

HIGHLIGHT REPORT – FOR INFORMATION

Meeting:	Joint Commissioning Group 19th April 2022
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Meeting Date:	For Southend SEND Partnership Board – 17th May 2022

Key highlights of the Southend SEND Partnership Joint Commissioning meeting held on 19th April 2022.

1. A Proposal was brought to the Joint Commissioning Group (JCG) to scope the potential development of current training requirements from Health provision to educational settings and other key partner agencies.

The scope of this work had been identified through the Health Assurance meetings as a measure which could provide systematic training opportunities linked to universal offers and the graduated response to SEND.

The initiative was approved by Joint Commissioning Group and an options appraisal will be brought back to JCG for further consideration and governance approval.

2. The CYP LD Health Equalities (CYP Transforming Care) commissioning lead for Southend Essex and Thurrock (SET) presented two papers in relation to developing provision across SET for children and young people with learning disabilities and autism aligned to the Pan-Essex CYP LD Health Equalities agenda and governance routes.

The specific initiatives are for the development of additional key worker roles and the development of an autism outreach service. The accompany papers are embedded into this highlight report for reference purposes:



Autism Outreach Service Progress Update



Keyworker Service 2022 March

3. **Joint Commissioning Key Priority Areas – Exception Reporting:**
The development of the joint commissioning priorities, associated milestones, progress, achievements, and key risks have been cascaded to Southend SEND Strategic Partnership Board at previous meetings though highlight reporting. Therefore, the report has been amended to now reflect exception reporting and key progress which is provided below:

Progress Update and Risk Mitigation

Education, Health and Care Plans (EHCPs) – Quality Assurance

A finalised combined Health Education and Social Care Process combined into a single document is still an outstanding piece of work due hence the RAG rating status.

Exception Milestone(s)	RAG Mitigations/Actions to Resolve	DUE DATE
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<p>Social Care & Education EHCP process agreed and implemented</p>		<p>Weekly SEND scrum sessions are consistently held and provide a central point of contact across Health, Education and Social Care. Moreover, the Health Assurance group continues to meet monthly, and a Quality Assurance sample process has been developed for routine review of plans.</p> <p>In addition, contractual timescales for 6-week turnaround reporting against EHCPs has been built into the service development improvement plan as part of the transfer of service provision for community paediatric services (from 1st March 2022). The service development plan is currently being finalised which will confirm expected timescales to achieve performance requirements in this area.</p>	<p>Overdue 31-12-21</p>
<p>Progress Update and Risk Mitigation</p>			
<p>Joint Commissioning of Therapies – The Balanced System</p>			
<p>Mapping against therapy services is complete and the programme is moving to Phase 2 to develop and mobilise a model/framework for the implementation of the balance system for SET. The scale of the programme has been recognised as significant, placing a risk to timelines for full and effective completion (as noted in risk table below). This programme requires both dedicated project/programme management resource and ongoing support from Better Communications post August 22 which will need to be funded by partners. Thurrock have made the decision to join the programme, which will have an impact on pace as we move into stage 2 due to the need for catch-up.</p>			
<p>TOP RISKS & ISSUES</p>	<p>RAG</p>	<p>Mitigations/Actions to Resolve</p>	<p>DUE DATE</p>
<p>Costs associated with transformation remain unknown and therefore currently places a risk to the financial sustainability of the programme</p>		<p>All commissioning partners have expressed a commitment to transformation in line with the Balanced System. Initial costs associated with programme management and oversight to progress delivery at pace. Costs of implementation to be established and planned in a phased approach across the 3-year programme.</p>	<p>31-Mar-22</p>
<p>Potential misalignment with other interdependent workstreams places a risk to the effective delivery of the programme</p>		<p>Significant effort is being put in to identify and align with interdependencies across the system, developing a joined-up approach to create opportunity to facilitate test and learn e.g., explicit linking to the Ordinarily Available in order to maximise impact of whole system working. Full impact of interdependencies will be realised as the programme moves into implementation</p>	<p>31-Mar-22</p>
<p>Known shortages in qualified therapy staff places a risk to building a sufficient workforce to deliver the new model with providers competing from the same pool.</p>		<p>It is known that shortages of qualified staff are a national issue, significantly exacerbated by the pandemic, and therefore consideration of local workforce strategies and recruitment initiatives will be required as part of the workforce modelling. Covid vaccination mandate for health and care staff may further compound the issue.</p>	<p>31-Aug-22</p>
<p>Organisational change for ICS' and preferences to scale implementation down to individual place at a local level creates a risk of generating further inequity in impact and experiences for</p>		<p>Further discussion required with the Joint Commissioning Group to understand the value of working in partnership in implementation across SET. It is recommended to take a horizontal, rather than vertical, approach to implementation i.e., avoiding pilots and early adopters confined to one area and all working at delivering each stage collectively as part of a phased/stepped approach.</p>	<p>30-Jun-22</p>

families across Essex and Southend, and failure to achieve the desired goes of reducing variation.			
<p>Progress Update and Risk Mitigation Multi-agency 0-19 neuro-developmental pathway.</p>			
<p>A review of caseloads currently transferring to EPUT held within community paediatric services alongside activity and waiting lists is taking place. This work will directly inform the delivery of the neurodevelopmental pathway. A draft communication for hard launch has been finalised. The ADHD diagnostic testing using QB Test methodology and mobilisation has now commenced which will further streamline ADHD diagnostic services. ASD diagnostic assessments continue to be outsourced and waiting times for assessment continue to be sustained at very high levels as children are referred to the assessment stage of the pathway. Staffing capacity is of key concern due to the number of children waiting currently within existing waiting lists combined with unprecedented demand on all partner agencies.</p>			
TOP RISKS & ISSUES	RAG	Mitigations/Actions to Resolve	DUE DATE
Full Go Live – full diversion of all cases through to Neu Approach Pathway from referral source.		Communication plan is ready for go live. However, this has been held back due to the need to ensure staffing is sufficient prior to opening the pathway streams more widely. The Multi-disciplinary team meetings are going from strength to strength each week and a meeting to develop consistent approaches to referrals for children under 5 has taken place for which recommendations are currently being developed.	Overdue
Staffing capacity		Additional staffing has been proposed by Early Help. Agreement is required to secure funding urgently to recruit to additional roles. Discussions are currently taking place and also form part of the resource plan requirements currently in final stage development.	By June 22
<p>Recommendations / Discussion / Decisions required from Joint Commissioning Group</p>			
<ul style="list-style-type: none"> - To note the content of the report and support key requirements of each of these workstreams as required. - Southend SEND Partnership Board are requested to ensure wider strategic buy-in to each of the key areas of delivery as they develop. 			