

Title of Report:	Integrated Commissioning in Children's Services	
Status:	TO APPROVE	
Committee:	Surrey-wide Commissioning Committees in Common	Date: 28/05/20
Venue:		
Presented by:	Claire Kennedy, PPL	
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Executive Summary:

This paper describes the ambition to bring together the Children's commissioning functions of Surrey County Council with those of the Clinical Commissioning Groups in Surrey, initially in areas where commissioning is already undertaken jointly, to deliver improved outcomes for Children and Families within Surrey.

It sets out the ambitions the organisations hope to achieve through the process of integrating the teams, the expected outcomes for children and families within Surrey, the process proposed for integrating the teams and the approach to developing an integrated culture and set of working practices, which could then be adapted and applied to other areas.

Governance:

Conflict of Interest:	None identified	✓
Previous Reporting: (relevant committees report has previously been presented to)	Committee name: N/A	
Freedom of Information:	Open – no exemption applies. Part I paper suitable for publication.	✓

Decision Applicable to:

Decision applicable to the following Committee/s:	NHS North East Hants and Farnham CCG	✓
	NHS Surrey Heartlands CCG	✓
	NHS Surrey Heath CCG	✓
	Surrey County Council	✓

Recommendation(s):

The above Surrey-wide committees are asked to:

1. Approve the creation of a single team that brings together the existing areas of joint commissioning in Children's Services.

2. Approve the proposal to explore options to integrate services in additional areas where this will improve outcomes, to be brought back to the Committee in Common for subsequent decision.

Reason for recommendation(s):

As discussed at a previous committee in common meeting and with the Surrey Commissioning Collaborative on a number of occasions, there is an ambition across Surrey to integrate the commissioning of services where this was practical and could be shown to deliver improved outcomes for people within Surrey.

This paper details the ambition to implement this decision within Children's Services, recognising that there is already significant cross-organisational working in this area, the ambitions are already aligned in many areas and that improving the outcomes achieved for children in Surrey is a key ambition within a number of shared strategic documents, such as the Surrey 2030 Vision, the Surrey Heartlands and Frimley ICS Strategies.

By aligning activity and commissioning decision-making in line with the aspirations of these strategies, children and families will be able to receive a co-ordinated set of services from the Surrey health and care organisations, enabling earlier intervention where appropriate, and more connected, system-wide approaches to meeting their needs.

Next Steps

The immediate outcome of the decision will be the creation of an integrated commissioning team from the currently separate teams, for Surrey in Children's Commissioning. A further outcome will be the development of a list of future areas for integration that builds on the learnings and principles of the initial implementation of the approach in Childrens Commissioning.

Building on the present model where Surrey County Council (SCC) takes a lead role and has the appropriate formal link back to discharge CCG statutory functions, the joint children's commissioning team will be managed through SCC. The process for integrating the teams will be subject to the appropriate HR processes once the final design has been agreed, with the final structure signed off through the governance and management structures of the organisations impacted.

It is expected that the implementation of the initial integration of the two teams will commence in June and is anticipated to take around 5 months to finalise the model, engage with staff and conduct the associated processes.

Building on the work in children's, the process to develop a Roadmap of future integration areas is currently underway and decisions about subsequent areas of integration will be brought to the Committee in Common for decision as required.

1. Details

- 1.1 Since the inception of CCGs, shared commissioning arrangements between CCGs across Surrey have been in place for a number of services and contracts.

- 1.2 This principle applies to those that are best managed on a Surrey-wide footprint. The contracts have in place lead commissioner arrangements and the sharing of commissioning expertise within a single health commissioning team. Both Surrey Heath and North East Hampshire and Farnham CCGs (for Farnham population in most instances) have been party to these arrangements.
- 1.3 Across Surrey, there is a commitment to integrate health and care services wherever this makes sense and adds value for local people. Significant progress has been made in developing a joint, Surrey-wide perspective around commissioning, but it is acknowledged that there is more work to be done.
- 1.4 To achieve further progress, it is recognised that commissioning needs to be considered not as a stand-alone activity, but in the context of the broader integration agenda on a Surrey-wide basis, and understanding what this means for individuals and communities.
- 1.5 Alongside some changes to roles within the system implemented at the beginning of November 2019, it was agreed to undertake a wider programme of work to test our ambitions for integrated commissioning between the Surrey CCGs and Surrey County Council, recognising that some commissioning activities are also undertaken with provider partners.
- 1.6 The aim of this work is to answer the questions to enable integrated commissioning to be implemented initially within the area of Children’s services and, in so doing, to begin to build the environment and roadmap for future integrated commissioning and delivery.
- 1.7 A critical success factor lies in “rooting” the conversation around Children’s commissioning in specific areas where it is possible to make a meaningful difference; tackling not just the theory, but also the practice of working differently and better.
- 1.8 Much work to deliver progress towards these objectives is currently taking place through the emergency response to Covid-19, and this work will build upon that progress. Examples of where an improved, integrated response has created improved outcomes through the experience of responding to Covid 19 can be seen in section 2 below.

2. Scope

2.1 This ongoing programme of work encompasses:

- The development of a **strategic design** for integrated commissioning in Surrey
- A proposal to **integrate children’s commissioning across existing joint areas of commissioning between Surrey County Council and partners within the two Integrated Care Systems of which the Council forms part (Surrey Heartlands ICS and Frimley ICS).**
- A **Roadmap** to determine which areas of integration should be addressed subsequently (in development)

- 2.2 The areas of commissioning across the 3 CCGs in scope for the integrated team are:
- CAMHS
 - Community Children's Services
 - Continuing Healthcare (CHC)
 - Transitions of child who are in the services in scope
 - LMS Strategic commissioning for Maternity services (Trudy Mills' role)

The following areas of commissioning are currently out of scope:

- Acute Commissioning
 - Primary Care Commissioning
- 2.3 The scope of this paper does not go beyond these existing arrangements and does not work counter to other joint commissioning arrangements, such as those which (in varying forms) are in place across Hampshire and Berkshire. The paper does not currently propose any material changes to the way services are commissioned from the perspective of Surrey Heath or Farnham, nor does it propose anything which is not aligned with the objectives and outcomes of the Frimley ICS.

3. Benefits of further integration

- 3.1 The two currently separate children's commissioning teams have been working more closely together over the last 6 months, with this further accelerating through response to the Covid 19 major incident work. A number of examples of the progress and benefits already realised are outlined below.

3.2 Supporting Learning Disability Care Homes

Where there was a concern regarding Covid in Learning Disability providers across different homes, robust inter-agency co-operation has been supported by technology such as Microsoft Teams, which have improved communication and enabled an effective rapid response. Coming together as a whole system to agree rapid action and testing to support identification of Covid positive staff and patients as part of joint working has enabled rapid risk assessment and a unified response.

3.3 Information Sharing

The ability to share information across all different disciplines has enabled improved joint working. Examples include the creation of responsive clinical discussions around young people in crisis; joint working within virtual community on care, education and treatment reviews and Local Area Emergency Protocol meetings; as well as joint working around transition between Adult and Children's Services.

3.4 Joint and Integrated Assessments

The ability to undertake joint risk assessments easily, as well as to support joint work across SEND/CHC/Children's social care/Child and Family Health /CAMHS

and Learning Disabilities. All areas identified the children that were rated Red/Amber, and those that were at high risk across all disciplines now have a joint COVID action plan in place with the lead agency identified.

3.5 Decision making and robust escalation processes

The system put in place to support the sharing of information, and the escalation and dissemination of information, has enabled rapid and informed decision making, both horizontally within teams and across the system. The model of partnership decision-making has been impressive and decisive and has led to rapid risk assessment and action. This has supported safe practice throughout the Covid incident.

4. **Consultation**

4.1 Extensive consultation and engagement was conducted across the health and care system within Surrey as part of the co-design approach to this piece of work. A full breakdown of the engagement undertaken through the co-design process is attached as Annex 1.

4.2 The engagement was a combination of 1-1 interviews at all levels within the system, attendance and presentation at key regular meetings such as the Commissioning Collaborative and the Surrey Heartlands System Board, and workshops that were convened to discuss and co-design specific aspects of the proposal.

4.3 Further engagement activity including with service users and staff across the system will commence following decisions made at Committees in Common

5. **Risk Management and Implications**

5.1 This programme is intended to reduce risk where it currently exists by ensuring that decisions are able to be undertaken jointly and transparently across the Surrey system.

Financial and ‘Value For Money’ Implications

5.2 This proposal is estimated to be revenue neutral, as it involves using existing budgets within SCC and CCGs, redefining existing roles and creating a framework within which they can work more effectively together. This will lead to a more efficient use of resources with improved outcomes being delivered within existing budgets.

Section 151 Officer Commentary

5.3 Although significant progress has been made over the last twelve months to improve SCC’s financial position, the medium term financial outlook is uncertain as it is heavily dependent on decisions made by Central Government. The NHS and CCGs are also facing similar financial challenges. With no clarity on these beyond 2020/21, our working assumption is that financial resources will continue to be constrained for local government, as they have been for the majority of the past decade. This places an onus on the Council to continue to consider issues of financial sustainability as a priority in order to ensure stable provision of services in the medium term. As such, the Section 151 Officer supports the integration of Commissioning services across Children’s services. The Surrey County Council

Finance Team will work with Health finance colleagues in the next phase of the work, to review staffing implications, funding flows and evaluating the additional value that integration delivers.

6. Legal Implications – Monitoring Officer

- 6.1 There are no legal implications directly linked to the decision being requested. Legal Services will be actively engaged in the next phase of the work to ensure appropriate advice is provided, for example if Section 75 agreements were to be put in place as well as working alongside HR on staffing implications as appropriate.

7. Equalities and Diversity

- 7.1 The proposal will deliver improved outcomes to residents and has no impact on the ability to meet all requirements for Equalities and Diversity
- 7.2 An EIA will be completed once the final detailed organisational design is developed, to ensure no adverse impact on staff with protected characteristics.

Consulted:

Full list attached at annex 1

Annexes:

Consultation log

Sources/background papers:
