

THURROCK BOARD MEETING

26 March 2014

Report: Children, Young People, Maternity, Child & Adolescent Mental Health (CAMHS) Commissioning Report

Approved by:	Jane Foster-Taylor, Executive Nurse Thurrock CCG
Related Documents:	None
Recommendation:	For noting
Financial Implications:	
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BASILDON AND BRENTWOOD AND THURROCK CLINICAL COMMISSIONING GROUPS

Children, Young People, Maternity, Child & Adolescent Mental Health (CAMHS) Commissioning Report

This report outlines for Basildon & Brentwood and Thurrock CCG's the current issues and work plan for the CSU Commissioning Team

Our aim is to:

- Identify the priorities for BB and Thurrock CCG's
- Develop, agree and deliver on a CCG work plan
- Raise the profile of Children, Young People and Maternity and CAMHS and provide specialist knowledge to support service development and improvement in line with local and National priorities.

SICKLE CELL DISEASE

First draft service specification drawn up and core stakeholder group to be established. Meeting taken place with Community provider to update on current situation. Acute provider have implemented some step changes such as shift to a weekly sickle cell clinic. GP Lead for Thurrock has drafted up and circulated a patient survey to ensure we include patient voice in our work.

MATERNITY

Capacity planning

Tom Abell, Accountable Officer and Lisa Allen, Chief Nurse for Basildon and Brentwood CCG are now the Lead for Maternity. A meeting has been arranged for 12th March 2014 with Helen Forster, CSU Lead for Maternity to look at on-going capacity issues across Essex.

NORTH EAST LONDON FOUNDATION TRUST

SPECIALIST SCHOOL NURSING

The C&YP Commissioning Team have developed a new specialist school nursing specification to differentiate the functions of this service. There was a debate with public health about them taking specialist school nursing over to their

responsibility. However in negotiation with them it was agreed that this service that carries out clinical interventions in school settings should remain with specialist services because of the clinical supervision and governance requirements. The future of this service and the alignment of the staff will need to be agreed with NELFT. A discussion needs to be held with Public Health in the Local Authority and Commissioning to agree a way forward to ensure School Health approaches and the public health outcomes are appropriately aligned.

CAMHS

CAMHS Tier 3

Following agreement with the 3 Local Authorities and 7 CCGs across Essex a soft market test was undertaken during January to enable engagement with current and potential providers of CAMH Tier 3 services and to review aspects of the delivery of a re-designed Emotional Wellbeing and Mental Health service model across the county.

Results of this exercise were positive with 20 initial responses.

A meeting took place in February 2014 with all CCG Chief Finance Officers (CFO's) to reach agreement on the proposed CAMHS budgets for 2014/15, and to seek confirmation that the CAMHS baselines for 2014/15 will form the basis of the available financial envelope for the new Emotional Wellbeing and Mental Health service for 2015/16 onwards.

Additional detailed work is to be undertaken in preparation for a further meeting with CFO's in April 2014.

GP and locality events have been ongoing during February in order to collect feedback from key stakeholders, who will inform the continuing development of the new service model to ensure all views and concerns are captured.

To ensure compliance with CCG Governance processes it was formally agreed by the Steering Group to delay taking proposals to all CCG Boards until May 2014, and engage with various CCG sub-committees in March/April 2014.

QIPP

Paediatric Assessment Unit and High Impact Pathways

Audit being undertaken by acute provider to gauge effectiveness of the October-implemented bronchiolitis and gastroenteritis High Impact Pathways. Early indications are mixed but overall sign-up to the pathways across the system has been impressive and learning can be taken for the implementation of the next three pathways. The asthma HIP is in development and meetings have been had with colleagues in Medicines Management to ensure there is tie-in with the asthma pathway work going on.

Equally, a CQUIN has been proposed with NELFT and BTUH which focuses on driving down inappropriate hospital admissions for those CYP with asthma.

The two other pathways – febrile illness and head injury – are scoped for launch October 2014.

Children's Equipment Services (inc I. Medical Equipment)

Reporting of the Essex Cares element of the project within the CCG at a detailed level will be captured as part of the all age programme of work. A full report with recommendations, in relation to the Essex Cares Provision is due to be made to the Executive team in February. The Children's team through their work with the project lead in the CCG will continue to ensure that all aspects relating to the children's provision are included and highlighted as necessary.

Essex County Council has requested as a contingency measure an extension to the current Section 75 Agreement for the delivery of the Integrated Community Equipment Service (ICES). This is required as an interim measure should there be any delay in agreeing and signing the new Section 75 and Collaboration Agreements scheduled to commence on 1st April 2014.

During the life of the Section 75 work will be undertaken in the following areas:

- The provision of a 7 day service
- Retail model
- Development of Children's equipment working group with the purpose of identifying equipment not currently sourced through ECL and standardising OT/PT equipment to reduce cost per item (as previously undertaken with children's beds).

SUMMARY

The above agenda presents a challenge to the C&YP Commissioning Team and beyond delivering on this agenda there are more areas that will need a focus in the future.

Clearly the CCG have an expectation that the C&YP CSU Team will deliver on the agenda for them and will carry out the day to day work. However there are key points in development of our work with providers such as when we are holding challenge sessions, service re design discussions or challenging on delivery against prescribed standards that a collaborative approach is required. At those points in time we would request that the Clinical Lead and a key officer from the CCG are involved in the sessions so they can also influence the outcome. We would clearly minimize the call on the CCG's time to provide this resource but we feel this is crucial to effective outcomes and delivery. I would



Central Eastern
Commissioning Support Unit

propose that by briefing the CCG on a bi monthly basis in this reporting format keeping the C&YP Clinical Engagement Group in place as the key South Essex forum to provide advice to the CCG and engaging with us in specific sessions as required would enable us to achieve a collaborative outcome.

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February 2014