children, young people and parents/ carers have improved **emotional wellbeing,** mental health, self esteem and confidence and are emotionally resilient
d. Children, young people and families have improved **physical health and wellbeing**
e. Children, young people and families have improved **aspiration, motivation and attainment**
f. Children, young people and parents/ carers have improved **economic wellbeing,** including receiving welfare benefits to meet their needs
g. Children, young people and families live **safely** within families and communities
h. Children, young people and families are **involved in their community** and **know about and influence services**

i. Children, young people and families have **confidence in services** and their needs are met through peer support and interventions by trained practitioners who do what they say they will do

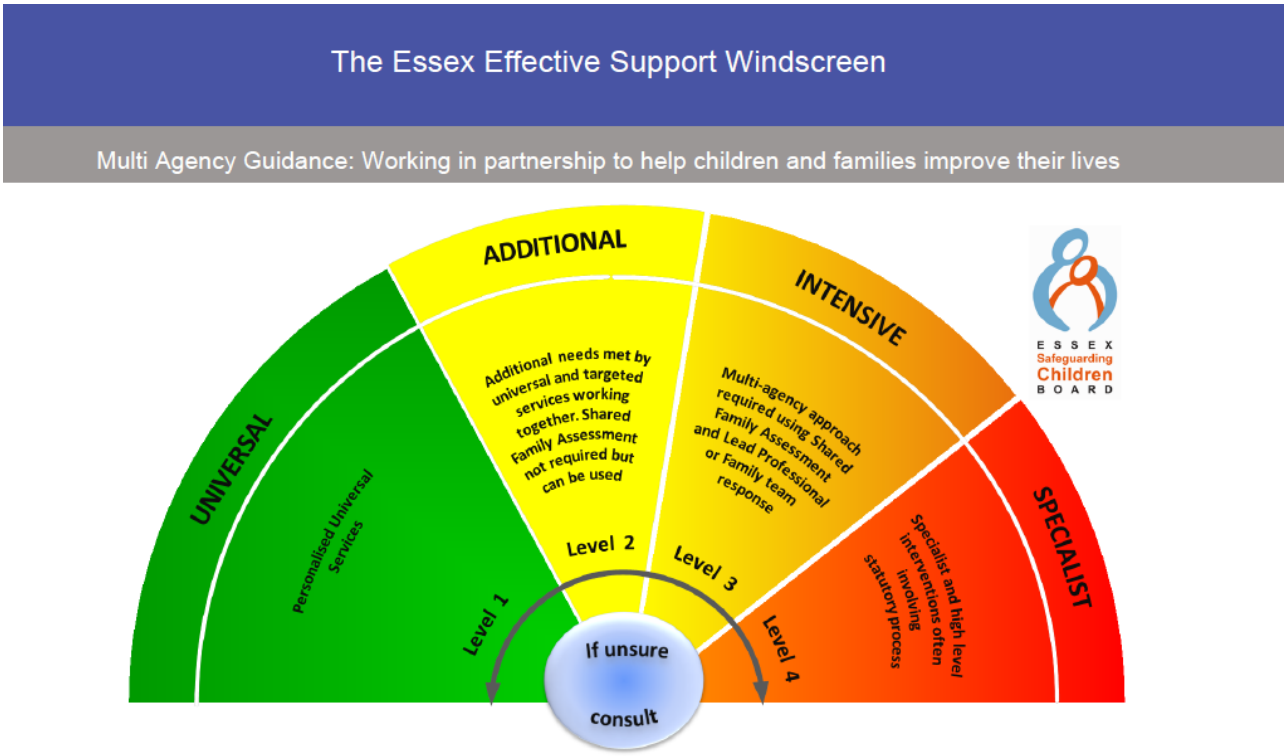
The Schools Children and Families Directorate is committed to ensuring that this vision reinforces and is reinforced by the Partnership Children and Young Peoples Plan 2012-2015 *'Children, Young People and their Families Partnership: Vision, Priorities and Principles'* .

Children - The Effective Support Windscreen

The Effective Support Windscreen includes four levels of need: ***Universal, Additional, Intensive and Specialist.*** Universal services are those accessed by all children.

Services for children with additional needs are sometimes known as *targeted services*, such as behaviour support or additional help with learning in school, extra support to parents in early years or targeted help to involve young people through youth services. Children with ***additional*** needs are best supported by those who already work with them, such as children's centres or schools, organising additional support with local partners as needed.

For children whose needs are ***intensive***, a co-ordinated multi-disciplinary approach is usually best, involving a ***shared family assessment*** and a ***lead professional*** to work closely with the child and family to ensure they receive all the support they require.



All partners working with children, young people and their families will offer support as soon as we are aware of any additional needs. We will always seek to work together to provide support to children, young people and their families at the lowest level possible in accord with their needs

Specialist *services* are where the needs of the child are so great that statutory and/or specialist intervention is required to keep them safe or to ensure their continued development. Examples of specialist services are Children's Social Care, Child & Adolescent Mental health Service (CAMHS) tier 3 or Youth Offending Service. By working together effectively with children with additional needs and by providing co-ordinated multi-disciplinary support and services for those with more intensive needs, we seek to prevent more children and young people requiring specialist services.

Provision that Essex County Council is currently commissioning itself and would expect to continue doing so in the forthcoming years includes the following. CCGs will have an interest in many of these services and integrated delivery will be important; however we consider that ECC would continue commissioning these services by itself.

Education and Childcare - We support a range of early years and before/after school settings to deliver childcare for children aged up to 12 years old. We also support a range of early years settings to deliver nursery education for children aged 2 to 5 years old. Schools and Colleges are funded directly to deliver education; however we commission a range of support services for schools including school meals and transport and services to support schools with school

attendance and behaviour issues and provision for those at risk of exclusion or excluded from schools and children and young people with a Statement of Special Educational Need. Many of these services are increasingly traded.

Adult and Family Learning - We commission, facilitate and provide a wide range of adult and family learning activities and classes.

Support for Young People - ECC commissions, facilitates and directly provides a range of targeted activities to support young people including youth centres, mobile provision and targeted advice and support to individual young people including Young Carers. We commission, facilitate and provide advice and training including apprenticeships for young people 16 – 18 Not In Education, Employment or Training.

Safeguarding and Child Protection – We resource and provide safeguarding advice to schools; an Initial Response and Referral Service into Children's Social Care which also provides advice to other agencies including health professionals) and an Emergency Duty Service. We resource and provide family centres and supervised contact to support families where there are concerns about the family's care for the child. We also resource and provide specialised support to young people on the edge of care (Divisional Based Intervention teams - D-Bit) and Assessment and Intervention and Family Support and Parenting teams to assess and work with families where there are concerns about the care of the children.

Children In Care and Children Leaving Care – We commission and provide foster care, adoption and residential placements as appropriate for children and young people who are not able to be cared for by their family. We also commission and provide support for young people on leaving care, supporting them into adulthood.

Provision that Essex County Council wishes to commission together with CCGs in an integrated way in the forthcoming years includes the following.

Family Solutions – Integrated Support for Families with Complex Needs - ECC is establishing an Early Help Advice and Information Hub and there is scope to consider this becoming a joint Hub. As developed through the Whole Essex Community Budget Plans, ECC is leading and managing the establishment of 8 Family Solutions teams to operate across the County. These multiagency teams will provide integrated support to families with level 3 intensive needs who are experiencing mental health, substance misuse, child behaviour and family relationship issues. CCGs are asked to support the provision of an adult mental health worker in each team and to require that the children's health providers they commission recognise and contribute to delivering coordinated interventions which will support improved parenting skills, working in alignment with the Family Solutions Teams to achieve this.

CAMHS - We currently commission early, school and community based interventions with Direct Schools Grant resource made available by agreement of the Schools Forum to collaboratives of schools (Local Delivery Groups) to support the emotional health and wellbeing of pupils with emerging emotional and mental health concerns. We have also awarded one year Family Innovation Fund grants for 2013-14 to ensure delivery of early, community based interventions by the voluntary sector to support the emotional health and wellbeing of children and young people with emerging emotional and mental health concerns. We currently resource and deliver the CAMHS Tier 2 service and CCGs are responsible for resourcing and commissioning the CAMHS Tier 3 service, with the Specialist Commissioning Group responsible for Tier 4 residential provision. User and partner feedback regularly confirms that there is insufficient integration between the Tiers of provision and that there is too much batting backwards and forwards between agencies and gaps when there are significant behaviour issues. We want to develop seamless pathways and integrated provision across the Tiers and improve access to CAMHS provision for the Children's Social Care population including by joint performance monitoring of contracts. We want to develop plans to recommission an integrated CAMHS and behaviour service across Tiers 2 and 3 with good links with universal and Tier 4 provision.

Early years and children's centres - We want to work with CCGs to ensure that specifications ensure improved links, information sharing and joint working between maternity, health visitor/MESCH/FNP services and Children's Centres and all other appropriate early years services. From April 2013 onwards we will be planning to re-commission children's centres and want to ensure that together we develop plans for an integrated early years service covering health visiting and children's centres with clear links and pathways with midwifery, maternity, breastfeeding and immunization services that takes a whole family approach and links closely with Family Solutions Service..

Safeguarding and Child Protection - We want to improve the links and joint working opportunities between CCGs, Health Providers and ECC staff and ensure the requirements to ensure appropriate and timely reports and contributions are made by health staff to Child Protection Assessment, Conference and core group, Planning and Review activities and that health staff work with other agencies to deliver joined up interventions to children In need or on a Protection Plan are embedded into health contracts. We also want to work with CCGs to ensure continuing joint development and resourcing of the Essex Safeguarding Children's Board.

Children In Care and Children Leaving Care - With CCGs we want to

- improve the access to timely and appropriate health services for Children and Young People in Care and Leaving Care and ensure Young People Leaving Care are supported to access adult services.
- improve the consistency of the quality and speed/priority for health and dental assessments and interventions/treatment for Children In and Leaving Care and embed this within main provider contracts.
- improve the links and joint working opportunities between Health provider and ECC staff and embed requirements into health contracts to ensure appropriate and timely reports and contributions are made by health staff to assessment, planning and review meetings of Children In and Leaving Care.

- develop the contracts with health providers to ensure they are responsible and accountable for the provision of health assessments and any subsequent advice/interventions to Adoption and Fostering Panels.

Children with SEN and/or a Disability - We want to develop a joint approach in line with the All Age Disability framework which will bring together adult social care, children's social care, education and health into an integrated system of joint commissioning, assessment and planning that takes the whole view of a disabled person's life and the support they access from family, the community, local authorities (including districts and borough councils), schools and the health service and with new government guidance requiring the development of One Plan across health, education and social care and the development of a coordinated local offer .

ECC resources and provides social work support when needed to families with a child with a disability; we commission a range of providers to deliver Aiming High short/respite breaks and we commission and provide speech and language therapy and OT for children with a Special Educational Need and/or disability. In line with the All Age framework outlined above would like to better integrate this commissioning and provision with CCGs.

Continuing Care - We want to continue to jointly plan and fund the care packages for individual children with complex and specialist care needs agreeing resources and plans at the Joint Assessment Panel (JAP). We want to ensure funding and health service provision to all children with disabilities requiring continuing health care

Support for Young Offenders - We resource and deliver intervention and supervised contact to young people on the edge of becoming offenders and who are offending. Health and police

professionals are part of the service and we want to work closely with CCGs to ensure appropriate support is available for this group.

Domestic Abuse - We want to develop a fully integrated, multi-agency approach to reducing incidents of domestic abuse through development of a shared outcomes framework across both Children's and Adult services. In partnership with CCGs we will review Information and Data Sharing protocols and develop a systematic approach to the identification of abuse, the support provided for victims of abuse, management of the perpetrators, and provision of a safe, secure and independent future for the families involved. With CCGs we want to develop a screening tool for victims of Domestic Abuse accessible through key NHS contacts including Hospital Dentistry, Mental Health, Family Planning, Ante/Post Natal, and Gynaecology. We want to explore the opportunities for resources sharing in relation to the establishment of new Independent Domestic Violence Advisors (IDVA) and creating a fast track assessment process in conjunction with Women's Refuge services in relation to conduct disorders.

Our discussions with CCGs and review of the Integrated Plans with the CCGs confirms that CCGs share most of these ambitions with us. We are working together with the 5 CCGs across Essex and with Southend and Thurrock where appropriate to develop detailed plans which will articulate the actions and timescales needed to ensure these integrated commissioning ambitions are realised.

The Families with Complex Needs business case is a key component of the County Council strategy for 2013/2014 and CCGs are committed to working with the Council in 2013/2014 to identify health impacts and consider contributing resource and to ensure maternity providers and adult mental health services work in an integrated way with the Family Solutions teams to provide coordinated support to Families with Complex Needs.

A significant amount of the joint work in 2013-14 will be in system assurance and joining up thinking between agencies. Ensuring NHS commissioner contracts require provider input to local safeguarding arrangements is one example and developing joint performance management arrangements around safeguarding would be another.

We are agreed that some provision, such as CAMHS Tiers 2 and 3 integrated with Behaviour will be commissioned jointly at either a North / South cluster level or at a pan-Essex level. This would include potential for delivery in CCG aligned lots within an overall framework that is consistent across the County.

Much planning work will be undertaken during 2013-14 to develop and agree specifications, plans, resources and commissioning processes for the various service areas we want to commission jointly.

Appendix 5

Public Health

1. Service Redesign

In 2013/2014 we will begin a process of detailed review of the following services with a view to re-commissioning in 2014.

- **Sexual health services** –We will review current sexual health pathways to ensure that provision remains fit for purpose taking into account the recommendations of the new National Sexual Health Strategy which is due to be published imminently. An Essex wide Sexual Health Network comprising commissioners and providers has recently been constituted to progress this work stream.
- **School health services** – In partnership with other commissioners of services for children and young people we will consider the best use of resource committed in this area. Healthy schools is a proven programme taking a holistic view of Health Improvement. Public Health priorities will be further supported by the development of an Essex Wide School Nursing Specification. The work will also consider the optimal approach to safeguarding.

2. Public Health commissioning

The following activities will be funded by the ECC Public Health budget in 2013/2014.

- **ReachOut**

Proven prevention & early intervention model in deprived areas of Tendring, designed to reduce inequalities in health through identification of households in crisis or pre crisis. Impacts upon issues such as access to health & social care services, poverty & fuel poverty, housing, employment, education and debt.

During 2013/2014 procurement will be worked up to enable roll out to other deprived areas of Essex, including Harlow, Basildon and Castle Point scaling up innovation.

Approximate costs to ECC are £600K over 3 years through PH budgets.

- **Mental Health Casework Project**

Specialist welfare rights advice to people with severe & enduring mental illness. Aims to break the cycle of hospital admission, discharge and readmission for people with severe and enduring mental illness; improve access to advice in order to resolve issues such as debt, poverty, homelessness, breakdown of relationships and unemployment. Will also facilitate timely discharge from acute care and independent living.

Currently operates in Tendring, and plan to scale up & roll out to Tendring, Harlow, Basildon and Colchester.

Approximate costs to ECC are £480k over 3 years, funded by Public Health.

- **Physical Activity**

To target those at risk of being on a social care caseload, as well as clinical selection criteria, for whom evidence shows benefit from physical activity as part of condition / circumstance management. Improved physical activity levels contribute to decreasing risk factors for a range of long term conditions and life limiting illnesses, as well as improving mental health outcomes, thus reducing costs of healthcare services.

Priority projects for investment include the Thinking Fit dementia project, and pilot social care physical activity projects in Epping Forest and Jaywick, part funded through Active Essex, the county physical activity delivery mechanism hosted by ECC.

Cost of £610,000 planned from PH budget.

- **Obesity and Weight management**

We will continue to commission a range of interventions aimed at reducing the prevalence of obesity among the population and delivered though a variety of community based providers offering targeted approaches for both individuals and families.

Resource implication - £800,000 planned from PH budget.

Potential impact on NHS partners

Where Obesity and Weight management programmes are targeted at management of those with existing health problems, i.e. secondary prevention, it is plausible that funding comes as much from CCGs as from Public Health since the benefits in terms of reduced healthcare costs will accrue to them. Where CCG business cases are being written, such as for a community diabetes service in West Essex, interventions are/will be submitted for funding as part of the CCG business case.

- **Reducing smoking prevalence and tobacco control**

Smoking is closely associated with cancers of the lung, oesophagus, mouth, bladder, kidney, stomach and pancreas. It is also closely linked to heart disease, stroke and chronic obstructive pulmonary disease (COPD). Treating illness and disease caused by smoking is estimated to cost the NHS up to £1.7 billion every year in terms of GP visits, prescriptions, treatment and operations.

During 2013 commissioners will re-design the stop smoking service specifications towards a single tobacco control service; that incorporates the following components and demonstrates measurable progress towards a reduction in smoking prevalence across Essex.

- Helping tobacco users to quit through the provision of locally available targeted services.
- Stopping the promotion of tobacco.
- Effective regulation of tobacco products.
- Reducing exposure to second-hand smoke.
- Effective communications for tobacco control.

Resource Implication £2,380,000. Planned from PH budget.

- **Increasing the prevalence of breastfeeding at 6 – 8 weeks**

Research indicates that breastfeeding can significantly contribute to an infant's health and development and is also associated with better health outcomes for the mother. Breastfeeding is widely acknowledged as being the optimal way to offer infants a healthy start in life.

Of particular importance are the reduced risk of gastro-enteritis and respiratory diseases and the potential reduction in cancers, coronary heart disease and childhood obesity. Through the commissioning of high quality effective support services an increase in duration of breastfeeding should result in a reduction in admissions for the above conditions which should be realised in year with longer term benefits in terms of reductions in chronic conditions into adulthood.

Resource implications £700,000 (approx.) planned from PH budget

- **Improving sexual health**

From April 2013 Local Authorities will be mandated to commission confidential, open-access STI testing and treatment services for all persons present in their local area, without charge for any STI treatment, or supply of any drugs or medicines for STI treatment.

In addition they will be mandated to commission, open-access contraceptive services for the benefit of all persons of all ages present in the area, including under 16s, and without charge for the provision of the full range of contraceptive methods (but not including sterilisation and vasectomy).

Resource Implications £11,000,000 (cost of full sexual health commissioning offer currently)

To respond to the statutory requirements in an effective way, a Sexual Health pathway redesign is targeted for 2014/2015 whereby clear outcomes and service interdependencies will be targeted to achieve a more coordinated whole-systems based model of provision. Furthermore, a county-wide sexual Health needs assessment will be undertaken in 2013/2014 to establish gaps and potential efficiency savings in the Sexual Health landscape.

As a result of effective commissioning a range of targeted public health outcomes will be achieved.

- **NHS Health Checks**

The commissioning of the NHS Health Checks programme is a mandated requirement for Local Authorities with effect from 1st April 2013. The NHS Health Checks programme provides systematic lifestyle screening for eligible patients aged 40 – 74 years once every five years. Cardiovascular risk factors are measured and discussed with patients to meet the overall aim of the programme, which is to prevent the early onset of CVD through lifestyle change and earlier identification of undiagnosed disease such as hypertension, diabetes and chronic kidney disease.

We will continue to commission the health checks programme mainly through primary care but with additional capacity from community based providers to maximise uptake especially among hard to reach communities.

Resource implications

GP contract for delivery	**1,054,638**
Invitations	144,893
Outreach cost	207,751
Pharmacy cost	76,175
POCT equipment	82,000

GP contract for delivery	**1,054,638**
POCT consumables	231,352
POCT QA	36,900
GP assistance	175,000
EQUIP audit	50,000
Advertising / Social Marketing	50,000
Programme Contingency Budget	200,000
ECC Total	**£2,419,512**

Funded via PH budget.

- **Identification and Brief Advice (IBA) services across Essex in a range of appropriate settings and as part of the Health Checks agenda in Primary Care.**

Current contracts and agreements in relation to the Health Checks agenda will be reviewed by Public Health. The development of IBA in relation to the under 40 cohort is being reviewed and opportunities are being developed as part of the overall commissioning intentions in relation to alcohol services.

To deliver services to reduce harmful and hazardous drinking patterns in the population thereby contributing to improved health and reduced alcohol related hospital admissions.

- **Primary care prescribing interventions to dependent opiate users referred from specialist prescribers (Shared Care) in partnership with specialist drug treatment providers.**

To achieve a reduction in illicit drug use and improvements in associated health and social functioning issues (Crime, unemployment, housing etc.)

Cost of £200,000 annually from PH ECC Budgets and contracted with GPs.

- **Atrial Fibrillation management**

There is good evidence that management of AF can reduce the risk of strokes and some evidence that it can reduce the impact of strokes in terms of severity and disability. Reductions in stroke & disability will reduce the need for packages of social care.

This was a new quality measure for delivery of primary care from 12/13. Whilst levels of management are overall relatively good in Essex there is considerable variation across practices. We plan to work with primary care to further develop the implementation of this measure.

Resource implication is 200k in total. Note that plan is for non recurrent maybe one or two years maximum. Planned from PH budget.

Potential impact on NHS partners

Delivery of AF management is reliant on medicines management by the NHS. Additional funding will incentivise achievement of the QOF measure and enable those practices which are not performing well to get some additional help. Register development and management of long term conditions are key priorities of the CCGs. Reductions in stroke will have benefit to the NHS in terms of fewer admissions and rehabilitation.

3. ECC is requesting funding from CCGs on a partnership share basis for the following activities.

- **Essex County Traveller Unit (ECTU)**

Early intervention and prevention service for Gypsies and Travellers, contributing to improvements in child health outcomes, management of low term conditions, healthy lifestyles and health intelligence gathering to inform future service need.

The cost is £71,012 per year and ECC is requesting each CCG to fund a proportional part.

Potential impact on NHS partners

Contributes to a range of indicators in the NHS Outcomes Framework, notably: Preventing People from Dying Prematurely; Health-related Quality of Life for People with Long Term Conditions; Ensuring that people have a positive experience of care.

- **Alcohol Liaison Nurse Specialist (ALNS) provision in acute settings to support hospital staff to identify, manage and support problematic alcohol users.**

The intention will be to integrate this service within the prescribing contracts held by ECC with the two Mental Health Trusts, ensuring provision is not based upon an individual but the

service is a core function of the contracted service. A reduction in alcohol related hospital admissions is expected.

The initial cost associated with the ALNS provision in a number of areas across the North of Essex is approximately £70,000 per acute setting. ECC is requesting each CCG to fund a proportional part.

- **Senior Health Checks**

It is known that 42% of people aged over 65 have a chronic health condition, with 23% having 2 or more. A large proportion of these remain undiagnosed and thus unmanaged.

During 2013/2014 and 2014/2015, Senior Health Checks will focus on finding new cases of previously undiagnosed diabetes, cardiovascular disease (CVD), and chronic kidney disease (CKD) among older adults aged 75-84, followed by evidence-based treatment.

Resource implication

Investment will be required from both the NHS (£470k over 5 years) and Public Health (£331k over 2 years). Up to 4,130 new diagnoses of long term conditions or of high vascular risk could be made, and up to 370 emergency health events could be prevented or postponed over the next 5 years.

It is estimated that a net saving to the care economy of up to around £2.3million could be made over 5 years. These savings are likely to accrue to NHS, Social Care and private individuals in a ratio of roughly 3:1:1.

Savings to the NHS result from avoided emergency cardiovascular events and avoided hospitalisations. Savings to Social care and private individuals result from avoided strokes, which results in avoided disability and lowered demand for social care.

Appendix 6

Schools Children and Families financial position statement.

SCF Finance.docx

Appendix 7

ECC Paper to North and South Essex PCT Cluster Boards regarding Section 256 Money

S256 Essex Paper
NCB 2013-14 V12 Fin