



SHAPING SUNDERLAND'S FUTURE TOGETHER

**Statement of intent:
Integrated strategic commissioning for
0 – 25 year olds in Sunderland**

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Shaping Sunderland's Future Together

Preface

Delivering transformational change requires services to work together in new ways, creating opportunities for different conversations and designing care around our 0 – 25 year olds, not around our services, structures and organisations.

This integrated commissioning statement of intent sets out our high level plan as to how Together for Children (TfC) and Sunderland Clinical Commissioning Group (SCCG), together with key partners, will deliver an integrated commissioning function for 0 – 25 year olds in Sunderland. This statement of intent sets out our understanding of key terms, principles, and aspirations.

Having worked collaboratively in delivering children's services across Sunderland, our next phase is to transform this learning into a more formal arrangement, which is why, in July 2019, SCCG and TfC created an integrated children's commissioning function.

The integrated commissioning function will drive improvement in the quality of our provision and outcomes for our 0 – 25 year olds, whilst managing increased demand for services and decreases in resources.

Transforming our commissioning function is not just about the realignment of resources and structural re-organisation, but it is about the potential that true integration can bring in reducing silo working, facilitating more effective decision making, eradicating any overlapping or duplication of investment, and seizing opportunities for joint ventures. The new function will provide economies of scale combined with integrated delivery around individuals and families.

Integrated commissioning will capitalise upon the opportunities to minimise the duplication generated by separate commissioning arrangements, through the creation of single contracts across both organisations, where appropriate, and one financial and performance monitoring process with the provider. We will also build an increased understanding of workforce challenges to build complementary workforces across Sunderland and capacity within our provider markets.

We have reviewed and re-invigorated our Children's Integrated Commissioning Group which will provide real opportunities for organisations and partners to ensure that the children's social care budget, the children's public health budget and the SCCG funding for children in Sunderland is used as efficiently as possible to improve the lives of our 0 – 25 year olds. We have also revised our section 75 agreement to support integrated working.

Children and young people and their families remain central to our ambition and approach and we will work with them to co-produce and co-design our services for the future. We want our systems and processes across health, education and social care to be less complex and easier for families to navigate as well as supporting our

professionals to understand service provision across the city, thus enabling more effective signposting for our families. We believe that children and young people and their families should not have to be system experts to get their needs met. Rather, that our health and social care systems should support children and young people and their families to access the services they need. In Sunderland, integrated commissioning will act as a catalyst for system and service transformation, working with families to commission the right services at the right time and in right place.

The integrated commissioning function is a new concept in Sunderland, and a new team. 'Shaping Sunderland's Future Together' is the next phase of our commissioning journey and outlines the collaborative approach we will take to transform services for 0 – 25 year olds across Sunderland. This statement of intent reflects our integrated commissioning journey, and as we test out new ways of working, our approach will adapt to our learning, knowledge and experience.

This statement of intent reflects the current point in time, and we anticipate there will be future iterations of this document as we work through how best to deliver, embed, and demonstrate the impact of, the integrated commissioning function in Sunderland. This statement of intent will be reviewed in summer 2020.

Context

Public services for 0 – 25 year olds are facing a very challenging environment, both at national and local levels.

Who this statement of intent covers

Historically, in the National Health Service (NHS), children's services are considered to be those that cover the age range 0 – 18 years. However, the statutory responsibilities of Together for Children (TfC) for care leavers and individuals with Special Educational Needs and Disabilities (SEND), covers the age range 0 – 25 years old. The NHS Long Term Plan published in 2019 sets out the requirement to have a comprehensive offer for 0 - 25 year olds that reaches across mental health services for children, young people, young adults and adults. Therefore, this statement of intent covers the 0 – 25 age range.

In this document the words 'children' and 'young people' are used interchangeably as this is an historic convention. As our work progresses this language may change.

National context

According to the Office for National Statistics (ONS) the rate of children in need has remained relatively steady since 2010, but rates of children with Child Protection Plans and Children Looked After have risen throughout that time. Over the same period, Local Authority budgets have reduced significantly and a national funding gap of £2 billion has been predicted by 2020 should current trends continue.

Almost 72% of local authority budgets are now spent on interventions for families with complex needs, as spending on prevention and youth services had been reduced by over 60%. Benefit spending on families has reduced by 11% since 2010

and is planned to reduce furtherⁱ. National research by the Joseph Rowntree Foundation in 2018 showed that 66% of children in poverty live in working households, so unemployment is no longer a good indicator of child poverty. Although spend on 4 - 16 year old's education has been maintained, resources in post 16 year old and further education will be at 1990 levels by 2020 if current trends continue. Funding has been diverted away from universal prevention and early help services towards costly services for children and families in extreme needⁱⁱ.

Mental health problems often develop early. One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017. Emotional disorders were the most prevalent type of disorder experienced by 5 to 19 year olds in 2017 (8.1%). Rates of mental disorders increased with age. 5.5% of 2 to 4 year old children experienced a mental disorder, compared to 16.9% of 17 to 19 year olds. Data reveals a slight increase over time in the prevalence of mental disorder in 5 to 15 year olds, rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017. Emotional disorders have become more common in five to 15 year-olds – going from 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017. All other types of disorder, such as behavioural, hyperactivity and other less common disorders, have remained similar in prevalence for this age group since 1999ⁱⁱⁱ.

Local context

Approximately 78,177 children and young people under the age of 25 years live in Sunderland, of whom approximately 54,563 are under the age of 18 (mid 2018 population estimate). This is 20% of the total population in the area. 28,213 are male and 26,350 are female. Sunderland is relatively undiverse. The proportion of children and young people with English as an additional language in primary schools is 5.9% (nationally 21.2%) and in secondary schools is 4.8% (nationally 16.6%). Children and young people from minority ethnic groups account for 6% of all children living in the area, compared with 21% in the country, with the largest minority ethnic groups of children and young people in the area being Asian/Asian British and Mixed^{iv}.

Sunderland has high levels of deprivation, it is the fourth most deprived local authority area of 12 in the North East and the 27th most deprived local authority area out of 150 nationally. 22% of Sunderland's population live in the top 10% most deprived wards and Sunderland has the worst outcomes in the region on education and health, with the second worst on income and employment (Joint Strategic Needs Assessment of Child and Family Health 2015). Approximately 23.6% of the local authority's children aged under 16 years are living in low income families. The proportion of children entitled to free school meals in primary schools is 20% (the national average is 14%) and in secondary schools is 21% (the national average is 13%)^v.

Based on population estimates, in Sunderland we could expect to see 20,782 children, young people and adults aged 0-25 and 10,600 of compulsory school age with some form of mental health problem at any one time. 12,470 would have mild, early stage problems (6,360 compulsory school age); 5,820 would have moderately severe problems (2,300 compulsory school age); 1,660 would have complex and

severe problems (850 compulsory school age) and less than 85 would have very serious problems (around 42 compulsory school age).

There is a particularly high prevalence of children identified with social, emotional and mental health difficulties, autism and moderate learning difficulties in Sunderland compared to national averages. For social emotional mental health the Sunderland prevalence is 26.3%, and the national prevalence is 12.3%. For Autism Spectrum Disorders the Sunderland prevalence is 31.03%, and the national prevalence is 25.9%. For physical disability the Sunderland prevalence is 10.14%, and the national prevalence = 5.8%.

It is estimated that 6,588 children and young people in a school setting have a special educational need and/or disability; there were a further 244 young people aged 19-25 with an identified need or disability. (Figures include children and young adults living in Sunderland but attending a setting outside the area).

In January 2018 there were 1,120 children and young people aged 0 - 18 on roll at a Sunderland school with an Education, Health and Care Plan (EHCP) or statement, which equates to 2.7% of the pupil population. The rate of children and young people with an EHCP/statement has remained steady over the last five years. Sunderland has the third lowest proportion of children and young people with an EHCP/statement in the region and is lower than North East (3%), national (2.9%) and statistical neighbour (2.9%) averages^{vi}.

Rates of children in need in Sunderland are 443.74 per 10,000 population. This compares to a rate of 460.20 in the North East, and 341.00 across England. The rate of children subject to a child protection plan in Sunderland is 60.6 per 10,000 population. This compares to a rate of 65.7 in the North East, and 45.3 across England. The rate of children who are looked after in Sunderland is 99.8 per 10,000 population. This compares to a rate of 95.0 in the North East, and 64.0 across England^{vii}.

Our vision

*Deliver inclusive, needs based, outcome focused
care for 0 – 25 year olds and their families*

Our vision sets out what we are trying to achieve in Sunderland. Our vision is to deliver inclusive, needs based, outcome focused care for 0 – 25 year olds and their families.

This vision will be achieved through a more integrated commissioning function which will enable TfC and SCCG to work together formally and transparently in new ways, creating opportunities for different conversations. The integrated commissioning function will facilitate shared intelligence, which will enable us to design care services around our 0 – 25 year olds and their families; and not around our existing services, structures and organisations. We will seek to achieve this at the earliest possible point of intervention, reducing the need for the highest levels of intervention.

This will enable as many children and young people as possible to receive the right care and support at the right time.

Through integration we will:

- use total resources across all agencies to improve the lives of 0 - 25 year olds
- provide effective signposting for families
- ensure the right services are delivered at the right time in the right place
- ensure a good experience of services, including the transition from children's to adult services
- simplify systems and pathways
- integrate care delivery around families
- align TfC and SCCG ambitions
- reduce inequalities
- reduce silo working
- facilitate more effective decision making
- eradicate duplication of investment
- seize opportunities for joint ventures
- develop single contracts and a single contract management process where appropriate
- increase our understanding of workforce
- increase our understanding of provider markets

Our Principles

Underpinning how we will jointly commission services to meet changing local demand

We want to provide the best possible care and support for all 0 – 25 year olds in Sunderland and their families. The following key principles will underpin our integrated commissioning function:

- **Co-design and co-delivery:**
We will ensure the care and support we commission is co-designed with individuals aged up to 25, their carers and families; and with providers
- **Value for Money:**
We will ensure the care and support we commission is efficient, effective and financially sustainable. We will balance the outcomes that a service delivers against the needs of our 0 – 25 year olds, our statutory responsibilities, and the cost of delivering that service, ensuring we get best value for scarce resources.
- **Avoid duplication and waste:**
We will ensure the integrated commissioning function removes duplicate processes, duplicate investment and wasted resources wherever possible, and provides improved economies of scale.

- **Build upon what works:**
We will ensure the care and support we commission uses outcome based evidence gained through robust intelligence, and we will build upon local, regional and national best practice.
- **Safe and high quality services**
We will ensure the care and support we commission is safe and of the highest quality resources allow. Subject to statutory requirements, we will manage risk from a whole system perspective.

Our approach to integrated commissioning

Establishing the systems and processes to successfully embed integrated commissioning in Sunderland

There are a number of different integrated commissioning models in the north east of England and in other parts of the country. In Sunderland, integrated commissioning will enable TfC and SCCG to make one commissioning decision around the use of our combined resources. The approach we are taking in Sunderland is being developed by key stakeholders through the Integrated Commissioning Group.

The Integrated Commissioning Group directs the work of the newly established integrated commissioning function. The integrated commissioning function will consist of, and be supported by, members of both SCCG and TfC.

To enable the integrated commissioning function to improve outcomes for 0 – 25 year olds in Sunderland, we will:

- develop outcome focused ways of working
- interpret data to create intelligence
- proactively apply the principles outlined in this document
- proactively respond to emerging local, regional and national reforms
- establish a shared understanding of key issues and identify opportunities for integrated commissioning
- establish partnerships across education, health and social care and with young people up to the age of 25 and their families
- work together across the commissioning cycle to improve service delivery
- review services together to deliver the integrated commissioning priorities
- work together proactively and flexibly to realise the breadth of potential integrated commissioning decisions.

The commissioning cycle

The integrated commissioning function will follow the commissioning cycle, which comprises a range of activities, including:

- assessing needs (including hearing the voices of service users and wider communities)
- planning services

- procuring services (balancing in-house provision with offering opportunities to the market)
- monitoring quality.

This diagram identifies the key activities for the different stages of the commissioning cycle:



We will ensure that our processes, procedures and contracts:

- accord with the requirements set out in the Children and Families Act 2014 as well as local and national guidance
- respond to identified **macro** (population level), **meso** (cohort family level) and **micro** (individual child/young person level) intelligence
- address current and future needs
- include robust quality and performance standards, with aligned/shared performance indicators and robust contract management systems.

Over the next eight months we will work to develop our integrated processes and ways of working. We will continue to develop our financial arrangements and strengthen our governance and leadership through the Integrated Commissioning Group.

Cultural change

Integrated commissioning requires people to step outside their organisational boundaries to explore the potential and deliver the aspirations set out in this document. We will hold each other to account to model the behaviours required to bring about the cultural change that underpins the delivery of integrated commissioning.

Our integrated commissioning priorities

The development of the integrated commissioning function is key to the delivery of this statement of intent. Alongside this strategic work, the Integrated Commissioning Group has identified three current priorities:

- mental health and emotional wellbeing
- Special Educational Needs and disabilities (SEND)
- individual placements

Alongside this list there are a number of priorities that we will work together on as part of a wider partnership with adults and public health, including transitions and prevention/best start in life.

A work plan will be developed which sets out the work the integrated commissioning function will undertake for each priority.

Our governance

Our integrated commissioning vision is ambitious, as for the first time we bring together our commissioning into a single function. We need a robust architecture to deliver this statement of intent, efficiently and effectively navigating the challenges of system reform.

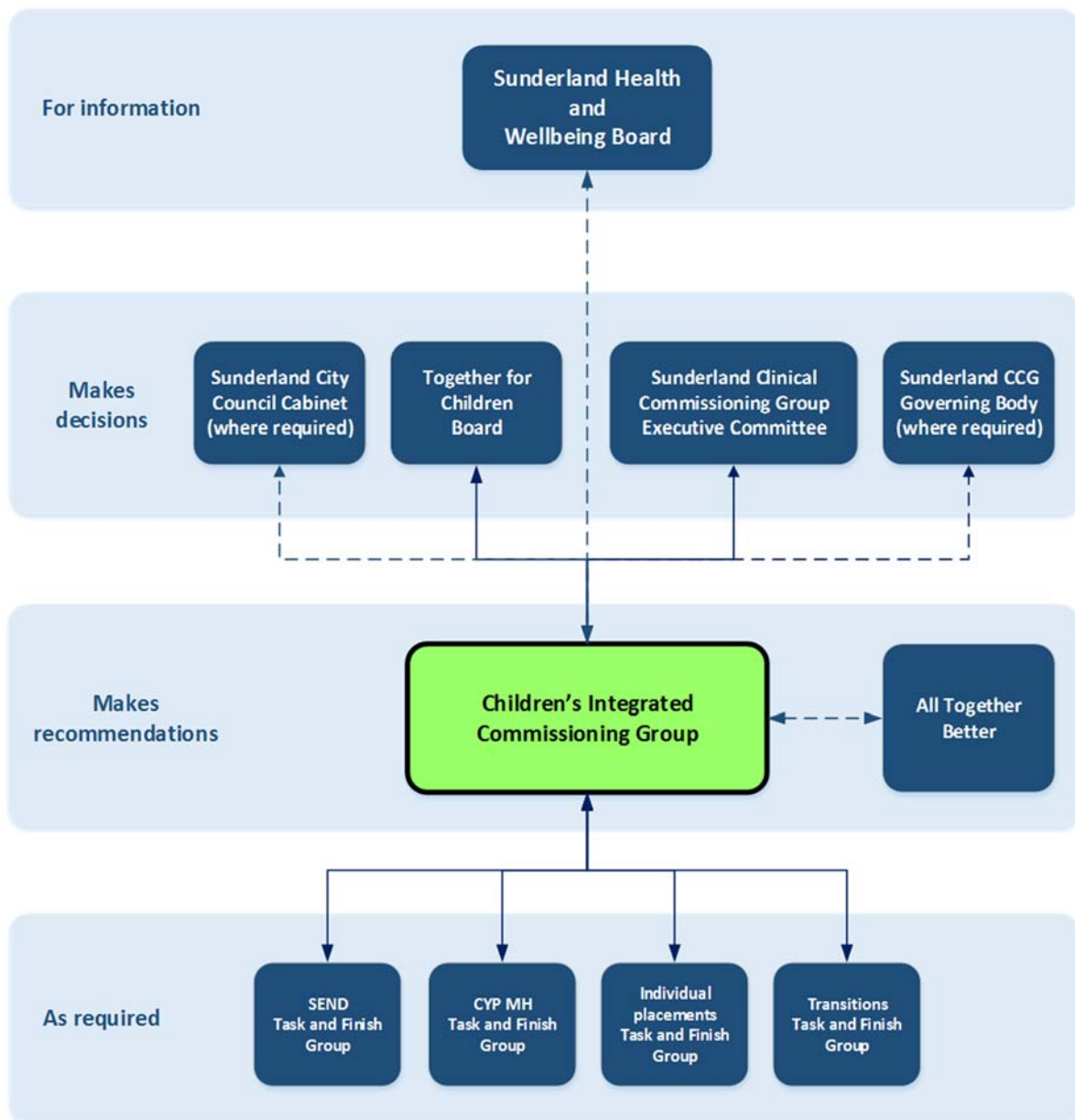
This statement of intent will be agreed via the appropriate governance frameworks at TfC, SCCG and Sunderland City Council. The statement of intent will be shared with the Sunderland Health and Wellbeing Board so that we all understand and focus on what we need to achieve, and the decisions we will need to take.

To drive this statement of intent forward and embed the integrated commissioning function, we have adopted the new reporting governance arrangements set out in the diagram below. These arrangements include:

- the Sunderland Health and Wellbeing Board
 - this group will maintain strategic oversight and ensure alignment of priorities and ownership by partners
- the Integrated Commissioning Group
 - this group has representation from SCCG, TfC, Sunderland City Council including public health and adult services, and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (as commissioners of specialised services)

- this group will set the statement of intent, oversee the delivery of the statement of intent and the delivery of the priorities
- the TfC Board
 - this board will discuss and consider any recommendations arising from the Integrated Commissioning Group
- SCCG
 - The appropriate group (Executive Committee or Governing Body) will discuss and consider any recommendations arising from the Integrated Commissioning Group
- task and finish groups
 - these groups will undertake the work required to deliver the agreed priorities.

The diagram below sets out the current reporting governance arrangements for the Integrated Commissioning Group:



There are multiple other partnership and task and finish groups which will interface with the Integrated Commissioning Group, including:

- Child and Adolescent Mental Health Partnership
- SEND Strategic Partnership
- Health and Wellbeing Board sub groups, including 'Best start in life' and 'Young adults'
- Quality Surveillance Group
- Safer Sunderland Partnership
- Sunderland Safeguarding Children Partnership
- Sunderland Safeguarding Adults' Board
- Prevention Project Steering Group

The groups noted above may need to amend their terms of reference to reflect the work of the Integrated Commissioning Group and the governance structure set out above.

Our progress to date

At the time of writing this statement of intent we have created two Strategic Commissioning Manager posts for twelve months, reinvigorated the Integrated Commissioning Group and commenced budget profiling. The Integrated Commissioning Group have also agreed the key points and priorities set out in this document.

Our next steps

The next step on our integrated commissioning journey is to approve and publish this statement of intent. We will also continue to develop our integrated processes and ways of working, including responding to emerging system reform. This will include the establishment of task and finish groups to deliver the priorities set out in this document. To enable us to deliver these priorities, we will define the current resources allocated to each priority. To enable us to maintain oversight and provide assurance that this statement of intent is being delivered, we will develop an integrated commissioning work plan.

Our work plan will ensure that by summer 2020 we will have:

- embedded this statement of intent across SCCG and TfC, including a joint understanding of what we mean by integration and commissioning
- established agreed ways of working to deliver integrated commissioning
- agreed outcomes for each of our priorities
- commenced implementation of work plans

The work plan will be enabled by a shared understanding of organisational budgets and resources and where the benefits of integrating these are, and through strong connections with regional developments.

Conclusion

As our integrated commissioning function develops, responding to national, regional and local contexts, our ability to deliver improved outcomes for 0 -25 year olds and their families will be improved through the focused and targeted use of resources enabled through a shared understanding of what we want to achieve and what we are achieving. This statement of intent will evolve as we rigorously test out and establish the integrated commissioning function, and we look forward to sharing our journey, and the benefits of integrated commissioning, with communities, families and 0 - 25 year olds in Sunderland.

References

ⁱ Together for Children Business Plan 2019-2020

ⁱⁱ Joseph Rowntree Foundation (2019) UK Poverty: causes, costs and solutions

ⁱⁱⁱ Mental health of children and young people in England, 2017 (2018) NHS Digital.

^{iv} Office for National Statistics 2019

^v Schools, pupils and their characteristics: January 2018 (Office for National Statistics)

^{vi} Joint strategic needs assessment: special educational needs and disability (SEND) (2019)

^{vii} Together for Children performance report August 2019

