Bradford District and Craven Strategic Partnership Report March 2018

This update presents a summarised update of the work streams and programmes being led by the partnerships commissioning team.

1. Mental Wellbeing

The suicide prevention action plans for Bradford have been refreshed in line with the recent West Yorkshire STP suicide strategy. The action plan has prioritised areas of focus and impact for the first year. An application for non-recurrent monies have been made to City CCG to support insight and capacity building work with staff and groups working with men and Central and Eastern European communities.

We have commenced work to consolidate our voluntary and community services with the Local Authority and in line with Pillar 3 of our wellbeing strategy. This includes alignment with our plans to transform community mental health services. An application to NHSE has been submitted to support the expansion of employment support services currently delivered by the centre of excellence at BDCFT.

The Future in Mind work group is bringing in new partners and a task and finish group has been set up to look at the Youth in Mind model expanding to more schools across the district. The community eating disorder service will be ready by April.

We received positive feedback on our annual Future in Mind assurance submission to NHS England. The feedback commented on the clarity of our vision, the achievements and progress within the context of the West Yorkshire and Harrogate STP. They also commented on our positive alignment was also demonstrated with both the Mental Health Wellbeing strategy and Children and Families strategy across local authority and health systems. Work with young people’s engagement and voice was highly regarded and the work to support refugee and asylum seeking families was seen as good practice. Areas they have highlighted for us to focus for the upcoming year include strengthening our approach to the wider determinants of health inequalities and our expansion of work in schools as per Public Health England guidance.

Integrating physical and mental wellbeing

Work is ongoing with the clinical commissioning forum for Bradford City and Districts on physical health care for people with serious mental illness to share benchmarking and support activity. A SystmOne unit for Primary Care Wellbeing Service has been introduced enabling information on care provided by psychological services to be shared with GPs. We also collated feedback from primary care to inform improvements to the First Response service. The primary care wellbeing service has carried out focussed work with practices.

A workshop has been set for the end of March to bring together outcomes and milestones and align with commissioning intentions.

Care when needed

The CCG have been working with our providers (BTHFT, BDCFT, ANHSFT and the VCS) to map and identify gaps in our CORE 24 provision. We are co-producing a new offer that ensures our fidelity to the model but in keeping with our local visions. The winter pressures monies have enabled us to test out this approach. The winter pressures monies have supported mental wellbeing input to A&E, safer spaces and First Response.
We have concluded the advocacy procurement activity with the Local Authority and new contracts will commence from April 1st.

A task and finish group has been set up to look at the development of housing support and we are in the process of developing new tenders for housing related support.

A task and finish group has been set up to align commissioning of our domestic and sexual violence grants and contracts with the strategy and will commence from 1st March with the intention to have a new service ready for April 2019.

We are carrying out scoping work with A&E and CAMHS to look at better pathways for women who self-harm.

We concluded a peer review of Early Intervention in Psychosis service which has evaluated well but also highlighted areas for attention in workforce calculation. This will be a focus of development for the next quarter.

2. Learning Disability, Autism and ADHD

*Addressing the backlog of autism assessments for children and young people*

The CCGs have offered non-recurrent funding from our mental health underspend to our local providers for them to develop a joint approach to addressing the high number of long waits for autism assessment. BTHFT are leading this multi-agency project and are currently recruiting additional psychologist to support this process. An update of the current waiting list position is currently being undertaken and a draft project plan is in development.

*Transforming Care Programme*

The Learning Disability Transforming Care Programme board is holding a workshop on 14th March to begin planning the programme's sustainability after March 2019.

Bradford, Leeds and Calderdale, Wakefield, Kirklees and Barnsley (CWKB) transforming partnerships are working collaboratively to develop a STP response to our joint needs for an Assessment and Treatment service. A joint scoping meeting is planned for 13th March. This change in approach will impact on Bradford’s trajectory to reduce our ATU beds to 3 by March 2019. We are discussing this with NHSE.

Bradford and Leeds TCP are meeting with SWYFT on 9th April to discuss further the potential for jointly commissioning options for locked rehab (if this is felt to be the least restrictive options for people currently in Specialized Commissioned services.). We are also discussing with Leeds options for jointly commissioning a community rehab service.

We held a provider even on 29th January and are currently working with 2 new providers around supporting people with very complex presentations and needs. Further events are planned for early April to discuss the processes around Individual Service Funds (ISF’s). The CCG has set up a project group to develop the wider offer of PHB focusing on LD and Autism. This will link to the work on ISF’s.

3. Maternal and Child Health

**SEND**
Following the SEND peer review challenge the planned single integrated weekly panels have commenced. The process covers:

- Requests to issue My Support Plans
- Requests to assess for an EHC Plan
- Requests to issue an EHC Plan
- Educational placement requests
- Education funding levels decisions
- Continuing Care/Continuing Health Care arrangements for children with an EHC Plan
- Educational Transitions
- Requests for personal budgets linked to EHC Plans

The first monthly Complex Care Panel looking at high cost packages has also been held. The Strategic Partnership for Children and Young People with SEND and Behaviour will oversee this process.

There has been a delay in the recruitment process to the clinical adviser for SEND post. It is anticipated this will commence in early March.

Further work is required to ensure that health services are able to respond to requests for health advice within statutory timescales.

**Special Needs School Nursing**

To address concerns around the ability of the CCG commissioned Special Needs School Nursing Service to meet the demands of the increasing numbers of children placed in special schools (an additional 360 additional places by 2018/19) a task/finish group to consider future commissioning options has been established. The group is made up of representatives from the CCGs, special school head teachers, community nursing teams and the local authority and is working to define pathways of care and develop recommendations for future commissioning responsibilities.

The Special Needs School Nursing Service are continuing to work with the special school head teachers to redesign service provision which is funded by the CCGs.

**Children and Young People’s Continence Provision**

Following concerns around reduced access to continence support for children and young people the Strategic Partnerships Team continues to work with public health commissioners and service providers to identify pressures along the existing pathway. This work will ensure children receive appropriate levels of intervention from the relevant health professional in a timely manner. This process will address concerns raised by Bradford Teaching Hospitals NHS Foundation Trust who have indicated they may need to close their specialist element of provision due to increasing pressure and long waiting lists.

**Prevention and Early Help Consultation**

As a result of reductions in Government funding, increasing demand on services, growing numbers of children with complex needs and concern around outcomes for children and
young people CBMDC have recently consulted on a proposed new way for delivering Prevention and Early Help for children and young people aged 0 – 19.

The council, working with partners including the CCGs have focused on the way it delivers services around a number of principles:

- building a greater self-care and resilience within communities and families to help them help themselves
- one family, one plan, one key worker
- providing support as close to where families live as possible
- using innovation to increase the ways we support families
- more targeting of those families who need more intensive support

CCG colleagues are involved in a number of forums in support of this work and are currently working with CMBDC to better understand the totality of resources committed against this agenda across the health and care economy and to agree an outcomes framework for Early Help and Prevention which will help us to understand the impact of any changes to service provision as economy changes to service provision.

We await the outcome of the consultation which closed on 12 February 2018.

4. Personalised Commissioning

The department presented a proposal to the Joint Clinical Committee of CCGs in February 2018 to develop a ‘settings of care’ policy, which was accepted. This new policy will give guidance in the form of ‘commissioning principles’ to the personalised commissioning staff when allocating resources to significant care packages and aims to provide assurance on process and decision-making in high cost care. These principles will describe how the CCGs will commission care for adults who have been assessed as eligible for fully-funded NHS Continuing Health Care (CHC). Namely, that the CCGs will commission care in a manner that reflects the preferences of individuals but balances the need for the CCG to commission personalised care that is safe and effective and makes the best use of available resources. These principles are set against a backdrop of demand for increasingly large and complex packages of ‘care at home’ in conjunction with a decrease in nursing home provision. The CCGs remain committed to providing the best value and the most effective, fair and sustainable use of the resources available, whilst aligning with the national personalisation agenda.

5. Integrated Commissioning

CQC Local System Review

The Care Quality Commission undertook a review of the local system looking specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old. The review also looked at the experiences of people living with dementia as they move through the system. The purpose of the review is to provide a bespoke response to support improvement. We will receive the report in May
following the election period. Initial feedback following the six week review process was very positive highlighting many areas of good practice with Bradford being chosen of one of 20 areas being reviewed nationally because of our high performance on delayed transfers of care.