

HIGHLIGHT REPORT – FOR INFORMATION

Meeting:	Joint Commissioning Group (JCG) 7th June 2022
Report by:	Ross Gerrie, Children and Young People Commissioning Manager, Mid and South Essex Integrated Case System
Meeting Date:	For Southend SEND Partnership Board – 5th July 2022

Key highlight reporting from Southend SEND Partnership Joint Commissioning meeting held 7th June 2022.

1. The following areas of commissioning activity were reported to Southend SEND Joint Commissioning Group

1.1 Transitions/Progression Service

- The aim of this Transition Service is to provide young people moving from Southend, Essex and Thurrock Child and Adolescent Mental Health Services (SETCAMHS), with a mental health support provision to other services (including primary care) to meet the needs of young service users before they may qualify for Adult Mental Health support provisions.
- The service commencement date is 1st October 2022 for a term of 3 years plus the option to extend for a further 24 months.
- As per the Service Specification, the Transitions Service has been given its name based on the transition from Children and Adolescence to Adults Mental Health and Support provisions.
- The point of transition from child and adolescent mental health services (SETCAMHS) is recognised as a point of potential upheaval for young people who may find it difficult to navigate new service settings, or to manage their mental health following discharge from CAMHS, especially as the availability and offer of support can change significantly from SETCAMHS to Adult Mental Health Services (AMHS) or voluntary sector services.
- The service will support transition out of SETCAMHS through robust and coordinated multi-agency approach to transition planning.
- This process is further strengthened by early and effective planning, which may start as young as 15 or as late as 25 and putting the young person at the centre of the process to help them prepare. The process, in many ways is a preparation for adulthood, will need to support young people to be as independent as possible. Despite this, services often remain poorly coordinated, and it is vulnerable service users and their families who are left to suffer.

1.2 CYP Mental Health Digital Procurement

- The Southend Essex and Thurrock (SET) Executive Collaborative Commissioning Forum is currently reprocurring the digital and remote access to mental health support and counselling services for children and young people (CYP).
- The aim is to continue to enhance the mental health of young people and their families across the seven Essex CCG localities, Essex County Council, Southend Borough Council and Thurrock Council.
- The service is currently provided by Kooth ([Kooth](#))
- Locally, commissioners recognise that CAMHS are struggling to meet growing demand from young people for mental health services and renewing the digital technologies offer to help support young people in a less resource intensive way—especially where young people do not need the level of specialist community intervention that SETCAMHS provides.
- The selection process of a provider will ensure they comply with locality policies and procedures, with particular regard to encouraging young people to be as involved as possible in planning and care decisions and to ensure the needs and circumstances of individuals are

made visible in their policy and practice. The Provider will ensure they build partnering relationships / pathway working with statutory health and social care services.

- The service will have a contract duration of 3 years with the option to extend for a further 24 months.

1.3 Update on the Key worker Service - CYP LD Health Equalities (CYP Transforming Care)

- The Keyworker Service for Southend, Essex & Thurrock (SET) is a local and direct response to the NHS Long Term Plan (LTP) commitment that by 2023/24, children and young people with a learning disability, autism or both, with the most complex needs will have a designated Keyworker.
- A full presentation on the Key Worker service was given by the lead commissioner at the previous meeting in and copies of proposals were embedded within the previous highlight report to SSPB.

1.4 Autism Spectrum Disorder Post Diagnostic Service Procurement

- The ASD Post Diagnostic Procurement Group is currently being formed and will be responsible for the planning, procurement and delivery for the ASD post diagnostic support programme as described and agreed in the EOI to NHS England. The project will be delivered in a phased approach over a 3-year period ending in March 2024.
- The purpose of the procurement group is to oversee the development, implementation phases and evaluation of the ASD Immediate Post Diagnosis psychoeducational model for families and young people.
- The project programme delivery is summarised below and is established to complete work programme related tasks and drive forward the project to ensure deadlines are met.
- The ASD Post Diagnosis support programme aims to:
 - Standardised an evidenced based approach to post diagnostic Psychoeducational approaches across the Pan-Essex footprint by having one consistent offer for Psychoeducational intervention immediately post diagnosis.
 - Maximise available resource across the Pan-Essex landscape by supporting providers to collaborate in delivery of a consistent approach but aligned to local pathways of care.
 - Improve access and choice for families by designing a variety of delivery approaches.
 - Reduce health inequalities by ensuring all families can access support and information.
 - Ensure families and children feel better supported and informed immediately post diagnosis by having an offer which meets the majority of families and young people within this cohort.
 - Improve collaboration and joint working by designing and delivering the post Educational Offer in partnership.
 - Increase connectivity for families and young people building on the value of peer support.

2. Service Evaluation Framework for Neu Approach Pathway

Joint Commissioning Group Members were presented with an outline service evaluation framework for approval for the Neu Approach Pathway. This will form the basis of key outline of parameters to evaluate the provision for neurodevelopment resource provision commissioned jointly through the Section 75 agreement.



NAP Evaluation
Framework JCG June

3. QB Test ADHD Screening Implementation

Joint Commissioning Group Members were given a brief update on the development nurse-led ADHD service, which provides Qb test screening. QB Test is a computer-based screening which gives a good initial indication of whether a child has ADHD. The clinic also provides further diagnostic assessments for children with suspected ADHD, and treatment.

4. 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 continues 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
Social Care & Education EHCP process agreed and implemented	R	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. 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 1 st March 2022). The service development plan is currently being finalised which will confirm expected timescales to achieve performance requirements in this area.	Overdue 31-12-21

Progress Update and Risk Mitigation
Joint Commissioning of Therapies – The Balanced System

The Joint Commissioning Group were advised of the workstreams to take forward the Phase 2 element of the Balanced System. Each workstream is working towards developing services that align with the Balanced System principles:

Access

- Simple and easy access to the right information, assessment and support for children, young people and their families
- Early identification – meaning not only early in life but early in the emergence of need at any age
- Easy access – simplest route to support at the lowest level even if further progression through the system required
- Appropriate assessment - enquiry based process, not standard ‘battery’, with the option to signpost to appropriate support that may be part of the whole even if further assessment becomes indicated

Placed based support

- Support is delivered in the most functionally appropriate and relevant place for the child or young person, their development and learning.

- Resources are allocated based on need – differential in either or both the nature of the offer or the volume of the offer based on evidence of need
- Link therapist – meaning a school or setting based key therapist whose time is consolidated into their schools and settings and who work regularly as part of the school or setting team
- Intervention focused on functional outcomes – the therapeutic offer must be focused on functional, ideally child and family or young person led, outcomes

Build the targeted offer

- Development of strong universal and targeted provision is key to facilitating access to specialist support as and when needed for a finite time
- Targeted offer – building a robust targeted offer across all five strands is key activity for all: therapy teams and wider workforce

Information

- High quality, accessible and consistent information and advice are available in a range of media and culturally appropriate forms to enable parents and carers and professionals to be well informed. These typically have been quality assured by therapy professionals

TOP RISKS & ISSUES	RAG	Mitigations/Actions to Resolve	DUE DATE
Costs associated with transformation remain unknown and therefore currently places a risk to the financial sustainability of the programme	Yellow	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.	31-Mar-22
Potential misalignment with other interdependent workstreams places a risk to the effective delivery of the programme	Yellow	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	31-Mar-22
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.	Red	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.	31-Aug-22
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 families across Essex and Southend, and failure to achieve the desired goes of reducing variation.	Red	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.	30-Jun-22

Progress Update and Risk Mitigation			
Multi-agency 0-19 neuro-developmental pathway.			
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.			
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.			
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.	Yellow	RAG rating has been reduced since last report to amber as cases are being effectively being accepted to the MDT from both Early Help and Paediatric referral routes. The MDT is demonstrating that the approach is providing the basis of triage of all cases coming into the pathway.	Overdue
Staffing capacity	Red	Rag rating will reduce to amber shortly as capacity planning has progressed.	By June 22
Recommendations / Discussion / Decisions required from Joint Commissioning Group			
<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. 			