

Essex County Council, NHS England and Clinical Commissioning Groups - Commissioning Intentions for Children, Young People and Families 2013-2015

**Document
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Castle Point and Rochford Clinical Commissioning Group

The Commissioning Support Unit

Subject to a regular programme of review.

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1. Foreword

This document aims to provide the key information about children's commissioning across health and social care partners in Essex.

These integrated commissioning intentions are intended to set out the position, vision, priorities and ambitions of all partners involved in integrated commissioning over the next twenty four months (NHS England Commissioning Intentions included run 2014/2015).

Essex County Council, NHS England, the five Essex Clinical Commissioning Groups (CCGs) and the Commissioning Support Unit (CSU) are responsible for commissioning a range of activity to deliver the vision for Children, Young People and Families in Essex, including Public Health, Primary and Secondary Care, Social Care, Education and Early Help. This partnership is at the forefront of integrated, outcomes based commissioning making real organisational changes in order to maximise the opportunities to bring together shared outcome frameworks, joint needs assessments and financial and staff resources to achieve more together.

Our commissioning approach ensures that we can maximise the impact of opportunities that arise as a result of national, regional and local reforms to improve outcomes for children and young people across Essex. All integrated commissioning will focus on improving life outcomes, considering the needs of children and families within an all age framework. This gives significant importance to adopting an early intervention approach which delivers both early intervention and early help and clearly provides for effective support around key points of transition. Safeguarding is a core theme across all activity and the

integrated commissioning approach will enable it to be embedded across commissioning intentions.

Reconfiguration and reform of the NHS has placed emphasis on quality and joined-up patient-centred care whilst realising local efficiencies. Transfer of Public Health responsibilities into the Local Authority has created a fully integrated approach to meeting the public health needs of Essex residents through joined up commissioning. This offers greater opportunity to ensure that services commissioned improve health and wellbeing and lead to sustainable, improvement in outcomes for children young people and their families, as well as making efficient use of limited resources. Locally these changes are supported by a transformational restructure within the Local Authority that will support and drive integrated commissioning within the context of CCG and Essex County Council Commissioning plans and priorities.

Establishing clear intentions for integrated commissioning, this document contributes towards the strategic delivery of the Health and Wellbeing Strategy for Essex, in particular the delivery of *Priority 1 Starting and Developing Well – ensuring every child in Essex has the best start in life.* (See Appendix 1).

This document sets out how the integrated commissioning programme will support the delivery of the ten strategic priorities in the Children, Young People and Families Partnership Plan (CYPFP). The CYPFP articulates the broader vision and outcomes for Children and Young People and acts as a framework for the integrated commissioning intentions for the local health and social care economy.

It also supports delivery of the corporate aspirations of the Local Authority as well as those of the CCGs and NHS England.

2. The Vision 2013-2016¹

This document sets out how we as commissioning partners will contribute to delivering the vision of the Children, Young People and Family Partnership:

Children, Young People and Families will reach their full potential

¹ Children, Young People and Families Partnership Plan 2013-2016

We will do all we can to support all children, young people and their families to reach their full potential. We have high aspirations for all children and young people – they will grow up safe, happy and healthy, able to make the best use of their skills to secure good employment opportunities and make the most of their lives.

Children and young people will be supported by strong families

Families are the foundation of strong local communities. As the key contributor to a child or young person's safety, health and wellbeing we will take a whole family approach to supporting all families to fulfil this role.

Families will be given early help to assist them in managing their difficulties

Families in difficulty will be offered help at the earliest opportunity. The help provided will promote family resilience and help prevent family problems escalating into more serious ones.

Children and young people will not be disadvantaged by being in care

If a child or young person needs to be in care we will ensure that this is in a family setting (foster care) wherever possible, of good quality and it improves the life chances of the children and young people in question.

We will protect children and young people from harm

Through early help and a joint commitment to effective child protection services we will reduce risks to children and young people and ensure they are protected from abuse and neglect. We will work with families to build on their strengths and make the changes that are needed. If this does not work and a child or young person is identified as likely to suffer significant harm, we will act quickly to protect them.

Children, young people and their families will influence what we do

We will be family focused, putting the needs and aspirations of children, young people and their families at the heart of everything we do. We will listen to the views of children, young people and families and wherever

possible act upon them. We will improve our services through consultation with children, young people and their families.

Services for children, young people and their families will be improved by us working together

We will work in partnership through all four levels of need to provide more responsive, better integrated and more effective services which are easy to access.

We recognise that the financial challenges faced by the public sector are unprecedented. Reduced funding from central government, together with the impact of inflation and increasing demands for services requires that statutory, community and voluntary sector partners work together to combine resources and share expertise, in so doing, developing genuinely integrated commissioning that can demonstrate accountability for public expenditure and deliver improved outcomes for children, young people and families.

The establishment of the Essex Health and Wellbeing Board and subsequent alignment between the Health and Wellbeing Strategy for Essex and the Children's Partnership Plan provide the strategic framework for integrated commissioning in Essex.

With emphasis on intervening early through clear and innovative commissioning intentions, the Local Authority and partners can ensure that maximum impact is achieved through the most efficient commissioning, procurement and contract management processes.

A clearly conveyed series of integrated commissioning intentions, as set out within this document, enables the wider partnership to meet their specific and shared duties, responsibilities and priorities with regard to safeguarding, promoting and protecting the welfare of children and young people, whilst maximising the opportunities for integration and efficiency.

We believe that realising the potential that integrated commissioning offers will also maximise efficiency and reduce barriers to accessibility, choice and end user costs by exploiting jointly developed commissioning strategies, joined up contract management and the pooling of expertise, experience and budgets. Across Essex partners have made a commitment to support and help to drive the development and

implementation of integrated commissioning and this document sets out in more detail how this can be delivered.

3. The influences on our commissioning intentions

3.1 Strategic Context for Commissioning

The Health and Social Care Act 2012 introduced some of the most notable reforms to the NHS in England for decades. These changes came into being on 1 April 2013 and set the mandate for Clinical Commissioning Groups to buy care on behalf of local communities and established NHS England as a body independent of the Department of Health.

The Children and Families Bill underpins the clear commitments made by the Local Authority and strategic partners to provide services that target early help and commission against outcomes that support strong, resilient children and families, addressing the needs of the most vulnerable children and young people in Essex, further strengthening the need for the Local Authority and health to commission together.

The broad reaches of the Bill seek to reform the systems for adoption, looked after children, family justice and special educational needs as well as encouraging growth in the childcare sector and ensuring children in England have a strong advocate for their rights. These national priorities mirror the Essex commissioning intentions set out in part 5.

A clear direction of travel has been set out by Government, defining meaningful integration as public, voluntary and private sector partners working together with users and patients to achieve better outcomes. This co-production approach has been fully embraced locally and incorporated into the planning for integrated commissioning with the impact of sharpening focus on outcomes based commissioning and building a holistic approach to working with families at an early stage to build resilience. This is demonstrated through the Local Authorities Divisional Based Intervention Teams (D-BIT) and Multi-Systemic Therapy Social Impact Bond (MST SIB), Family Solutions and commitment to sustaining resources to deliver Children's Centres.

In line with national and local policy, partners are committed to embedding early intervention within commissioning practice to deliver improved outcomes and build resilience, capacity and independence. This approach will help to prevent problems developing and protect children and families who are most at risk. Whether through universal or targeted activity, intervening early in life (as soon as conception) or early in the development of a problem (at any age) can reduce the severity of problems and avoid the recurrence of existing issues.

As partners committed to improving outcomes for children and young people, safeguarding is a core theme of all our activity. Working across the health, education and social care economy, and across the wider partnership, partners will use integrated commissioning to improve safeguarding practice and ensure children and young people are protected from harm and neglect.

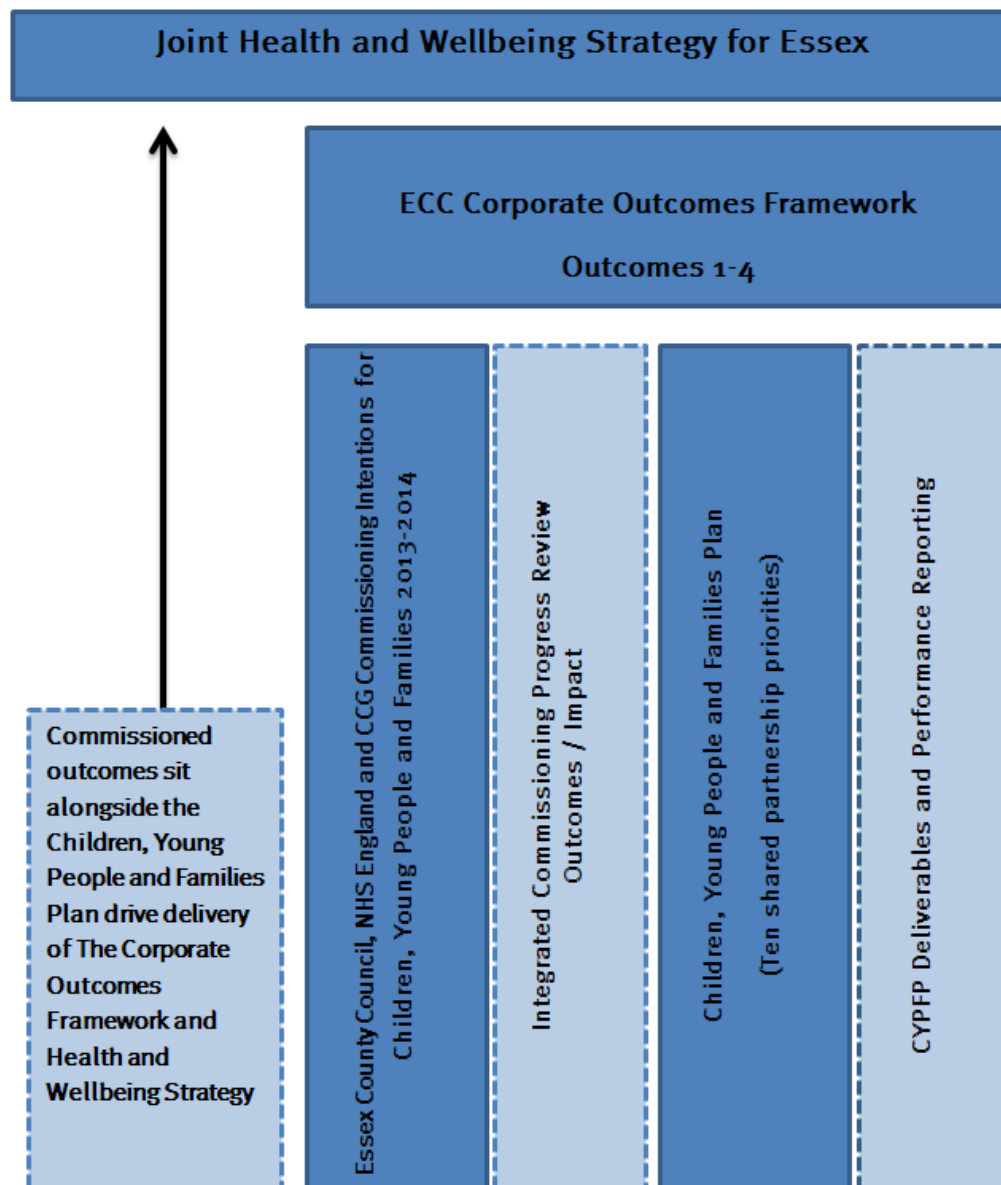
The Local Authority shares with the CCGs and NHS England a desire for innovation reflected by the investment in developing an All Age Framework and establishing one of a small number of Community Budget Pilots in pursuit of best practice, efficiency and value for money.

The following diagram sets out the primary drivers for integrated commissioning, nationally and locally. More detailed descriptions of each can be found in Appendix 2.



4. Commissioning priorities and high-level outcomes

The Health and Wellbeing Strategy represents the principal, high level plan and as such provides a strategic framework for the commissioning and delivery of health and social care services across Essex. It is essential that all strategy and commissioning that sits below this makes a direct contribution towards progressing the relevant high level outcomes.



This diagram explores the linkages between this document and the Health and Wellbeing Strategy, the Local Authority Corporate Outcomes Framework and the Essex Children, Young People and Families Partnership Plan.

The Essex Children, Young People and Families Partnership Plan establishes 10 Strategic Priorities which form the partnership framework for current ambitions for children, young people and families in Essex .

Essex Children, Young People and Families Partnership Plan Priorities

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

These priorities are aligned with the corporate direction of the Local Authority and Strategic Partners. The ten strategic priorities, along with the associated performance reporting that exists to demonstrate impact, reflect the Joint Strategic Needs Assessment at a County and Local level and inform the outcomes for commissioning for children, young people and their families, underpinning the commissioning intentions that follow in this document.

The Essex County Council Corporate Plan places a significant emphasis on developing Health and Wellbeing and broadening application of the Localism agenda. It sets out to provide local people with a stake in

community services, to make appropriate investment into health, education and skills and keep the most vulnerable in society safe, supported and thriving.

ECC has developed a Corporate Outcomes Framework aligned to the Health and Wellbeing Strategy Outcomes Framework 2013. Within this framework, Outcomes 1-4 (see below) align with the joint integrated commissioning intentions and the priorities within the Children, Young People and Families Partnership Plan. All commissioned activity will drive the Corporate Outcomes Framework and the Health and Wellbeing Strategy.

Corporate Outcomes 1-4²

1. Children in Essex get the best start in life
2. People in Essex enjoy good health and wellbeing
3. People in Essex have aspirations and achieve their ambitions through education, training and lifelong-learning
4. People in Essex live in safe communities, feel safe and are protected from harm

5. Integrated commissioning

There is a shared commitment across agencies in Essex to integrate commissioning and to work in partnership to develop more integrated pathways across health and social care. A shared understanding that no one partner can plan, commission or deliver services independently if high quality services and efficient use of reducing resources are key priorities.

At a County and a locality level a network of complex, multi-agency partnerships exist in order to develop joint strategic planning, build understanding of need, develop robust outcomes measures and address information requirements with the shared aim of driving genuinely joined up commissioning.

Not all of the partners involved in this strategic planning are specifically involved in the commissioning of health and social care services but are critical to the success of delivering the wider Health and Wellbeing agenda for Essex.

The five Essex CCGs have each developed Integrated Plans for 2013-2016 which set out their own priorities but also incorporate plans for integrated

² Developing the Corporate Outcomes Framework - Proposed outcomes (Nov-13)

commissioning with the Local Authority. Each of the CCGs has worked closely with the Local Authority to ensure that priorities for children's integrated commissioning are reflected in the CCG Plans.

Our Public Health vision for Essex is for the people of Essex to enjoy long, healthy, disease free lives and for this to be possible wherever they live and whoever they are. There is a clear understanding that Public Health is everybody's business and working in partnership with all commissioners, wider stakeholders and the communities of Essex is seen as the most effective way of delivering against the outcomes nationally and locally. We recognise the identified and agreed public health priorities within the communities of Essex and this document provides the platform from which we will seek to secure improvements.

Alongside integrated commissioning partners, NHS England will seek to secure service change, maintain financial balance across the local health economy and continue to drive up the quality of the services. As a key partner in the delivery of integrated commissioning the NHS England – Essex Area Team has set out clear commissioning intentions for the 2014/15 financial year '*Essex Area Team Generic Commissioning Intentions 2014/2015*'. These fall in line with the NHS England contract for services which requires six months notification of any changes of services and counting and charging proposals. With a pan Essex focus these commissioning intentions may be supplemented by National Commissioning intentions as the landscape further unfolds.

The Local Authority, the CCGs and NHS England are part of the North Essex and South Essex Maternity, Children and Young People's Integrated Commissioning Strategic Groups which aim to develop and implement integrated commissioning. These groups report to the Business Management Group of the Health and Wellbeing Board and link to the wider Essex Children's Partnership.

6. Making a difference through shared outcomes

In developing integrated commissioning as partners we are keen to move towards commissioning by outcome, across health and wellbeing provision. This is a significant development and one that changes the role of commissioning and the relationship between commissioners and providers. As well as establishing clear outcomes against which the impact of individual commissioned activity will be assessed, all commissioning will drive forward an agreed series of high level outcomes

which reflect the corporate aspirations of Essex County Council and key partners.

6.1 Our Commissioning Intentions

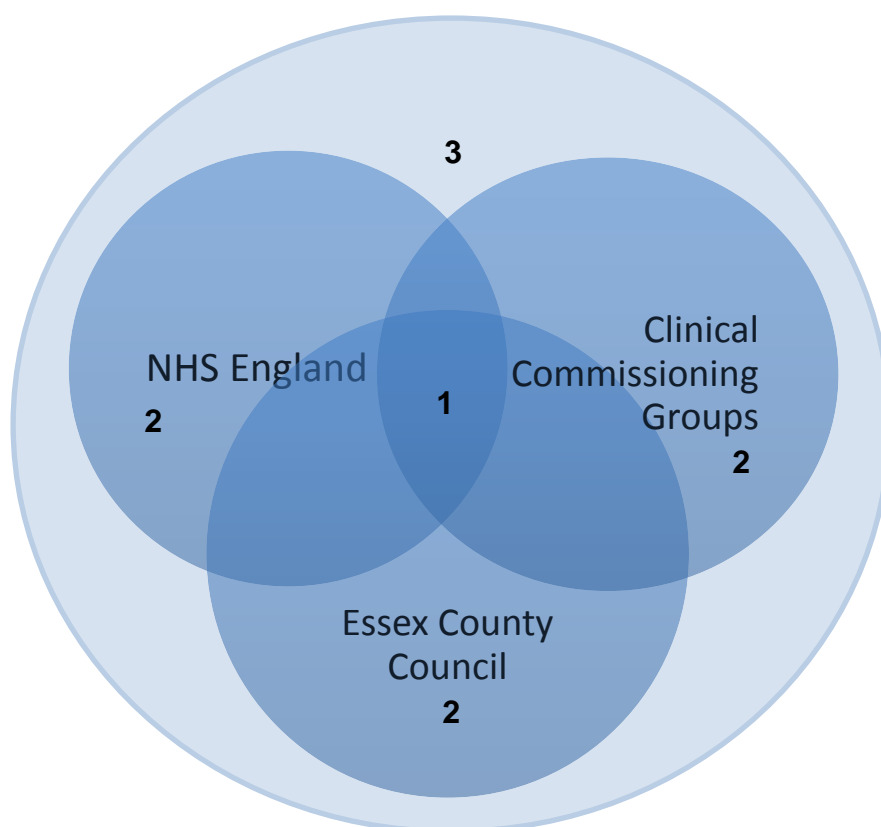
We want to ensure that appropriate interventions are provided for children and families with complex and specialist needs, children on the edge of, in or leaving care and those with a disability. However we also want to provide early help and intervention for all through universal and targeted provision. Our approach aims to support children and young people in family settings where appropriate, protected from harm or neglect and able to lead as normal a life as possible.

All agencies have a role to play at all levels of need and CCGs NHS England and the Local Authority will work together to facilitate and maximise contributions as appropriate. There is a strong commitment to ensuring integrated resourcing, commissioning and provision of interventions to improve outcomes for children, young people and families across Essex and maximise effectiveness for all agencies.

We want to ensure that children, young people and families across the County can strive to achieve common outcomes and receive a consistent offer appropriate to need. We know that there are local variations in needs, population, local context and existing provision across the County; hence we recognise that priorities, resources and how outcomes are met will vary locally and across districts and CCGs. Some of our commissioning will be undertaken County wide; some will be undertaken at CCG or even district level. We also recognise that commissioning for some Tier 4 highly specialist provision is now undertaken regionally and that we will need to work with regional agencies to ensure the needs of children, young people and families in Essex are addressed appropriately.

The opportunity for integrated local joined up working has been enhanced by the recent transformational restructure within Essex County Council that has created an integrated structure allowing for robust, coterminous relationships with CCGs.

Working in partnership with CCGs through jointly developed strategies, integrated systems for commissioning, contract management and delivery as well as a pooling of expertise and experience will not only maximise efficiency and effectiveness, but will reduce barriers to accessibility and increase choice for users.



Key:-

- 1 Pan Essex Integrated Commissioning Intentions**
- 2 Individuals partner commissioning intentions³**
- 3 Broader Children, Young People and Families agenda for Essex**

The diagram sets out the main elements of commissioning for Children, Young People and Families. The core element (1) is the central overlap which forms the integrated commissioning intentions. These then form part of a 'long list' of commissioning intentions for each of the individual organisations within a broader context of their own statutory and organisational objectives (2).

The initial priority is to strengthen integrated commissioning across the Local Authority, CCGs and the NHS England Essex Area Team. This reflects our strong track record of joint working to date as well as the significant agenda and budget for improving children's health outcomes. There are a significant number of areas identified for integrated commissioning but

³ Currently not prioritised for integrated commissioning but where awareness exists for the need to communicate and share information.

the development needs to be incremental. The aim is to start with the key priority areas of CAMHS, early years, SEND and continuing care in 2013-14 underpinned always by the themes of strong safeguarding and early intervention, increasing over time the areas where commissioning in an integrated way across the Local Authority CCGs and NHS England takes place.

6.2 Integrated Commissioning Partnership Priorities

Each agency has its own commissioning priorities which it will need to deliver in 2013/2014 and 2014/2015. Below, we identify those priorities which are shared across the partnership and which fall within the remit of the Health and Wellbeing Board and the North and South Essex Commissioning Groups. These are agreed integrated commissioning intentions focused on improving outcomes for Children, Young People and Families in Essex. The Local Authority has outlined its intentions and plans for integrated commissioning with health in a document that sits alongside the five CCG plans entitled '*Essex County Council Integrated Plans 2013-2016 and County Council Health and Wellbeing Plan*'. The following commissioning intentions have been developed within this suite of plans and the strategic framework of the CYPFP.

CAMHS	<p>The JSNA carried out in April 2013 and regular user and partner feedback confirm that there is insufficient integration between the Tiers of provision; that there is too much batting backwards and forwards between agencies and that there are significant gaps especially when there are behaviour issues as well as mental health concerns. We will develop seamless pathways and integrated provision across the Tiers and improve access to CAMHS provision especially for the Children's Social Care population including by joint performance monitoring of contracts. We want 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 based on joint needs assessment and shared understanding of the issues.</p> <p>We will work within the wider partnership to deliver a CAMHS/LD service with an integrated pathway with particular focus on integration with specialist school nurses and community nurses.</p>
Early Years and Children's Centres	<p>ECC, CCGs and the NHS England LAT will work together to ensure that in future specifications ensure improved links, information sharing and joint working between midwifery, health visitor/MESCH/Family Nurse Partnership services and children's centres and all other appropriate early years services. From April 2013 onwards we will review the re-commissioning of children's centres and we want to ensure that we develop plans together for an integrated early years service covering health visiting and children's centres which has clear links and pathways with midwifery, breastfeeding and immunisation services, which takes a whole family approach and links closely with Family Solutions.</p>

Safeguarding and Child Protection	<p>We want to improve the links and joint working between CCGs, Healthcare Providers and ECC staff to improve safeguarding and child protection responses. We will ensure health contracts specify that 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 healthcare staff work with other agencies to deliver joined up interventions to children In need or on a Protection Plan. We will ensure continuing joint development and resourcing of the Essex Safeguarding Children's Board.</p>
Children In Care and Children Leaving Care	<p>Children In Care and Children Leaving Care have high levels of need and often achieve poorer outcomes when compared with their peers living in the community. We want to work together to:</p> <ul style="list-style-type: none"> ▪ 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 ▪ Ensure the core LAC health team (nursing and administrative) to be commissioned by CCGs. i.e. Specialist LAC Nurse provides single point of access to community health services for LAC within each provider area; consistent and timely co-ordination of healthcare for LAC wherever they are placed; fulfils Statutory functions and meets timescales. We will ensure robust quality assurance of healthcare delivery so that LAC and care leavers who do not have access to universal school nursing or 0-19 services receive targeted healthcare and support. Together we will ensure improved health outcomes for LAC through consistent partnership working with local authorities and other health and social care providers ▪ improve the consistency of the quality and the speed/priority of 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

	<p>provision of health assessments and any subsequent advice/interventions to Adoption and Fostering Panels</p> <ul style="list-style-type: none"> ▪ Review the JAP
Continuing Care	<p>We will 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 and develop and agree a joint protocol and criteria.</p>
Family Solutions - Integrated Support for Families with Complex Needs	<p>We will support the continuing development of Family Solutions and ensure that children's health providers recognise and contribute to delivering coordinated interventions which will support improved parenting skills, and work in alignment with the Family Solutions Teams to achieve this.</p>
Children with SEN and/or a Disability	<p>We want to develop an integrated approach in line with the All Age Disability framework and the forthcoming new government guidance due in the Children and Families Bill 2013 which will bring together adult social care, children's social care, education and health into an integrated system of 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. We have produced a revised SEN Strategy. We will develop proposals for implementation of the Single Assessment/ One Plan across health, education and social care for children and young people with disabilities and special education needs.</p> <p>Also in response to the Bill we will develop a Local Offer by September 2014 - to enable parents and young people to see more clearly what services are available in their area for this group and how to access them. The Offer will include provision from birth to 25, across education, health and social care.</p>

	Health, education and social care commissioners will work together to develop joint commissioning for disabled children's services, including Aiming High short/respite breaks, the speech and language therapy and occupational therapy for children with a Special Educational Need and/or disability and the social work provision for families with a child with a disability.
Children's Equipment	As part of the wider Integrated Community Equipment Service re-modelling, we will work together on a single referral and ordering gateway for children's equipment across Essex with clear inventories for retrieved and recycled equipment.
Support for Young Offenders	We want to improve joint work across ECC, CCGs, health providers, schools and the police to ensure appropriate support continues to be made available for young people on the edge of becoming offenders and who are offending.
Domestic Abuse	One in five of all crimes committed in the county is domestic abuse; hence this is a priority issue across partners. We will work to ensure effective health participation in the Domestic Abuse Strategy Group and in developing a fully integrated, multi-agency approach to responding to and reducing incidents of domestic abuse. This includes early identification through effective reporting and early intervention and prevention, for example within schools, which can reduce escalation of violence and aggression within families. This is a high priority across the wider partnership and the work entails system re-design to ensure that our ambition is achieved. All CCGs and all Local Authorities will work together in setting up of the Multi-Agency Safeguarding Hub (MASH) and Domestic Abuse Safeguarding Hub (DASH).
Homelessness Prevention	Partners are developing an integrated approach to responding to the needs of 16/17 year olds at risk of homelessness. We will work across services to develop effective responses to reduce the level of homelessness and to respond effectively to those young people in housing need.
Alcohol	The partnership is built on a shared strategic approach as set out in the Health and Wellbeing Strategy to reduce health inequalities and to support the most vulnerable in society. As identified by public health, we wish to address alcohol use and to reduce the level of hospital admissions of alcohol use.
School	Working with a wide range of stakeholders we have considered the best use of resource committed in this

Nursing (5-19 Healthy Child Programme)	<p>area. Healthy Schools is a proven programme taking a holistic view of Health Improvement. It deploys an early intervention strategy by focussing on individual and environmental vulnerabilities plus family and society influences. Public Health priorities will be further supported by the development of an Essex Wide School Nursing Specification. The work also considers the optimal approach to safeguarding.</p> <p>Taking into account the recommendations of the recent needs assessment the key drivers for future commissioning of the 5-19 HCP are as follows:-</p> <ul style="list-style-type: none"> • Improved matching of clinical and economic resources to prevention agenda while maintaining required safeguarding approach and links to other service provision for children and young people e.g. Family Solutions, Education Welfare, CAMHS • Improved outcomes and reduce inequalities in the health and wellbeing of children linking to Public Health Outcomes Framework, the Essex Joint Health and Wellbeing Strategy and the Essex Children and Young Peoples Plan • The drive to achieve efficiencies focussing on both improved quality and value for money ensuring that resources are focussed on evidenced need rather than historical spend • Embed evidence based prevention in service provision in order to reduce future spend on health and social care by ensuring children and families are supported to make informed decisions that will improve health and wellbeing on a sustainable basis. <p>The Healthy Child Programme is a progressive universal programme tailored to individual child and family needs and anticipated outcomes, focussing on public health priorities. It includes a universal minimum core for all children with enhanced and additional preventative services and programmes. To make the best use of resources and improve access for children and young people the HCP requires integrated working and from a workforce perspective provides local flexibility around skill mix with SCPHN SN as lead professional.</p> <p>For 2014/15 commissioning intentions can be described as follows</p>
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	<ul style="list-style-type: none"> • Mid Essex/North East Essex – due to the Business Transfer Agreement that ECC has inherited as part of the contract transition for services provided by Provide/ACE it has been agreed that School Nursing/School Health Improvement Services will not be part of the procurement that is planned for the rest of Essex. Both provider organisations have been asked to secure 5% efficiencies across all commissioned services and we have commenced in depth work with each to introduce the new 5-19 HCP service specification with effect from 1st April 2014 • South/West Essex – both SEPT and NELFT have been formally advised that a procurement will be undertaken for the 5-19 HCP with new contracts to be in place by 1st September 2014. The current contracts will be extended until 31st August 2014 to ensure no disruption to service provision and providers have also been advised that they will be required to make 5% efficiencies against the contract from 1st April 2014.
Sexual Health	<p>A detailed health needs assessment has been undertaken and the recommendations of this together with the guidance contained in "Commissioning Sexual Health services and interventions - Best practice guidance for local authorities" issued by the Department of Health in March 2013 have resulted in the following key principles for the commissioning of the sexual health pathway from 2014/15 onwards</p> <ul style="list-style-type: none"> • The need to drive out efficiencies from existing contracts while continuing to improve service quality and equity of access and acceptability of provision • The need to work towards the introduction of an integrated sexual health service model which aims to improve sexual health by providing easy access to services through open access 'one stop shops', where the majority of sexual health and contraceptive needs can be met at one site, usually by one health professional, in services with extended opening hours and accessible locations. • GU services to continue to be commissioned through existing providers for 2014/15 with a 5% efficiency being applied to current contract values. A National Service Specification for Sexual Health Services has been developed by Public Health England and this will be used as a framework for revised specifications to be issued to all providers using the contract negotiation process to embed these

	<ul style="list-style-type: none"> • In view of the Business Transfer Agreements that have been inherited as part of the contract transfer for ACE and Provide non-GU services will not be part of the planned procurement of these services. Work is already underway with both these providers to introduce revised specifications by 1st April 2014 which will include a requirement to achieve 5% efficiencies against current contract values • Procurement will be undertaken for the provision of non- GU services in South and West Essex with new contracts to be in place by 1st October 2014. Both SEPT and NELFT have been formally advised that this procurement will be going ahead and the current contracts will be extended until 30th September 2014 to ensure there is no disruption to service provision. Providers have also been advised that they will be required to make 5% efficiencies against the contract from 1st April 2014.
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6.3 Individual Commissioning Intentions

For each of the partners there will remain the need to commission and procure activity individually, even where strategy development, needs assessment and planning are carried out jointly. It is likely that there will be reviews in a number of the areas described below over the coming years as a result of financial constraints, new government guidance and legislation and evolving ambitions. Over time, the aim is for integrated commissioning to become the norm. The Local Authority and partners recognise the importance of effective communication and information sharing in relation to all activity commissioned in the interests of best value. The following pages set out the individual commissioning intentions of partners.

6.4 Essex County Council

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 Protection teams to assess and work with families where there are concerns about the care of the children. We are resourcing a Multi-Systemic Therapy Service, financed through a Social Impact Bond, aimed at diverting young people from entering care and becoming involved in the criminal justice system.
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
Education and	We support a range of early years and before/after school settings to deliver childcare for children aged up

Childcare	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 to deliver education; we also 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	The Local Authority 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.

6.5 Clinical Commissioning Groups (CCGs)

Children, Young People, Maternity and CAMHS Commissioning Intentions 2014/15

Proposed Action	Expected Outcomes	Providers Affected	CCG Lead
Redesign of Autistic Spectrum	Patients in South Essex are able to access diagnostic testing from a local service and repatriation of tertiary activity	SUHT NAS - Lorna Wing NELFT	Southend CCG & Castle Point & Rochford CCG

Disorder (ASD) Pathway			
Asthma	Effective utilisation of pathway. Part of the HIP work stream.	SEPT SUHT	Southend CCG & Castle Point & Rochford CCG
PAU/ HIP/Care Closer to Home	<p>Effective utilisation of the pathway for common childhood illness and conditions where all elements of the NHS take appropriate responsibility.</p> <p>To deliver care closer to home.</p> <p>Review outpatient 1st appointments without a follow up.</p> <p>Extension of CCNT to cover 7 days a week reducing activity in CAU/WIC/A&E/NICU</p>	SUHT BTUH PAH MEHT SEPT NELFT HCT CECS	All CCGs
Therapies	Review of SLT, dysphagia and video-fluoroscopy	SUHT SEPT Southend Council	Southend CCG & Castle Point & Rochford CCG
Communication s Aids	Strategy for whole area	SUHT BTUH PAH MEHT SEPT NELFT CECS HCT	All CCGs
Light House Centre Redesign	Redesign and redefinition of the lighthouse	SUHT SEPT	Southend CCG & Castle Point & Rochford CCG

		Local Authorities	
CYP Phlebotomy	Review of CYP Phlebotomy services in SE Essex	SUHT SEPT	Southend CCG & Castle Point & Rochford CCG
Implementation of Personal health Budgets for CYP Continuing Healthcare	A standardised framework for the delivery of Personal Health Budgets for CYP Continuing Healthcare	Various CCC providers	All CCGs
Maternity Capacity & Choice	Providers to work with us to review capacity and redefine future service provision	SUHT BTUH PAH MEHT QUEENS WHIPPS CROSS ADDENBROOKES	All CCGs
Sickle Cell	<p>To review and re-design a Sickle Cell Pathway to deliver 0 – 19 Service. Alignment with CYP to the South Essex Specialist Service</p> <p>North Essex</p> <p>Providers will ensure there is a robust pathway for Sickle Cell</p>	SUHT BTUH	<p>South Essex CCGs</p> <p>North Essex CCG's</p>

Diabetes	<p>Sub-contracting elements with the community provider – on call arrangements, psychology support and dietetic cover for the diabetes best practice pathway</p> <p>Delivery and implementation of Diabetes Best Practice pathway (14 elements). Establish assurance mechanisms through acute contract.</p>	SUHT SEPT BTUH NELFT PAH MEHT HCT CECS	All CCGs
Establish urgent and non urgent telephone hotlines for advice and admission avoidance	Telephone hotline for primary care to speak directly with a paediatrician, reducing referrals to secondary care	MEHT PAH	Mid CCG West CCG
Paediatric screening and triage of non urgent referrals	Review of implementation and impact alongside refining processes for good reporting and monitoring as service progresses.	MEHT PAH	Mid CCG West CCG
Reducing paediatric admissions from A&E and inpatient length of stay	Reducing/eliminating inappropriate admissions from A&E and use of in-patient beds. Redirecting patients from A&E to community services.	MEHT PAH	Mid CCG West CCG
CECS Service Review	Reviewing service to inform redesign	CECS	Mid CCG
Tier 2	Inclusion of children over 2 years within the current tier		Mid CCG

Ophthalmology Service	2 ophthalmology service		
Medical Response Vehicle	Including children and young people in the current pilot for the MRV		Mid CCG
Safeguarding Training	Intention to increase safeguarding training KPI for all levels. 95% compliant for levels 1, 2 and 3. 100% complaint for level 4.	All Providers	All CCGs
LAC Training	Intention to increase LAC training. 95% compliant for level 3. 100% complaint for level 4.	All Providers	All CCGs
Safeguarding Training Evidence	Evidence of 100% of level 5 training for all designated professionals	All Providers	All CCGs
Trouble Tree Tier 2 CAMHS Service	Decommissioning of Trouble Tree from current provider potential re alignment to ECC Tier 2 CAMHS service	SEPT	CPR CCG
Leverton Hall Section 75/76 expires 31/03/2014	SEPT to inform commissioners what their intentions are for the service delivery 2014/15	SEPT	CPR and Mid Essex CCGs

6.6 NHS England – Essex Area Team⁴

HEALTHY CHILD PROGRAMME (HCP) 0-5 Yrs.	<p>The Area Team will continue to commission increased numbers of Health Visitors in line with the implementation national “Health Visitor Implementation Plan 2011-15: A Call to Action” published in 2011. The Plan puts in place across the country a new health visiting service that all families can expect to access and agreed trajectories have been reached with providers to ensure that we achieve the national objectives by 2015.</p> <p>However, the local financial scenario within Essex requires commissioners to negotiate a level of restructuring and cost avoidance within these contracts to enable resources to be freed up to support the continuation of the Health Visitor expansion role out.</p> <p>The Area Team has agreed with providers an updated service specification and contract varied this in 2013/14. This specification will form part of the baseline service from 1 April 2014. Providers should ensure that data requirements are delivered in a robust and effective way.</p> <p>The Area Team will also be working with providers to understand and review current staffing structures within the HCP 0-5 years resource that were inherited from PCTs and will undertake a review of the service line breakdown in 13/14.</p> <p>In year contract variations will be negotiated with providers during 2014/15 to reflect the financial consequences of the recruitment to increase the numbers of Health Visitors from October 2014, in line with agreed provider specific trajectories.</p> <p>From April 2015 it is the intention of NHS England to transfer the commissioning of this service to Local Government; therefore, we will expect providers to work with us during 2014/15 to ensure a smooth transition.</p>
FAMILY NURSE PARTNERSHIP (FNP)	<p>The Family Nurse Partnership is a national initiative (2007) and is an intensive, structured, home visiting programme, which is offered to first time parents under the age of 20. A specially trained family nurse visits the mother regularly from early pregnancy until the baby is 2 years old and builds a close, supportive</p>

⁴ (sourced from Essex Area Team – Generic Commissioning Intentions 2014/15 - 30th September 2013)

	<p>relationship with the family.</p> <p>The Area Team is required to support the expansion of FNP places to 16000 places across the country, which will mean an increase from 125 currently provided in SE Essex to 350 places for the whole of Essex. This will be as a collaborative agreement with Essex County Council, Southend Council and Thurrock Council.</p> <p>In order to expand the service across the Essex Area Team geography in a way that meets national expectations and needs within the population, the Area Team gave notice to the current provider in 2013/14 and will be undertaking a limited procurement process to ensure that an Essex-wide service that can deliver 350 places is in place from 1 April 2014. Providers are advised that they will be required to work with the successful organisation in 2014/15 onwards.</p> <p>From April 2015 it is the intention of NHS England to transfer the commissioning of this service to Local Government; therefore we will expect providers to work with us during 2014/15 to ensure a smooth transition.</p>
CHILD HEALTH INFORMATION SYSTEM (CHIS)	<p>Services will be commissioned in line with the revised service specification and contract varied into 2013/14 contracts. This specification will form part of the baseline service from 1 April 2014. Providers should ensure that data requirements are delivered in line with the "Gold standard", in a robust and effective way.</p> <p>The Area Team is likely to go to procurement in 2014/15 to move to a commissioning model with a single organisation providing services from multiple site across Essex. However, this is still subject to confirmation. It is the currently the intention of NHS England to transfer from April 2015 the commissioning of this service to Local Government however, this transfer is currently subject to review. We will therefore expect providers to work with us during 2014/15 to ensure a smooth transition.</p>
IMMUNISATIONS	<p>The Area Team is likely to go to procurement during 2014/15 to move to commissioning "school age" immunisation programmes across the whole of the Essex Area Team geography.</p> <p>We will be reviewing the service specifications for domiciliary and community based immunisation</p>

	<p>services, and will consider re-procuring this as part of a wider immunisation service. Providers are expected to work with the area team and provide information for this review.</p> <p>There are currently no new national programmes expected, although we await confirmation and clarification in the national NHS England Operating Framework, due to be published in December 2013. We will continue to roll out and extend the new immunisation programmes launched during 2013/14, including:</p> <ul style="list-style-type: none"> • Men C catch up programme for University entrants; • Seasonal Flu programme for children; • MMR catch up for those not or partially vaccinated <p>We are expecting changes minor changes to the service specifications, including uptake rates that cover pneumococcal, routine seasonal flu, pertussis for pregnant women, routine childhood immunisation.</p> <p>We wish to continue to support SEPT with the pilot of seasonal flu immunisation of children aged 4-10 year olds.</p>
BREAST SCREENING	<p>The Area Team will continue to commission the roll out of the “age extension” of the breast screening programme to ensure that services invite women aged 47-49 years and 71-73 years by 2016. We will work with SUHT and PAHT to ensure age extension and digital mammography is fully implemented within their services.</p> <p>We await confirmation in the NHS public health functions agreement for 2014/15 as to whether there will be changes to coverage levels and other KPIs. These will be agreed through the contractual process.</p> <p>We await confirmation in the national NHS England Operating Framework for advice on the “high risk screening” services due to be published in December 2013. We expect providers to work with us during 2014/15 on this.</p>

CERVICAL SCREENING	<p>The Area Team will commission the screening services in line with the outcome of the East of England Pathology review which has outlined the reconfiguration in services (Transforming Pathology Services (East of England)).</p> <p>Providers will be required to implement the recommendations of the review. We expect PAHT to have aligned themselves appropriately in order to implement the recommendations within the relevant timescale. The service specification for cervical screening will include Human Papilloma Virus (HPV) testing as triage and test of cure, for women with low grade ab-normalities, as an integral component of the programme. We await confirmation in the NHS public health functions agreement for 2014/15 as to whether there will be changes to coverage levels and other KPIs. These will be agreed through the contractual process.</p>
BOWEL CANCER SCREENING	<p>There are no planned changes to the commissioning of this service in 2014/15, however following receipt of validated baseline indicators from Public Health England, the Area Team may negotiate new targets within contracts. We will ensure service specifications are renewed for the 2014/15 contract.</p> <p>We will continue to support local providers wishing to be part of the nationally funded, roll out of bowel scoping for 55 year olds.</p>
ABDOMINAL AORTIC ANEURYSM SCREENING(AAA)	<p>There are no planned changes to the commissioning of this service in 2014/15, however the national funding ceases at 31 March 2014 and the Area Teams will need to ensure that these resources are prioritised to continue the screening services from 1 April 2014.</p>
DIABETIC EYE SCREENING (DES)	<p>We await confirmation in the NHS public health functions agreement for 2014/15 as to whether there will be changes to coverage levels and other KPIs. These will be agreed through the contractual process.</p> <p>The Area Team intends to commission an end to end service from one lead provider in all programmes, predominantly affecting the South Essex system. There will be an options appraisal during 2014/15 to ensure this service configuration is in place for 2015/16.</p>

	<p>It is also our intention to commission the common pathway for Diabetic Eye Screening, in line with national policy. This includes introduction of surveillance clinics and slit lamp bio-microscopy within the screening programmes.</p>
ANTENATAL & NEW BORN HEARING SCREENING	<p>The CCGs will continue to commission this service (as they did in 2013/14) on behalf of the Area Team, as part of the national PBR maternity tariff. We expect CCGs to ensure that all providers are producing cohort data and reporting this through established programme boards.</p> <p>We await confirmation in the NHS public health functions agreement for 2014/15 as to whether there will be changes to coverage levels and other KPIs. CCGs will be informed on these and the Area Team will support CCGs with agreeing these with providers through the contractual process.</p>
SEXUAL ASSAULT RESOURCE CENTRE SARC	<p>We await the outcome of national commissioning intentions in respect of SARC and will inform providers and partners in due course.</p>
SECONDARY CARE DENTAL SERVICES	<p>From April 1 2014 primary and secondary care NHS dental services have been directly commissioned by the NHS England and has given us the opportunity to bring further improvement to the commissioning of dental care across the whole pathway. By commissioning the totality of dental care, this gives the Essex Area Team the opportunity to better integrate primary and secondary services to provide better care and outcomes for patients and more rewarding careers for all clinicians. We will strive to ensure that we are <i>"Securing Excellence in Commissioning NHS dental services"</i></p> <p>We will continue to work with clinicians and commissioners to develop care pathways for patients in need of an element of advanced care. We ensure that we utilise the skills of the whole dental team within a specialist led, but not necessarily delivered, service that provides high quality care regardless of setting. We will implement the emerging national dental care pathways for dental services, including minor oral surgery, maxilla-facial surgery, orthodontics, restorative dentistry and vulnerable people. It is anticipated that these will include national consistent standards in the following areas:-</p>

	<ul style="list-style-type: none"> • Levels of care, complexity and procedures • Consistent competencies for each level of care (building on advanced care work) • Consistent environment/equipment standards for each level of care • Consistent clinical outcomes, quality standards and/or patient reported outcome measures (PROMS) for each level of care • Consistent approach to coding and costing measures for the care pathway across all settings • Monthly reporting to the North East London CSU on all activity • Access to services across each pathway to ensure that people with disabilities and all other “hard to reach” groups of people have equitable access to good oral health outcomes. <p>We expect all providers to meet national 18 week targets for dental services and report monthly on performance; where performance is deteriorating, action plans to address the situation will be required and weekly performance reporting implemented, to avoid potential RTT breaches.</p> <p>Providers are also expected to adhere to existing service restriction criteria; a review of service restriction criteria across all providers will be undertaken to ensure a consistent approach by all providers commissioned by the Area team.</p> <p>A dental triage system for all dental referrals into secondary care will be commissioned across Essex in 2014/15 to ensure a consistent approach; notice will therefore be given for existing providers in line with current contract notice periods.</p>
ORAL SURGERY PATHWAY - RIGHT PLACE RIGHT TIME	<p>It is our intention to ensure all referrals from primary care (GDP/GPs) are managed effectively to maximise the quality of care and timely access. We will work with all providers to instigate or refine referral management/triage system for all Essex patients.</p> <p>This system will be in place for all secondary and specialist providers by April 01st 2014. Only referrals that are appropriate to secondary/speciality services will be managed in that sector, all other referrals will be treated in the most appropriate non-acute setting.</p>
PRIMARY DENTAL	KPIs for existing PDS+ providers will be reviewed and aligned to support local priorities during 2014/15.

SERVICES	Following completion of the Essex orthodontic needs assessment, services delivered by existing orthodontic providers will be reviewed and benchmarked in line with NHS England Quality and Value audit framework. This process will inform whether existing contracts are extended or whether services are re-commissioned through a national procurement process
PRIMARY MEDICAL SERVICES / PMS REVIEWS	<p>NHS England has recently undertaken a baseline review of PMS agreements across the country and a national decision on the future funding arrangements for PMS agreements is expected shortly. It is likely however that PMS contracts will need to be aligned with the emerging Essex Primary Care Strategy to achieve better outcomes for patients and deliver improved value for money.</p> <p>Where contracts terminate on 31 March 2014, these have been given notice separately on 30 September 2013</p>
APMS REVIEWS	The Area Team will also be seeking in 2014/15 to ensure that APMS contracts are in line with emerging Primary Care Strategy to achieve better outcomes for patients and improved value for money. In discussion with CCGs and providers where existing Walk In Centre contracts are to be extended into 2014/15, the Area Team will wish to identify QIPP efficiencies on existing contracts and will also determine in consultation with stakeholders as to whether existing Walk In Centre APMS contracts will be re-commissioned through a procurement process from 2015/16.
TRANSLATION AND INTERPRETING SERVICES	NHS England will consider the future procurement of translation and interpretation services for primary care clinical service with the intention of identifying opportunities to achieve efficiencies through economies of scale.
OCCUPATIONAL HEALTH SERVICES	NHS England will consider the future configuration of occupational health services during 2014/15 with the intention of identifying opportunities to achieve efficiencies through economies of scale.
CLINICAL WASTE SERVICES	NHS England will be considering the future configuration of waste disposal during 2014/15 to determine whether these services can be delivered on either a regional or sub regional basis and through

	economies of scale. A number of options will be considered and discussed with a wide range of stakeholders before determining the scope of any procurement for these services.
LOCAL ENHANCED SERVICES (LES)	Any outstanding LESs carried over by NHS England through transition will cease from 31 March 2014. Responsibility for future commissioning of enhanced services will rest with CCGs to commission any on-going service needs through the NHS standard contracts
PRIMARY CARE SUPPORT (FHS) SERVICES	A national service specification for these services is being developed to ensure that these services are commissioned on a consistent basis across England and that cost efficiencies are delivered from 2014/15. Further work is on-going to determine whether these services should be subject to a national procurement exercise.

7. Integrated commissioning building blocks

The development of integrated commissioning will build on good practice already in place across the partnership. It will use a number of building blocks to assist partners to commission effectively within an evolving landscape of children's service reforms.

Statutory and policy framework

Our commissioning plans take account of and reflect the following

- Children Act 2004 and Children Act 1989
- Education Act 2002
- Childcare Act 2006
- SEN Code of Practice 2001 – being revised through the Children and Families Bill
- Health and Social Care Act 2012
- National Health Services Act 2006
- No Health without Mental Health
- Health and social care outcomes frameworks developed nationally

Safeguarding

Our duties to promote safeguard and protect the welfare of children and young people underpin all strategies and commissioning plans. The commissioning arrangements in place ensure all organisations have clear, appropriate and safe procedures that reflect the government guidance Working Together to Safeguard Children 2013 and are in line with the Southend, Essex and Thurrock safeguarding procedures – SET procedures.

User engagement

The value of effective, meaningful and consistent service user engagement is critical if we are to commission outcomes effectively and it will form an integral element of our commissioning strategy. This will enable us to ensure we understand better how service users can best access services, advice and information and to respond to what they consider will best meet their needs. Creating an open dialogue with children, young people and families will inform needs analysis, the assessment of existing provision, input into local delivery models and, in line with the Localism Act 2011 and Community Right to Challenge, opportunities for direct community delivery models.

County and Locality based Joint Needs Analysis

A Joint Strategic Needs Assessment (JSNA) is both a process and a resulting suite of documents and is a means by which CCGs, NHS England, and the Local Authority describe the future health and wellbeing needs of local populations and the strategic direction of service delivery to meet these needs. It is used to identify commissioning priorities and procure interventions that are based on need and will in turn achieve better outcomes and reduce inequalities. The needs identified therein have informed the priorities and underpin the development of these commissioning intentions.

The overarching Essex JSNA report provides a high level account of health and wellbeing issues for Essex over the next three years. Through its detailed evidence base the JSNA enables the Essex Health and Wellbeing Board to make well informed judgments about priorities for the Essex Health and Wellbeing Strategy.

Among the JSNA products there are reports for each of the five Clinical Commissioning Groups across Essex and summary reports for Localities (for which local needs assessments have been completed through the Locality Children's Partnerships), Borough and District Councils as well as reports on specific subject areas such as Mental Health. These and other JSNA products are available, on Essex Insight – www.essexinsight.org.uk.

In addition to the on-going needs analysis a Service Mapping exercise has also been undertaken against these priorities to determine gaps and identify duplication, therefore enabling us to improve resource use and highlight commissioning priorities at both County and Quadrant/CCG level. We will continue to review and update this regularly to support key commissioning decisions.

Effective Support for Children and Families in Essex

All commissioning intentions are underpinned by this guidance which describes how practitioners and agencies can work together effectively, share information and put the child and their family at the centre to provide early help and targeted and specialist support. The aim is to help children, young people and families find solutions to their problems at an early stage, at the point that needs become apparent, and to avoid specialist statutory interventions where possible.

The Essex Effective Support for Children and Families in Essex guidance offers a clear framework of intervention and provides the backdrop for effective commissioning creating a uniformly understood series of

descriptors against which services can be commissioned with clarity and a shared understanding of the target outcomes. It also sets out a framework against which the range of existing services can be mapped (see Appendix 3).

Early Intervention

Early Intervention will form a key component of integrated commissioning across Essex. This will be early in life, as early as conception, through the provision of clear and consistent information, advice and support or early in the development of a problem at any age. Underpinned by accessible early help at the point of need, we will use our collective understanding of the personal, social and emotional factors that influence children, young people and families to proactively commission universal and targeted early intervention options (Appendix 4 – Early Intervention Principles).

Effective contracting and procurement

Creating an efficient commissioning cycle may lead to the de-commissioning of existing contractual arrangements or short term extension of historical contracts in order to align and secure outcomes based commissioning activity. Given the importance of maintaining front line service provision there will be a need to establish interim and transitional arrangements that ensure business continuity whilst affording providers the opportunity to prepare for revised commissioning timelines

High quality joint procurement, when commissioners' work together to achieve common outcomes can help improve integrated provision. Integrated commissioning will need to be delivered via single or joint procurement led by the Local Authority or other public sector partners. Essex County Council has its own Procurement and Business Intelligence infrastructure and four of the five CCGs are supported by the Commissioning Support Unit (CSU). Any procurement will be joined up as much as is effective and appropriate. Shaping of important sectors of the health and care market and the development of shared market strategies presents previously unavailable opportunities to drive up standards and quality in areas such as care provision where different commissioners are often charged different rates for the same services which are delivered to different contractual standards

Contract Management

Partners to integrated commissioning contracts will work together to review whether commissioned outcomes are being met. Regular, open

and honest dialogue between partners and providers around a commonly understood series of expected outcomes will provide for effective contract management.

All contract management will seek to establish the progress made by the provider against the specification or the performance. In addition it will review any contractual risks or efficiencies identified by either party and any subsequent variations will be addressed through a formal change control process.

Ensuring outcomes based accountability, commissioners will use simple and clear language, request the collection and use of relevant data and expect evaluation to include stakeholder involvement.

Where performance management indicates that services are inefficient, ineffective or unsustainable, commissioners will either support or challenge that service to improve or decommission it and find other provision to meet the identified needs.

8. Realising our commissioning Intentions

The governance route for delivery of the integrated commissioning intentions set out in this document will be that of the North and South Essex Maternity, Children and Young People's Integrated Commissioning Strategic Groups which comprise representatives from the Local Authority, CCGs, the CSU, NHS England and representatives from Southend and Thurrock. Each group will lead the children, young people and families integrated commissioning agenda for their area to deliver effective outcomes whilst seeking to reduce demand and achieve efficiencies. They will take a strategic overview of current commissioning commitments, priorities, opportunities and resources.

These groups report into the wider Essex Children's Partnership and the Business Management Group of the Essex Health and Wellbeing Board. They will influence needs analysis work to inform commissioning priorities and will monitor progress across the key stages of the commissioning cycle having regard to contract management, service impact and re-commissioning.

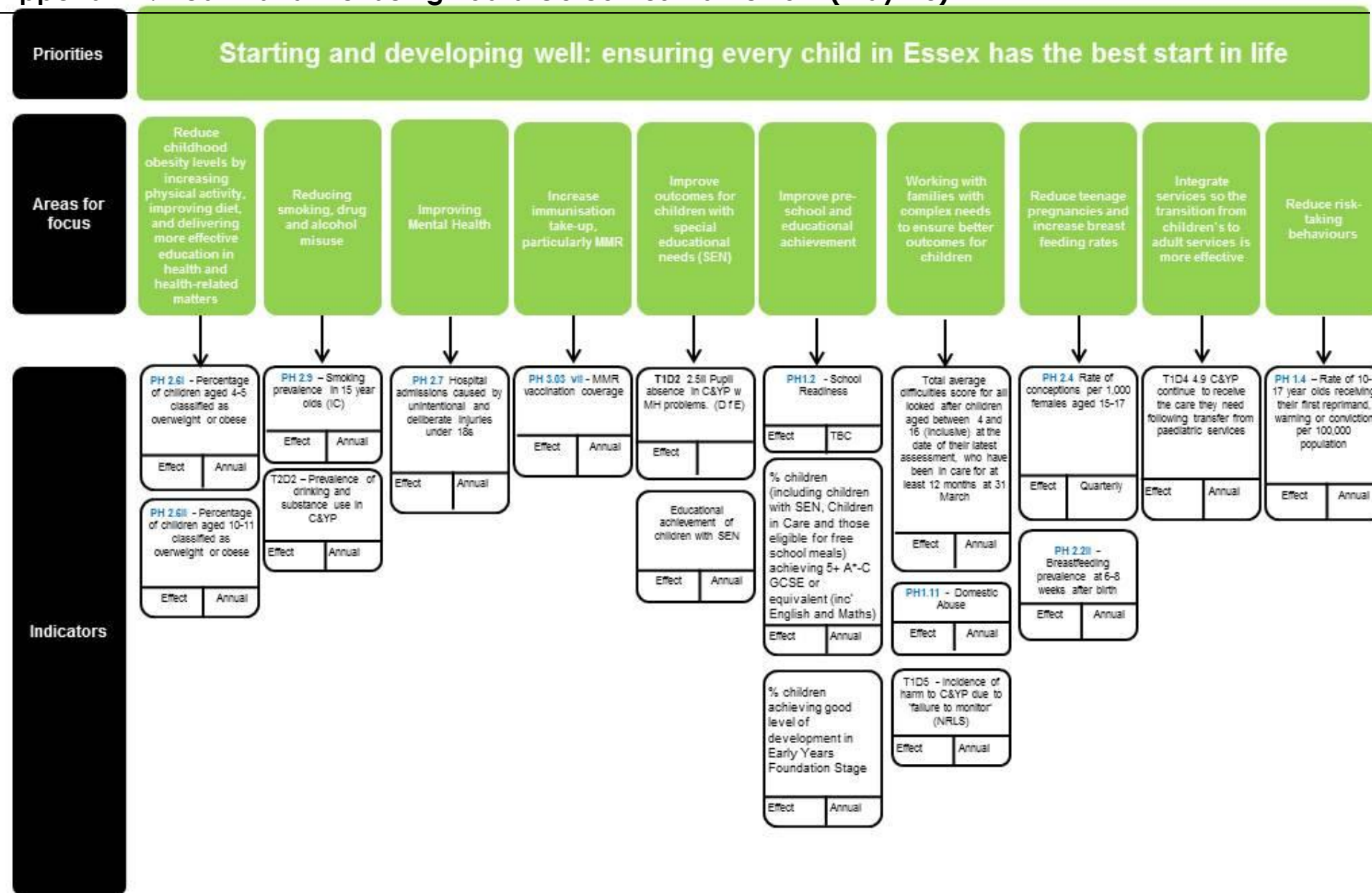
The key priorities for the Local Authority, from the wider integrated commissioning agenda in 2013-14 are:

- CAMHS
- Children's centres
- Continuing care/Children with a Disability/Special Educational Needs
- All schools to be good schools
- Improved school readiness and Early Years Foundation Stage Profile outcomes
- Education and skills provision to meet the needs of employers, communities and individuals throughout their lives

The Local Authority is now working together with the 5 CCGs across Essex, the CSU and with Southend and Thurrock where appropriate and with other commissioning organisations to develop detailed plans which will articulate the actions and timescales needed to ensure these commissioning intentions are realised.

A significant amount of the joint work in 2013/14 will be in system assurance and joining up thinking between agencies. 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 from April 2014 onwards.

Appendix 1: Health and Wellbeing Board Outcomes Framework (May-13)



Appendix 2: Strategic Context for Commissioning

- **Essex Health and Wellbeing Strategy**

The Essex Health and Wellbeing (HWB) Board brings together key partners to improve health and wellbeing across Essex through the development and implementation of a Health and Wellbeing Strategy for the communities of Essex (*Health and Wellbeing Strategy for Essex 2013-2018*). The Strategy is the principal high level plan and provides a strategic framework for the commissioning and delivery of health and social care services for a five year period for both children and adults. The vision for better health and wellbeing in Essex which can be found in the Health and Wellbeing Strategy is:

'By 2018 residents and local communities In Essex will have greater choice, control and responsibility for health and wellbeing services. Life expectancy overall will have increased and the inequalities within and between our communities will have reduced. Every child and adult will be given more opportunities to enjoy better health and wellbeing.'

The HWB Priorities cover pre-birth ante-natal support through to old age with an emphasis on supporting transition between services to improve the standards of care provided and are:

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

This Commissioning Strategy outlines ECC's contribution to the 'Starting Well' priority. The outcomes for this priority are given in Appendix 2.

In addition to the three priorities there are five cross cutting themes that run through the Strategy:

- Tackling health inequalities and the wider determinants of health and wellbeing
- Transforming services: developing the health and social care system
- Empowering local communities and community assets
- Prevention and effective interventions
- Safeguarding

- **Children, Young People and Families Plan (CYPFP)**

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. Partners will ensure that integrated commissioning reinforces and is reinforced by the Partnership Children and Young People's Plan 2012-2015: *'Children, Young People and their Families Partnership: Vision, Priorities and Principles'* .

- **All Age Framework for People with Disabilities**

The 'All Age' framework is an advanced model of integrated commissioning and provision which takes a whole view of a disabled person's life and the support they access from their family, community, local authorities and health services. It is an example of emerging alignment between services for Children and Adults. The framework creates a multi-agency service pathway that considers and seeks to minimise the impact on service users of transition from childhood to adulthood, and from adulthood to older life.

The overall objective is to strive to reduce levels of need where possible through timely and coordinated interventions. The project seeks to achieve an organisational culture that enables front-line staff to work with disabled children, young people and adults through a customer pathway, to build people's resilience and independence in a sustainable way.

- **Whole Essex Community Budgets Programme**

The Whole Essex Community Budget (WECB) programme involves public sector partners working together, delivering services that improve the lives of Essex residents whilst also cutting waste and duplication. By transcending organisations, the Whole Essex Community Budget has the potential to improve radically the way we resource, commission and deliver services in the future. Taken together it is expected that the initial proposals could deliver significant net benefits, accelerate the delivery of new jobs and homes and investment in our physical and service infrastructure.

The learning from the Community Budget work is informing the wider commissioning of the County Council including for People Commissioning. The key complementary themes are:

- Strengthening communities – enhancing community resilience, redefining the relationship between citizens and the public services and reducing service demand;
- Early intervention and prevention – tackling social problems before they become intractable and costly; and
- Integration – using resources held by different partners to meet shared objectives and drive new behaviours.

All areas of focus have significant relevance to children, young people and families and are: families with complex needs, domestic abuse, reducing offending and enhancing skills. Hence, there is considerable join up between ambitions in the Strategy and WECB plans.

- **Public Health Commissioning Intentions**

ECC is committed to reducing health inequalities and supporting the most vulnerable in society will require an integrated approach to commissioning developed through close partnership working. The transition of the responsibility for commissioning Public Health interventions will enable the organisation to fulfil this aspiration. Whilst there are some centrally mandated commissioning requirements identified through the National Public Health Outcomes Framework and Department of Health Guidance, there is scope to develop local priorities through both the Joint Strategic Needs Assessment and the local evidence base that have informed the Joint Health and

Wellbeing Strategy and Children's Commissioning Priorities. The Public Health commissioning intentions have identified the following key Priority Outcomes: ⁵

- Improved Development at age five
- Higher levels of Physical Activity
- Reduced hospital admissions due to alcohol misuse
- Increased breastfeeding
- Reduction in Teenage Pregnancy
- Reduced Levels of Obesity
- Reduced Drug Misuse
- Improving Mental Health
- Reduced Pressure on Carers
- Reductions in Excess Seasonal Mortality
- Reductions in Social Isolation

Public Health commissioners are in direct contractual arrangements with a range of providers, including the third sector to ensure that high quality services are being delivered to contribute to the achievement of these outcomes. It is recognised that there is some overlap between children's and public health commissioning as the responsibility for the latter has now transferred to the local authority. This offers a significant opportunity to redesign services to deliver optimal outcomes and value for money, working in partnership with CCGs, NHS England and wider stakeholders. The ECC transformation agenda will enable the organisation to align commissioning responsibilities and streamline existing provider relationships as well as seek opportunities to develop the market. The re-design priorities are:-

- Sexual Health Services
- School Health Services

⁵ Achieving Better Public Health for the People of Essex – Essex County Council 2013 (Draft)

- **Clinical Commissioning Group (CCG) Integrated Plans**

Integrated commissioning plans set out the principles, vision and decisions of the Clinical Commissioning Groups (CCGs) to enable delivery of effective and sustainable healthcare. All five CCGs in Essex have expressed their commitment to integrated commissioning in their plans, and the Local Authority will work closely with them to develop and implement these.

- **Lifelong Learning Strategy**

This 2013 strategy sets out the pathway for seamless access to learning opportunities through statutory and community provision. The document represents the widening out of the remit of Education services to reflect a commitment to Lifelong Learning with a focus on ensuring the residents of Essex at all stages of their lives are prepared to actively contribute to the economic development of the County.

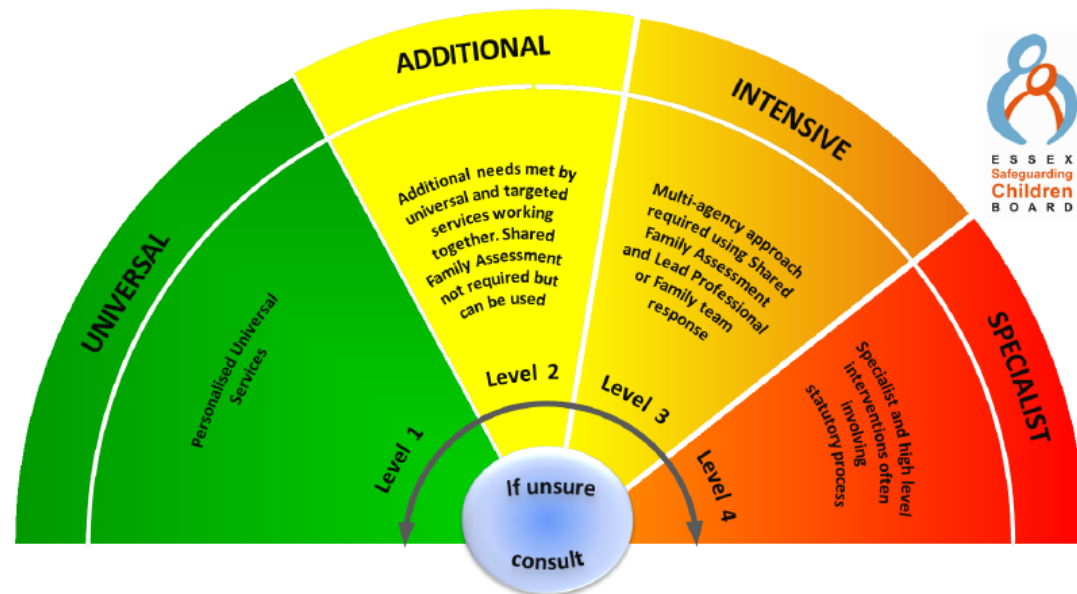
- **Economic Growth Strategy**

Developed in 2012 this document is a blueprint for short, medium and long term financial growth and stability for Essex. The aims of this Strategy are supported by the design of an Adult Community Learning curriculum and skills offer that prioritises skills for work, employability, English and maths, vocational training and providing progression routes to higher level qualifications.

Appendix 3: Essex Effective Support Windscreen

The Essex Effective Support Windscreen

Multi Agency Guidance: Working in partnership to help children and families improve their lives



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

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.

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.

Appendix 4: Early Intervention Principles

