Item No. 13

SUNDERLAND HEALTH AND WELLBEING BOARD

11 December 2020

CHILDREN'S INTEGRATED COMMISSIONING UPDATE

Report of the Head of Integration for Children's Commissioning

1.0 Purpose of the Report

1.1 The purpose of this report is to update the Health and Wellbeing Board regarding the work of the Sunderland Children's Integrated Commissioning Team.

2.0 Background

- 2.1 In July 2019, Together for Children (TfC) and Sunderland Clinical Commissioning Group (SCCG) established a children's integrated commissioning function consisting of two strategic commissioning managers and supported by a team of commissioning specialists. The team is hosted and managed by TfC. This team now includes Kimm Lawson, the new Head of Integration for Children's Commissioning.
- 2.2 The work of the Children's Integrated Commissioning Function is overseen by the Sunderland Children's Integrated Commissioning Group (SCICG). This group meets regularly and is chaired by Kimm Lawson, the Head of Integration for Children's Commissioning. 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).
- 2.3 The Shaping Our Future Together Integrated Commissioning Strategy (previously shared with the board) outlines the SCICG priorities:
 - Children's mental health and emotional wellbeing
 - Children with Special Educational Needs and Disabilities (SEND)
 - Children's placements.

3.0 Children and Young People's Mental Health Transformational Plan

3.1 Due to Covid-19, NHS England have not requested the updated Children and Young People's Mental Health Transformational Plan which had been signed off by CCG and the HWBB earlier this year. NHS England is also yet to confirm any arrangements for a new plan from 2021.

4.0 Update of the 2019/20 priorities as set out in the Children and Young People's Mental Health Transformational Plan

- 4.1 The outputs from the single point of access workshops held early in 2020 and the findings of the deep dive work were considered by the Sunderland Children's Integrated Commissioning Group and the Clinical Commissioning Group in July. It was agreed to undertake a service redesign project to:
 - produce a Children and Young People (CYP) Mental Health (MH) service model for commissioned children and young people's mental health services in Sunderland, based on the i-THRIVE needs led framework:
 - Thriving prevention and mental health promotion
 - o Getting advice advice and signposting
 - Getting help focused goal-based input
 - Getting more help more extensive and specialised goalbased help
 - Getting risk support where CYP have not benefitted from or are unable to use help, but are still in contact with services
 - implement the new CYP MH service model, improving access to the right service at the right time to meet individual needs.
- 4.2 The new CYP MH service model will incorporate the reform of the Autistic Spectrum Disorder pathway and Attention Deficit Hyperactivity Disorder pathway.
- 4.3 Co-production will be undertaken for the mental health service redesign project; with children and young people, parents/carers, practitioners, and other groups.
- 4.4 The design of the new CYP MH service model for Sunderland is due to be completed by the end of February 2021.
- 4.5 The collation phase of the project plan is underway, bringing together existing local information (funding, workforce etc.), national information (e.g. NICE Guidance, models and best practice).

5.0 Mental Health Support Team

5.1 Mental Health Support Teams (MHSTs) are a key component of NHS England's national transformation programme. The MHSTs are intended to provide early intervention on some mental health and emotional wellbeing issues, such as mild to moderate anxiety, as well as helping staff within a school or college setting to provide a 'whole school approach' to mental health and wellbeing. The MHSTs will act as a link with local children and young people's mental health services and be supervised by NHS staff.

- 5.2 Although previous bids for MHST funding were unsuccessful, a third bid to deliver two Mental Health Support Teams (MHST) in schools was submitted in March 2020. NHS England awarded funding for 1 MHST. Sunderland will be able to apply for further funding in subsequent waves.
- 5.3 The MHST consists of qualified clinical staff and Education Mental Health Practitioners (EMHPs), which is a new role within the CYP MH workforce. Each MHST is required to have four EMHPs who will undertake 12 months training at Northumbria University. Whilst undertaking this training, the EMHPs will work into schools to achieve their competencies, and will be supervised by the qualified clinical staff.
- 5.4 Building on the success of the MHSTs in South Tyneside, South Tyneside and Sunderland NHS Foundation Trust are providing the MHST in Sunderland. The four EMHPs have been recruited, and recruitment has commenced for the other clinicians who will make up the MHST. As well as supervising the EMHPs, the qualified clinical staff will deliver interventions to children and young people, families and carers, and support schools to deliver the whole school mental health approach. These staff will deliver 1:1 mental health support as well as group work, including assemblies.
- 5.5 Recruitment of the schools to host the EMHPs from January 2021 is underway. Schools have been enthusiastic in wanting to work with the MHST. Working with Public Health, the Healthy Setting Schools were identified as being in the best position to support the mobilisation of the first MHST as the Healthy Setting Schools have already demonstrated they have embedded approaches to promoting health, including the appointment of school mental health leads. Healthy Setting Schools were invited to take part and work is currently underway to identify those schools that meet the NHS England / Department for Education requirements to host the EMHPs.
- 5.6 The MHST will be fully operational from November 2021. From November 2021 the MHST will support schools covering approximately 8,000 pupils. Engagement with schools to sign up sufficient coverage is ongoing, and will be concluded by summer 2021.

We will consider the benefits of applying for further MHST funding in future waves.

6.0 Kooth online counselling service

6.1 Following a positive evaluation from young people who had used the Kooth online counselling service and schools, Kooth has been contracted for another 12 months to July 2021. Increased activity has been purchased to help manage the impact of any potential surge in activity during winter. Usage of Kooth reduced during the first lockdown, which is in line with national findings that the use of Kooth reduces during school holidays. Kooth is now re-engaging with schools and other settings in Sunderland, for example food banks, to promote the service.

6.2 Ongoing commissioning arrangements will be included in the service redesign project.

7.0 Additional training provision

7.1 Due to Covid-19, providers have been unable to deliver the anticipated training into schools and to staff at the Sunderland Carers Centre. Providers are liaising with the national organisations that design the training to receive online training materials. Consideration will need to be given to the availability of staff to undertake training, and therefore this training provision will be rolled forward.

8.0 Effective delivery of early interventions

8.1 The work around the effective delivery of early interventions into schools, including the continued roll out of the Mental Health Charter Mark (MHCM) has been paused due to Covid-19. However the Thriving and Coping Group continue to engage informally with schools who express and interest in the MHCM, and will recommence sign up of schools to the charter mark as soon as possible.

6.0 Impact of Covid-19 on children and young people's mental health services

- 6.1 During the second Covid-19 lockdown all children and young people's mental health providers continue to deliver services, including accepting referrals, and undertaking assessments and treatment. All providers are delivering a mix of online and face to face interventions, the latter being undertaken according to clinical need. This way of working is maximising clinical time.
- 6.2 Positive feedback continues to be received from children, young people and families regarding the delivery of online interventions. South Tyneside and Sunderland NHS Foundation Trust (STSFT), who deliver the Community Child and Adolescent Mental Health Service, report that clinical outcomes are comparable for both online and face to face interventions.
- 6.3 Referrals during the first Covid-19 lockdown reduced considerably, however providers are now reporting that referrals have returned to expected levels for the time of year.

7.0 Referrals and waiting times

7.1 Referrals into children and young people's mental health services reduced during the first lockdown but have risen during September. The comparison of referrals this year to last year by month is set out in chart 1 below.

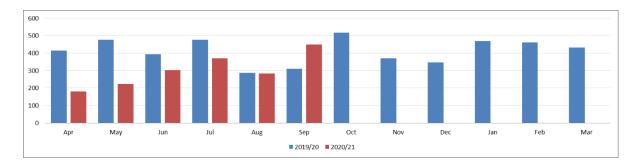


Chart 1: referrals into the Children and Young People's Service and the Community Child and Adolescent Mental Health Service.

7.2 Waiting times to treatment (i.e. to second appointment) have reduced, see chart 2 below.

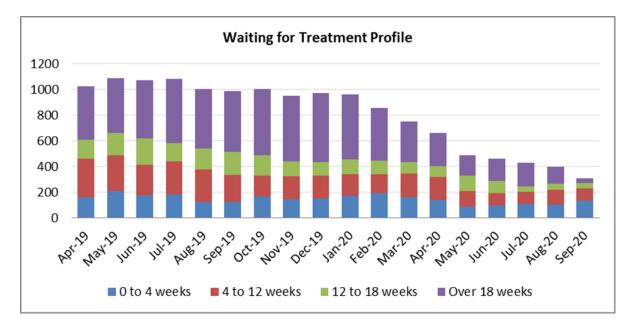
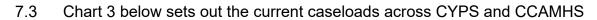


Chart 2: Waiting times for treatment across the Children and Young People's Service and the Community Child and Adolescent Mental Health Service.



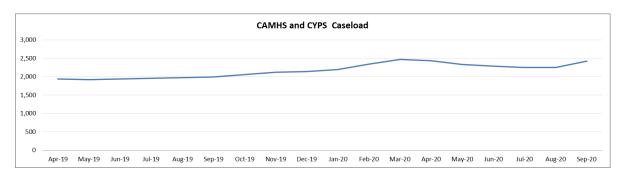


Chart 3: caseloads across the Children and Young People's Service and the Community Child and Adolescent Mental Health Service.

7.4 Undertaking Autism Spectrum Disorder assessments for younger children remains an issue as the assessment requires the practitioner to be in close proximity to the child and it is not possible to wear a face mask. Regional discussions are underway as to how to undertake these assessments and different approaches are being trialled. The Children and Young People's Service is providing support for other mental health issues e.g. anxiety while the child is awaiting the assessment where there is no alternative to carrying this out face to face. These children will remain in the service for longer than pre Covid-19.

8.0 Services for Children with Special Educational Needs and Disabilities (SEND)

8.1 Work is underway to progress the 16 key priority areas for action identified in the SEND Strategic Commissioning Plan (see appendix 1).

9.0 Joint dataset and performance framework

- 9.1 The SEND Strategic Commissioning Group is developing a set of key performance indicators and an outcomes framework which reflect the SEND Strategic Commissioning Plan priorities. An initial dataset is expected to be in place by early 2021.
- 9.2 The proposed model is informed by an analysis of findings from the 12 joint area SEND inspections undertaken by Ofsted and the Care Quality Commission (CQC) to date. The proposed framework will centre on outcome statements which place the lived experience of children and young people with SEND at the heart of our success measures.

10.0 Designated Medical Officer / Designated Clinical Officer

- 10.1 The Designated Medical Officer (DMO) or Designated Clinical Officer (DCO) acts as a strategic and operational lead for the Education, Health and Care Plan pathway in accordance with the Children's and Families Act 2014. This key role ensures that SCCG and TfC meet their statutory duties for children and young people, aged 0-25 years, with SEND. The role is currently hosted by South Tyneside and Sunderland NHS Foundation Trust and is undertaken by a Consultant Paediatrician, as a DMO, who will retire in November 2020.
- 10.2 Following extensive discussions, STSFT have been unable to identify a replacement DMO; SCCG have therefore agreed additional funding to recruit a full-time DCO. The new DCO will sit within the integrated commissioning function to ensure that resources are sufficient to meet our responsibilities for children with SEND in coordinating and improving health planning and practice within Sunderland. The post is currently out to advert, with interviews due to take place before the end of November. SEND and Integrated Commissioning colleagues will work together with health professionals in the

interim to ensure that health advice continues to be included in education, health and care (EHC) assessments and plans.

11.0 Personalised support for disabled children and young people

- 11.1 The current pandemic has impacted on short break support available for families with disabled children. With some services unable to deliver support due to government restrictions and capacity issues, the integrated commissioning service has worked in partnership with children's social care and early help colleagues to deliver sessions to disabled children over school holidays. Costs have been minimal and feedback from families has been very positive.
- 11.2 A small grants fund has been developed in partnership with the Sunderland Parent Carer Forum to offer families the flexibility to purchase their own short breaks, in lieu of more formal support. Learning from these new developments will be reflected in the review of commissioned short break services, with a focus on redesigning a model which offers families more choice and control over their support.

12.0 Residential placements

- 12.1 There were a total of 46 young people placed in externally commissioned residential provision as at 31 October 2020; this includes one secure welfare placement and one unregulated placement. The total number of placements has remained relatively consistent (45-49) this quarter.
- 12.2 67% of placements are located within the NE12 geographical area. Of the 42 provisions that have received an Ofsted inspection, 50% are judged outstanding and 50% are judged as good

13.0 Independent Fostering Agency (IFA) placements

- 13.1 There were a total of 83 children placed with Independent Fostering Agency (IFA) foster carers as at 31 October 2020, including 50 children who were part of sibling groups placed together. The total number of placements has remained relatively consistent this quarter.
- 13.2 There continues to be a shortage of foster carers who are able to meet the needs of older children, larger sibling groups and children with disabilities or more complex needs. Regular provider forums are held with IFAs on the NE7 framework to support with plans to address these gaps and understand recruitment and retention activity.

14.0 Supported accommodation placements

14.1 There were a total of 40 young people placed in externally commissioned supported accommodation placements as at 31 October 2020. Young people

are placed with a total of 11 providers, including 3 providers who are part of block contract arrangements.

14.2 A tender for the provision of local supported accommodation has been published and evaluated in this quarter, with a contract start date originally scheduled for early November. Contracts with existing providers were subsequently extended for two months to allow for further consideration of the submitted tenders. Providers will be notified of the outcome of the tender on 20 November 2020.

15.0 Quality monitoring and assurance

- 15.1 There has recently been an increase in significant concerns in relation to a small number of provisions with previously good quality ratings, possibly as a result of the impact of the current pandemic on staffing and the reduction in face-to-face visits to settings during lockdown. All NE12 local authorities, with the exception of Northumberland, have agreed a new regional quality monitoring approach to pool resources and provide greater oversight of emerging issues within provisions. A single QA toolkit was launched on 1 November with a yearly cycle of monitoring visits, self-assessments and annual conversations now in place for all residential, fostering, supported accommodation and education placements.
- 15.2 The first tranche of QA activity is focussed on supported accommodation providers and will be completed by 10 December 2020. The resource implications in relation to this activity will be closely monitored to determine whether the benefits of a regional approach are matched by the impact on service capacity.

16.0 Impact of Covid-19

16.1 Going forward, we will continue to capture and share learning and best practice on how children's health, care and education services have adapted and innovated in response to Covid-19, whilst continuing to provide high levels of support for children and families. Innovations and key learning from this time will be used to inform future commissioning, including: practical, workforce, technological and operational changes; the opportunities and challenges of virtual working; the impact on children and families; and how and where this innovation could be extended beyond the pandemic.

17.0 Recommendation

- 17.1 The Health and Wellbeing Board is asked to:
 - Note the contents of this report
 - Receive six monthly update reports