

Housekeeping

- Please mute and turn off cameras when you join - **Unless you're a speaker!**
- Please use chat rather than raising your hands with questions. There are too many of you for us to reliably identify those with hands up.
- Teams top tip, if you're struggling to see slides press Ctrl and scroll your mouse arrow and it will make the content bigger or smaller.
- To turn on captions, select '...' in the top right and select 'turn on live captions'

Upcoming Events

'Putting Voice at the Heart of Strategic Commissioning'

Our next National Event is on 2 February 2023

on the theme of **Co-production**



Our next National Webinar is on 21 March 2023 on Journeys to embedding ICS

Welcome and Introductions

Anna Gardiner, Assistant Director, CDC

Objectives

- To share knowledge and best practice with attendees on the topic of Joint Commissioning;
- To provide attendees with replicable examples of innovative practice;
- To share useful and recent Joint Commissioning resources.

Joint Commissioning beyond sharing budgets A DCO's perspective

Presented by

Tracy Fisher

Children's Complex Care Manager/ Designated Clinical Officer (DCO) For SEND 0-25

Health and Care Portsmouth

HIOW Integrated Care Board

Introduction and DCO role

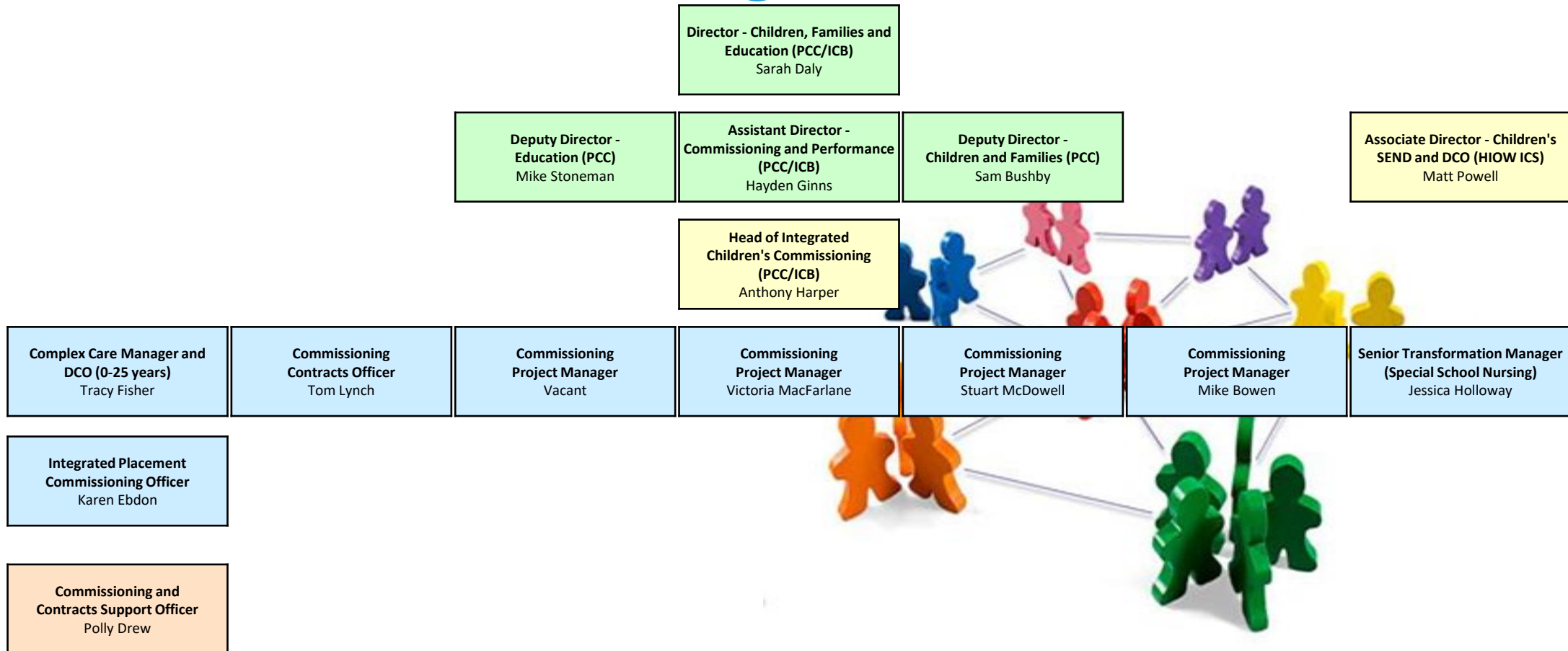


This sessions aims to provide an insight into how integrated commissioning is currently working in Portsmouth from my view point and to share our teams learnings from working in a truly integrated way to commission services for children in the city.

What is a Designated Clinical Officer (DCO)?

A Designated Clinical Officer (DCO) for Special Educational Needs and Disability (SEND) plays a key role in implementing and embedding the SEND reforms and in supporting joined up working between health services, local authorities and other SEND partners.

Health and care Portsmouth Integrated children's commissioning team structure



Joint commissioning beyond sharing budget



in Portsmouth

- Outcome focused
- Population needs are met: challenges status quo, 'this is how we have always done it'
- Enables sharing of resources
- Promotes new ways of working
- Focuses on the best offers and commissions a few

What has helped

Taking responsibility- owning the narrative

Sharing of resources and ideas

Developing meaningful relationships with local authority

One voice

One language (also a challenge)

Understand the landscape

Sharing of budgets where appropriate

accepting it takes time

Being bold and brave in decision making



Challenges....

- Relationships at all levels cohesive and integrated, can be barriers to building the relationships
- Getting engagement if it doesn't fit agenda
- Blurring of responsibilities, who owns the narrative
- Narrow minded thinking and fear of change
- Working in a co located or joint way rather than truly integrated from the top down
- The view was 'how can we do this differently, rather than Mismatch priorities, negativity, focusing on overspend
- Can become wedged between choice and commissioned services (back to how to do it differently rather than spend more)
- Larger authorities may find it difficult to truly work in an integrated joined up way

Area's 'ripe' for Joint commissioning

- ✓ Joint services reviews
- ✓ Service pathways
- ✓ Joint funded programs with school
- ✓ SEMH 'system'
- ✓ Complex care commissioning

Some areas of joint commissioning in Portsmouth



- ✓ Workforce development
- ✓ SEMH pathway
- ✓ ND Pathway
- ✓ Complex Care commissioning
- ✓ Short breaks

What have we learnt?

- Tenacity
- Identify peoples priorities
- Find, define and manage the narrative
- Relational practice is key
- Be realistic about time and effort needed to make a change
- Find the opportunities; be curious
- Be bold and brave, there will be conflict and push back use to your advantage to make the change

Summary

- It takes a lot of time and effort
- It is important to focus on outcomes- the 'so what'/ lived experience
- Own the narrative
- There will be conflict, use this to move things forward not to stall progress
- Working this way can increase project savings and improve performance in the long term when building systems
- Be bold, be brave and challenge the status quo

Thank you

Any questions?

Contact: tracy.fisher@portsmouthcc.gov.uk

Joint Commissioning – our journey and learning so far

Jo Heaney – Head of Commissioning & Strategy for Children, Young People & Maternity

Nik Childs – Commissioning Lead CYP

North East and North Cumbria ICB (Integrated Care Board)



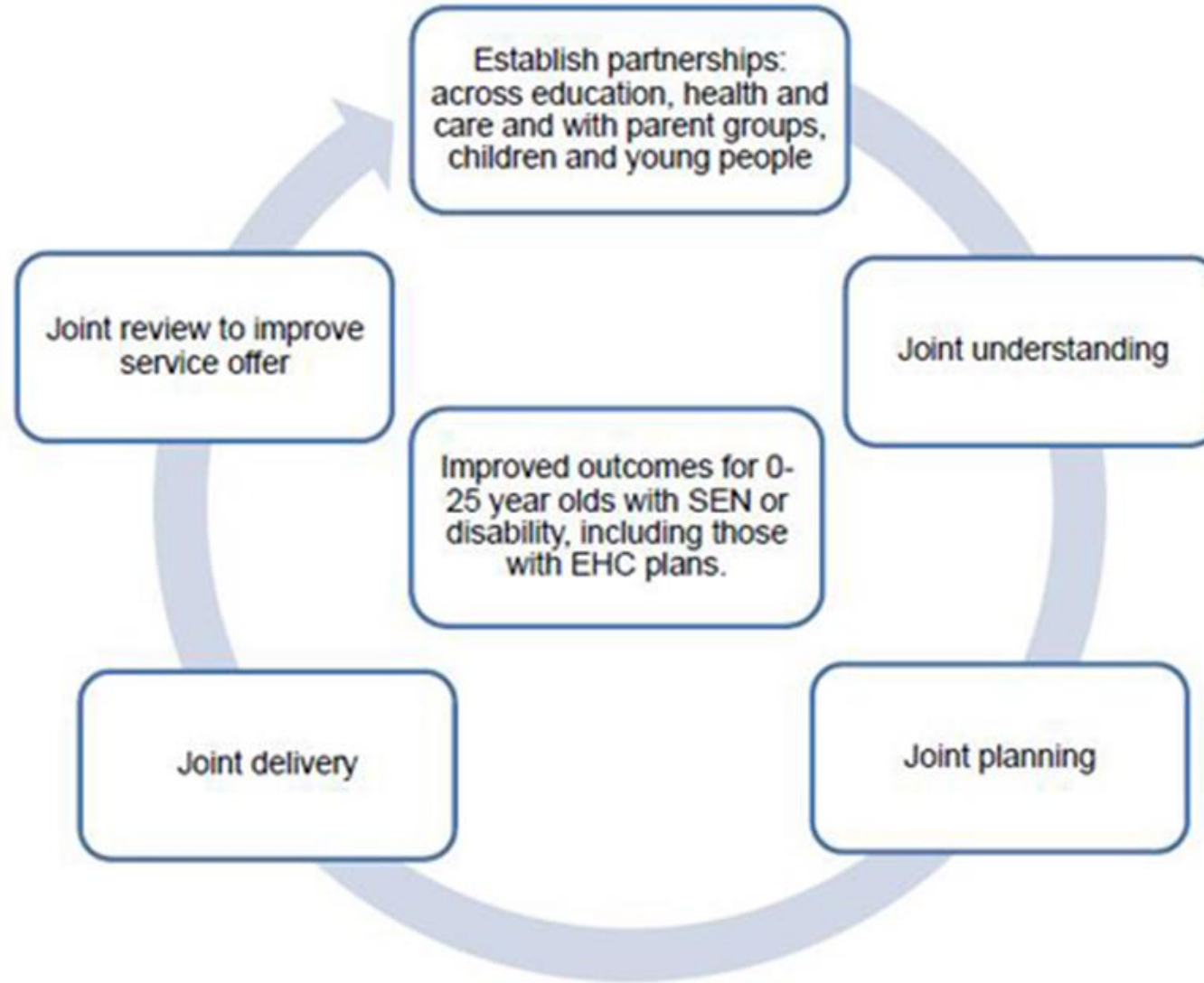
Legislative Context

- The Code of Practice (2014) as it currently stands covers the 0-25 age range, includes guidance relating to disabled children and young people as well as those with SEN
- It includes guidance on the joint planning and commissioning of services to ensure collaboration and co-operation between services and statutory bodies
- A clear focus on the participation of children and young people and parents in decision-making at individual and strategic levels
- Local Authorities , NHS England and ICBs must make arrangements for agreeing the Education, Health and Social Care provision within the local area
- Green Paper – SEND and AP Review

SEND - Joint Commissioning Arrangements

- Joint planning and commissioning across education health and social are a key part of the Special Educational Needs and Disability (SEND) reforms
- An integrated approach is required which ensures services are developed and responsive to the needs of children and young people
- Joint Commissioning arrangements can reduce unnecessary duplication and barriers and develop a more efficient way of working
- Simplify funding streams via pooled or aligned budgets
- Ensure value for money through joint arrangements
- Overarching Strategy to agree Joint Priorities

Joint Commissioning Cycle (DfE 2014)



Our approach

Schools

- Foster relationships – attend head teacher and Senco meeting, 1:1 meetings
- Listen to them in terms of what's working and not working
- Make changes – win trust
- Understand their financial processes and planning timetable

Local Authority

- Look at joint priority areas based on waiting time, feedback, pressure points, pathways that are working/not working
- Understand governance and decision making processes
- Move to the 'shades of grey' in terms of statutory responsibility

Examples of Joint Commissioning – Mental Health– Health & Education

- Model was built on a co-produced Trailblazer bid which wasn't successful in Round 1 – developed by CCG, parent carers, Mental health specialist provider and schools
- Model was adapted to have Children's Wellbeing Practitioners (CWP) in schools to offer low level CBT interventions.
- Service specification was developed with interested schools.
- Costing model was developed devolving the costs to health, education and schools
- 11 schools signed up to the model
- Level of intervention & Cost was based on their needs
- Monthly meetings to ensure consistency of approach.
- Outcome monitoring put in place

Outcomes – over a 12 month period

- 40.9% of students were discharged without further treatment
- 40.9% of students were still active in the CPWP service.
- (4.5%) required a higher intensity intervention and were referred into specialist CAMHS.
- 2.4% of students were sign posted into other services and
- 9% declined treatment.

Examples of Joint Commissioning Family Support Service – Health & LA's

- Parent carer consultation identified lack of support for families whose child was waiting for an assessment for Autism
- Service specification was co-produced with parent carers, ICB and Local Authorities for a service to support families of children with neurodevelopmental needs as part of the move towards a needs led pathway
- Pilot began in 2018 funded by the ICB and 2 Local Authorities
- Ongoing monitoring and service review in partnership with parent carers – evaluated well
- Service was tendered in 2021 with all 5 Tees Valley Local Authorities contributing alongside the ICB
- Service specification was developed taking learning from the pilot and working with parent carers. Delivery in each locality was based on their contribution and CYP population size
- Parent Carer, LA's and ICB on tender evaluation panel

Outcomes

- Provides learning opportunities, 1:1 support and drop-in facility
- Multi agency drop in's
- Linked to the PCF to develop peer support networks
- From December 2021 – September 2022 – 4641 families have been supported

Examples of Joint Commissioning – Occupational Therapy – Health & Education

- Instead of recruiting an OT, a special school had conversations with the ICB about being able to buy time from an NHS OT
- A pilot commence in autumn 2021 with a model developed in partnership between the school and the NHS provider
- Focusing on upskilling school staff and parents and delivering assessment and interventions to an identified number of pupils per academic year

Outcomes –

- Only one of our five high tier students continues to display challenging behaviours
- Staff have been shown how to identify when students need support and what support to give.
- Eleven parents have attended a 'Sunflower' session to better understand how occupational therapy can help their child and how they can implement strategies at home
- Training and advice has been provided to staff during sessions with individual students to gain hands-on experience and ensure the advice is specific to the child
- A handwriting programme is in place for 6ER. Evidence in students' books shows progress from October half term to the present date.
- Contract has now been put into place for 2 a 2 year period and other schools in the academy chain are in discussions to adopt a similar model to meet the needs of their school cohorts

Examples of Joint Commissioning – Sleep Service – joint working

- Parent carer consultation identified the lack of sleep provision for children with additional needs
- ICB secured non-recurrent funding to allow practitioners to be trained in Sleep Scotland
- Worked with each of the LA 0-19 teams to identify 2/3 health visitors to be trained alongside members of the Family Support Service
- Website and training co-produced with parent carers
- Service launched 1st October 2022 and co-delivered between Family Support Service and local 0-19 team
- All have agreed reporting metrics, outcome measures and graduated response

Examples of Joint Commissioning – joint working LA & Health

Speech & Language

- Across South Tees the specialist SLT service provided by the NHS is jointly commissioned through education grants and the ICB.
- In the process of developing a graduated response through early years education and 0-19 Service with the specialist service
- Specialist contract is being reviewed to include education indicators and training package is being evaluated to ensure training is available around the issues schools need support with

Dynamic Support Register

- Example of joint working and staffing resource
- Identification of CYP with ASD or a Learning Disability at risk of inpatient admission or placement breakdown
- Monthly multi agency meetings to develop support plans to prevent crisis and better support the child
- Linked to Key Worker service

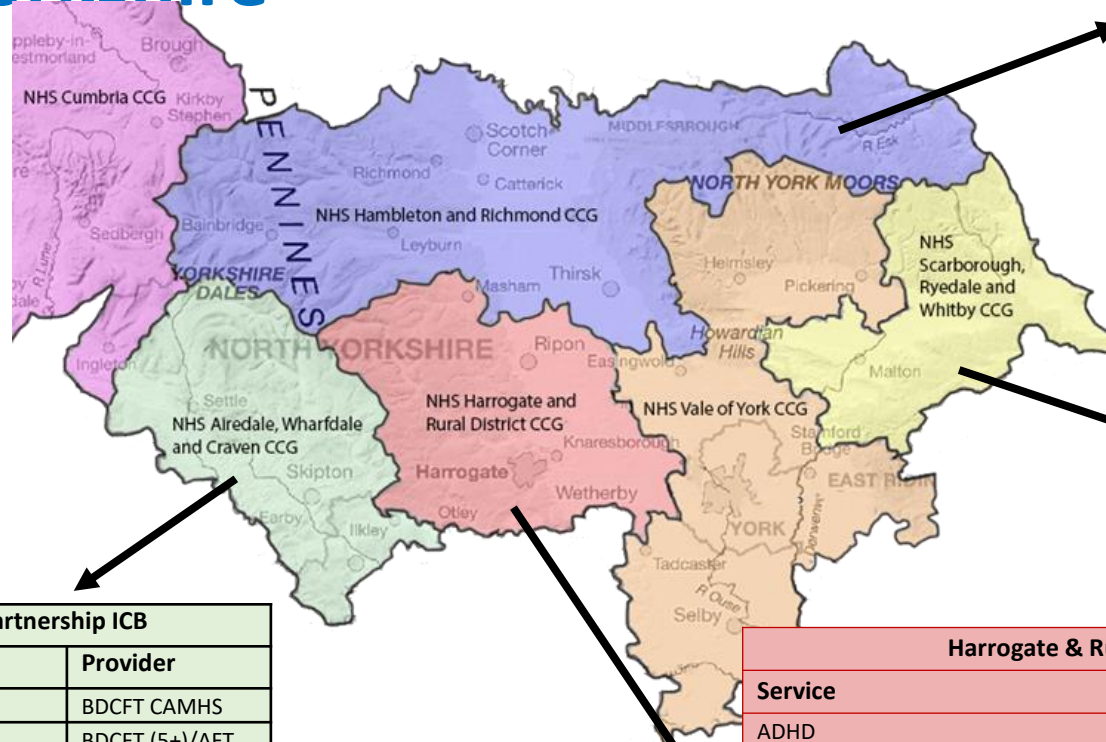
Lessons learnt

- Understand the needs of the system
- Don't underestimate the time and level of negotiation needed
- Talk the language of education, health and social care
- Build relationships with schools – they are key commissioners and will tell you why they have to buy in additional services. Use this information to do 'quick fixes' with your services to win trust
- Co-produce with parent carers and partners
- Set outcomes which show the benefits of this approach for all partners
- Be up front about finances and the art of the possible
- If one partner/school shows an interest – utilise it

SEND Joint Commissioning CDC National Webinar

9th November 2022

North Yorkshire



All North Yorkshire	
Service	Provider
0-19 Services	HDFT
Compass Phoenix	Compass

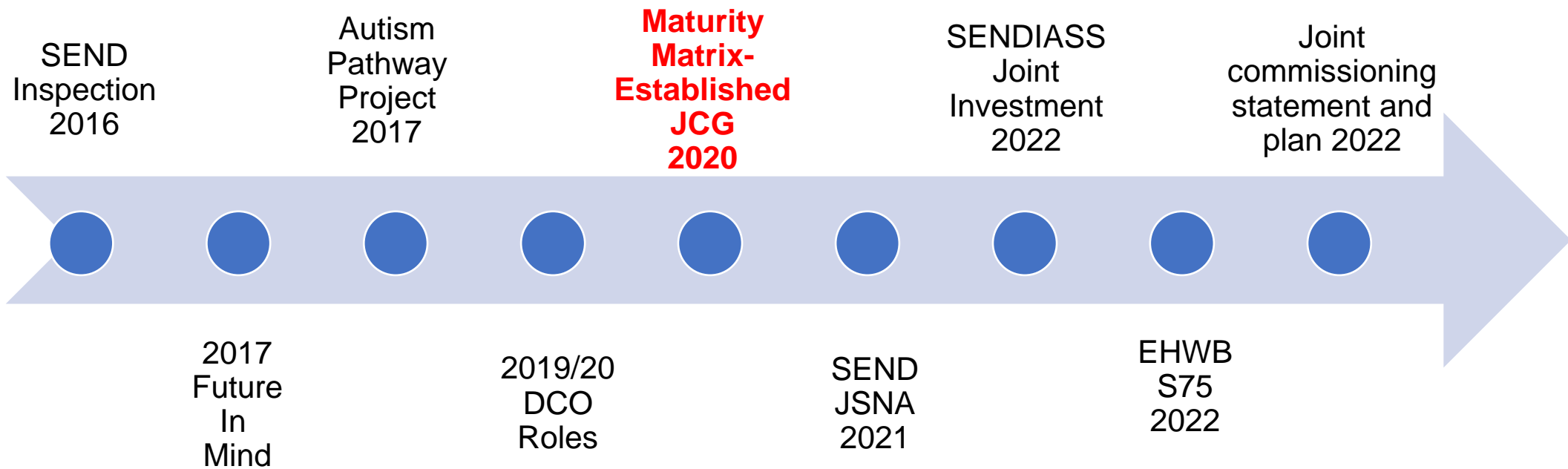
Hambleton & Richmondshire	
Service	Provider
ADHD	TEWV
Autism ^{3 4}	HDFT
Children's Community Nursing	STHFT
Children's Continence Service (level 1) for those with LD and/or complex health needs	HDFT
Community Eating Disorder Service	TEWV
Community Paediatrics	STHFT (under 5's) & HDFT (over 5's)
Mental Health (CAMHS) ^{2 5}	TEWV
Sleep Service	The Sleep Charity
Special School Nursing ^{2 4}	HDFT
Specialist Children's Services- Therapies ^{2 4}	HDFT

Bradford District & Craven Partnership ICB	
Service	Provider
ADHD (age 7 +)	BDCFT CAMHS
Autism Assessment	BDCFT (5+)/AFT
Children's Community Nursing	AFT
Children's Continence Service (L1) for those with LD/or complex health needs in special schools	BDCFT
Community Eating Disorder Service	BDCFT CAMHS
Community Paediatrics	AFT
Mental Health (CAMHS) ^{2 5}	BDCFT
Sleep Service	No Specialist Service
Special School Nursing	BDCFT
Specialist Children's Services- Therapies ⁴	BDCFT /AFT

Harrogate & Rural District	
Service	Provider
ADHD	TEWV
Autism ^{3 4}	HDFT
Children's Community Nursing	HDFT
Children's Continence Service (level 1) for those with LD and/or complex health needs	HDFT
Community Eating Disorder Service	TEWV
Community Paediatrics	HDFT
Mental Health (CAMHS) ^{2 5}	TEWV
Sleep Service	The Sleep Charity
Special School Nursing ^{2 4}	HDFT
Specialist Children's Services- Therapies ^{2 4}	HDFT

Scarborough, Ryedale & Whitby	
Service	Provider
ADHD	TEWV
Autism ^{3 4}	The Retreat
Children's Community Nursing	YSTHFT
Children's Continence Service (level 2)	HTFT
Community Eating Disorder Service	TEWV
Community Paediatrics	YSTHFT
Mental Health (CAMHS) ^{2 5}	TEWV
Sleep Service	The Sleep Charity
Special School Nursing ^{2 4}	YSTHFT
Specialist Children's Services- Therapies ^{2 4}	YSTHFT

Joint Commissioning – Key Milestones since 2016



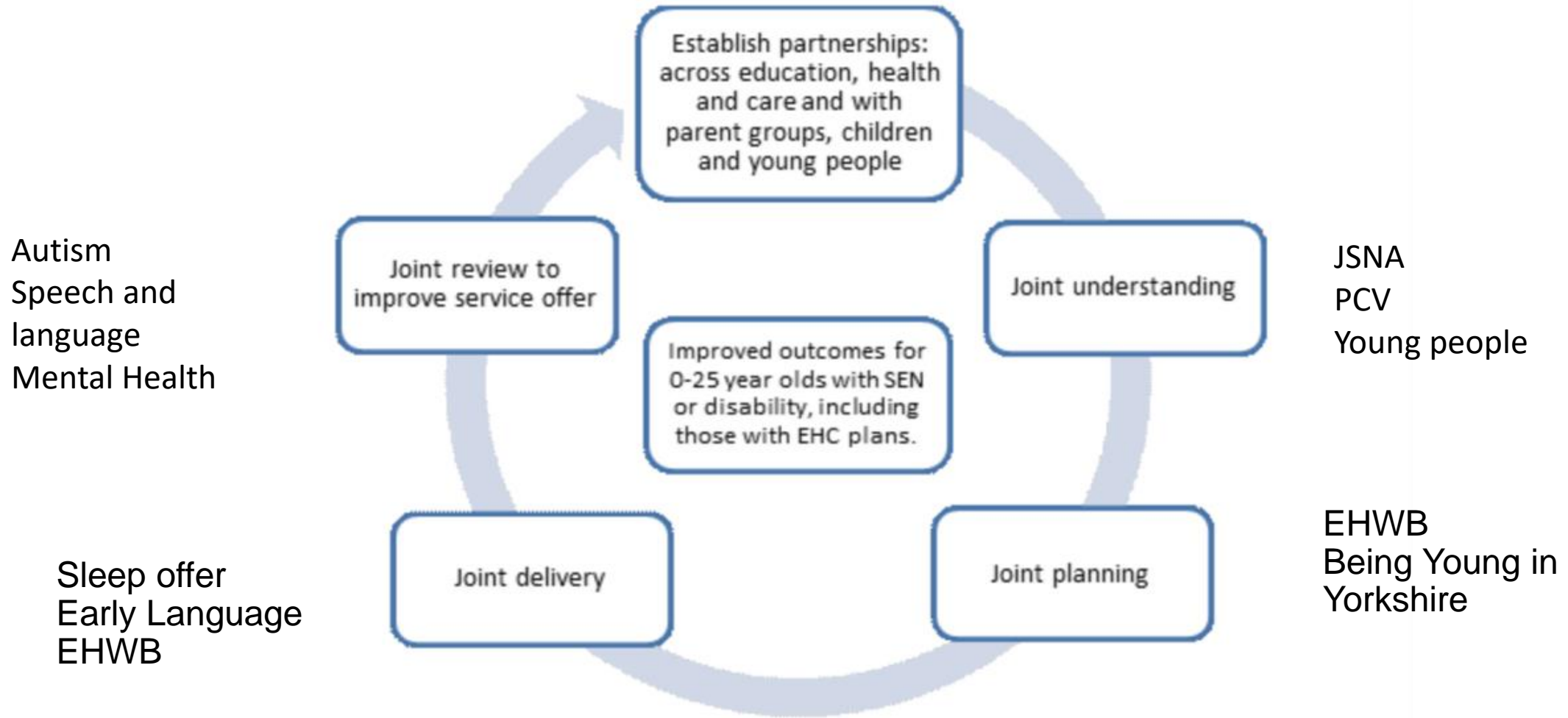
Challenges

- Geography
- Common language
- Complexity of budgets
- Changes to health structures
- Relationships

Current context

- ❖ NYCC and its Health Partners have prioritised working together through the establishment of a **Joint Commissioning Group**. The group was formally established in February 2020.
- ❖ Membership of the group includes education, inclusion, social care, health and adult services, HNY North Yorkshire Place ICS, West Yorkshire ICS Bradford District and Craven Place, Morecombe Bay Place
- ❖ The group meets monthly to consider the **strategic priorities**
- ❖ CDC facilitated a workshop Nov 21
- ❖ Draft **Joint Commissioning Statement and Plan** to be signed off November
- ❖ Draft **SEND JSNA 2021-22**
- ❖ In North Yorkshire our interpretation of joint commissioning extends beyond joint funding of services. We recognise the **joint commissioning cycle** has many other aspects which we strive to incorporate in to our commissioning, planning and broader strategic discussion and strategy

Joint Commissioning Cycle



Areas of development/plans for improvement

- ❖ Ensure greater connectivity with CYP and Families – Co-production on key priorities/projects and ***You Said We Did Together*** for Joint Commissioning Communications



Developments continued

- ❖ Uptake of Personal budgets - Jointly review SEND related Personal Budget offer
- ❖ Dispute resolution process – CDC workshop & working
- ❖ Improved JSNA dataset – Health data limited
- ❖ Emotionally Based School Avoidance project task and finish group – high incidence of Autism
- ❖ Therapies & Autism, ADHD waiting list Task Finish Group
- ❖ Speech and language working group
- ❖ SEND Mental Health dashboard
- ❖ Early Years Strategy

Joint Commissioning – an EHWB joint investment tale...

- 2015 – LA funding of early intervention service Compass REACH
- 2017 – aligned commissioning of early intervention service Compass Buzz using local CCG funding
- 2020 – agreement to join up investment in to joint commissioning agreement
- 2022 – a 2 year journey of development, writing many papers, consultation, ups and downs, procurement and a Section 75 agreement



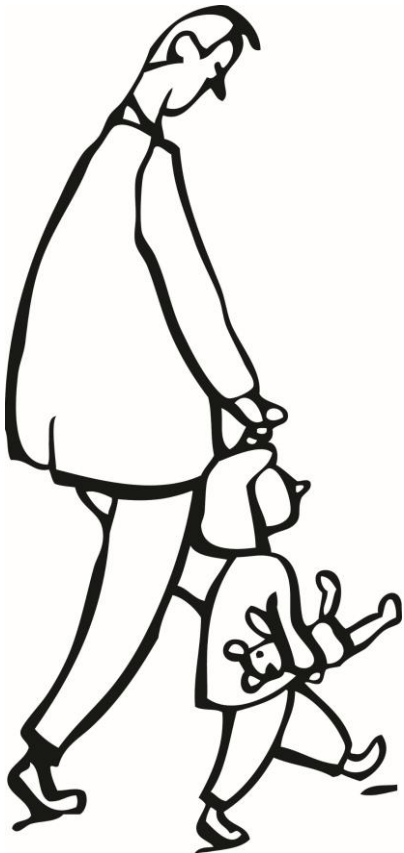
Key ingredients...

- Senior leader sign up
- Commitment to the agenda
- Shared responsibility
- Common language – defining joint commissioning
- Giving it a go - CYP Emotional Wellbeing & Mental health commissioning – Go-To, Compass Phoenix, PIPA, Emotional Health Resilience service , joint post

Resources to support Joint Commissioning



Establishing partnerships



[Outcomes-Based Commissioning and the SEND Reforms](#)

[Joint Commissioning Bulletin #3: Applying An Outcomes-Based Approach to Commissioning](#)

[Joint Commissioning Checklist](#)

Joint understanding (Joint review)



[0 – 25 SEND Data Dashboard](#)

[Analysis and Summary of Joint Strategic Needs Assessment](#)

[Using Goals-Based Measures to gather Qualitative Data on Outcomes](#)

Joint planning

[Joint Commissioning Bulletin #1 \(Updates needed\)](#)

[Who Pays? Determining which NHS commissioner is responsible for commissioning healthcare services and making payments to providers](#)

[Joint Commissioning Bulletin #5: Personalisation, development of personal budgets and Integrated Personalised Commissioning](#)

[Co-Production in Pathway/ Service Re-Design and Evaluation](#)

Joint delivery



[Joint Commissioning Bulletin #4:
Promoting personalisation and
access to personal budgets](#)

Post-evaluation form

Please fill out the post-evaluation form through the below link or scan the QR code:

<https://rb.gy/bjfcrb>





Thank you