

BNSSG CCG Governing Body Meeting

Date: Tuesday 3rd November 2020

Time: 1:30pm

In light of Government advice regarding social distancing, the Governing Body will meet virtually until further notice. The meeting will be accessible to members of the public. Please see our website for more details.

Agenda Number :	6.2
Title:	Children's Services
Purpose:	For information and update
Key Points for Discussion:	
<ol style="list-style-type: none"> 1. Clinical Commissioning Group – organisation and priority 2. Healthier Together: Children & Families Programme 3. Special Educational Needs & Disability (SEND) <ol style="list-style-type: none"> a. CCG SEND Delivery team b. Associate Designated Clinical Officers c. North Somerset Community Children's Health Services ii. Bristol iii. North Somerset iv. South Gloucestershire 4. Covid 19 Pandemic <ol style="list-style-type: none"> i. Impact & Recovery ii. Immunisations iii. Supporting the return to school iv. DfE/NHSE Covid Monitoring Visits 	
Recommendations:	For Governing Body members to be more aware of the current position and challenges in Children's Services
Previously Considered By and feedback :	None
Management of Declared Interest:	Consideration has been given to potential or actual conflicts of interest and none have been declared
Risk and Assurance:	Risk 1: The continuation of the pandemic means that local areas are unable to meet the requirements of the SEND Written Statements of Action

	Risk 2: Children with complex needs requiring an aerosol generation procedure who so far have not been able to return to school, are not able to return to school after the half term break
Financial / Resource Implications:	The CCG will need to consider appropriate allocation of staffing resource to meet the demand requirements of the children's priorities and the three geographical Written Statements of Action
Legal, Policy and Regulatory Requirements:	<p>Special Educational Needs & Disability</p> <p>From 2014 CCGs were required to:</p> <ul style="list-style-type: none"> • Commission services jointly with local authorities for children and young people with SEND, including those with EHC Plans • Work with the local authority to contribute to a Local Offer of available services • Have mechanisms in place to ensure clinicians support the integrated EHC needs assessment process, and align it with Children's Continuing Care • Have a designated health officer for SEND • Agree Personal Budgets, where they are requested, for those with EHC Plans
How does this reduce Health Inequalities:	Addressing health inequalities is an integral workstream and key principle of the Healthier Together Children & Families Programme
How does this impact on Equality & diversity	Addressing equality & diversity is an integral principle of the Healthier Together Children & Families Programme work streams
Patient and Public Involvement:	The local area Written Statements of Action have been fully co-produced with families in the local area and key stakeholders.
Communications and Engagement:	<p>CCG Annual General Meeting</p> <p>NS "Meet the Commissioners" event</p> <p>Bristol "Education, Health & Care Plans - Time for Change" Programme</p> <p>Regular meetings with BNSSG parent carer representatives</p>
Author(s):	Mark Hemmings, Head of Children's Transformation (SEND)
Sponsoring Directors:	<p>Lisa Manson, Director of Commissioning</p> <p>Deborah El-Sayed, Director of Transformation</p>

Agenda item: 6.2

Report title: Children's Services

1. Clinical Commissioning Group – organisation and priority

Lisa Manson, Director of Commissioning is now the named organisational lead Director for Children's Services and is responsible for all children's services commissioning, with oversight of all aspects of children's healthcare across BNSSG.

Children's services are a key organisational priority in 2020/21.

Priority overview: Children's Services

The CCG has limited integrated individual commissioning for children with Local Authorities which does always deliver the best outcomes for children and is identified as a priority in the GB Assurance Framework.

With the creation of a single community children's provider CCHP on 1 April 2020, we have the opportunity to assess our statutory compliance in children's services and to work with the three Local Authorities to identify the joint commissioning gaps and to work with market to develop services that locally meet the needs of children.

To scope the ongoing joint commissioning arrangements with the local authorities, to maximize value for money, and meet children's needs more effectively and improve outcomes.

What is involved in this priority?

To ensure the CCG jointly with the 3 Local Authorities to commission the most appropriate local services for children which improve individual outcomes.

The priority includes the following key deliverables

- Assessment of statutory compliance of current children's services
- Support the transformation of CCHP
- Systematically identify commissioning gaps
- Engage with frontline services to develop new services
- Develop the market to identify new services
- Work with local authorities to identify the best ways to integrate commissioning

Building on the Healthier Together newly established Children and Young Peoples board as a vehicle to develop the appropriate services and develop opportunities integrate services.

What resources will it require?

The priority will need support from across the CCG and close working relationships with the Healthier Together CYP Workstream

The culture shift that supports the optimisation of working together from our Covid- 19 response to get things right for our population can be built upon to move the integration of childrens commissioning forward. The resources available at present will require co-ordination to ensure delivery of the programme.

What benefits will it bring?

A single “virtual” children’s team within the CCG

To coordinate the CCG’s commissioning of children’s services, to work towards statutory compliance in all areas.

Support the transformation of children’s community services, achieving the objective of the original CCHP procurement

Develop an integrated children’s commissioning approach with the LA’s

What will we measure to monitor its impact?

- Improved operational relationships
- More services developed with front line staff
- More local provision of services for children

2. Healthier Together: Children & Families Programme

Healthier Together represents a commitment to work together on improving health and care in Bristol, North Somerset and South Gloucestershire. The Partnership is about tackling the issues that matter most and finding ways to continue providing safe, high-quality care for generations to come. Our area is relatively affluent and people’s health is good, but there are significant pockets of deprivation – with around one in ten people living in a deprived location. Some people within our area do experience high levels of illness linked to low income, poor housing or disability. These health inequalities are unfair and more needs to be done to support those affected by many of the circumstances that are beyond a family’s control. The Children & Families Programme is a key area of the wider sustainable, transformational partnership work.

Laura Westaway, Head of Children’s Transformation leads the Programme for the CCG

The key principles of the Children & Families Programme are:

- to develop interventions through co-production, ensuring that outcomes achieved are the ones that matter to children, young people and families

- to maintain a core focus on people and our role in supporting them; embedding iThrive principles to help children, young people and families be well, get well and stay well
- to understand and respond to the complex factors that impact on the health and wellbeing of children, young people and families; embedding an approach to service planning and resource allocation that targets inequality
- to adopt an Adverse Childhood Experiences (ACEs) approach to our commissioning and service delivery for children, young people and families
- to create integrated team-around-the school models of care, embedded within our local communities
- to take opportunities to digitally interface with healthcare delivery, whenever possible

The delivery plan breaks down the programme into 8 themes or work streams each with their own key deliverables:

1. Addressing inequalities
2. Evolving joint commissioning
3. Developing pathways to adulthood and beyond
4. Delivering new models of care closer to home
5. Achieving excellence in Special Educational Needs & Disability
6. Transforming mental health care
7. Supporting children's palliative and end of life care
8. Improving care for children & young people with learning disability and autism

Workstream leads have been identified from a range of different key partnership organisations currently developing project documentation including time scales and interdependencies with other areas of work. The workstream project briefs will form the basis of the programme plan.

Expected benefits include:

- Reduce inequalities
- Improve health of children and young people
- Smoking cessation
- Healthy weight pathway
- Single points of access
- All age Locality Delivery Hubs
- Delivery of SEND Written Statements of Action
- New integrated model for 24/7 end of life care at home
- Development of locality and schools level joint commissioning models

3. Special Educational Needs & Disability (SEND)

a. CCG Children's SEND Delivery Team

SEND Senior Responsible Officer:

Rebecca Dunn, Deputy Director of Transformation

- Responsible for ensuring the CCG meets its statutory responsibilities

Local Strategic SEND Leads:

Bristol - Deborah El-Sayed

North Somerset - Colin Bradbury

South Gloucestershire - Michael Richardson

- Provide a strategic lead and senior CCG representation in our 3 local areas and attend the relevant SEND Partnership Boards

Designated Medical Officer (DMO):

Dr Jo Brookes

- Plays a key strategic role in ensuring the CCG meets its statutory duties and responsibilities and provides clinical support to the DCO.

Designated Clinical Officer (DCO):

Liz Jarvis

- Plays a key role in ensuring the CCG meets its statutory duties and responsibilities and supports the joined up working between health services and local authorities.

Designated Nurse for Children Looked After (DNCLA):

Angela Stephens

- Leads the CCG in fulfilling their responsibilities to improve the health of children looked after and care leavers

Healthier Together Children & Families Programme

"Achieving excellence in SEND"

Mark Hemmings, Head of Children's Transformation (SEND)

- Leads the "Achieving excellence in SEND" workstream
- CCG lead for SEND
- Manages the CCG SEND Action Plan
- Attends the 3 SEND Local Area Partnership Boards

CCG SEND Delivery Group

This Group ensures the CCG is fulfilling its statutory responsibilities and supports changes required to fully implement the SEND reforms (as outlined by the Children and Families Act 2014 and the SEND Code of Practice 2015) in the Bristol, North Somerset & South Gloucestershire (BNSSG) CCG area by:

- Providing a CCG forum to discuss and meet the delivery of the SEND reforms across BNSSG

- Supporting local SEND boards by making recommendations to align processes, strategies and resources to ensure equality & equity across the BNSSG area
- Providing the governance structure for the SEND programme of work
- Submitting a quarterly report to the CCG Quality Committee detailing progress, achievement and organisational risk. Risk is escalated to the CCG Governing Body when appropriate

Children and young people's SEND needs are met from a range of NHS services, some are universal, such as GPs and health visitors and some are more specialised and will need an assessment or referral from a health or social care professional. In addition to the general services that are commissioned for the whole of the population, health services specially provided for children and young people with additional needs include:

- Community Paediatrics
- Speech and Language Therapy, Physiotherapy, Occupational Therapy and Community Care Packages
- Child and Adolescent Mental Health Services
- Continuing Care health assessments
- Opportunities for a personal health budget

The commissioning of additional services in partnership with our local authorities for children and young people aged 0-25 years old with SEND e.g. SENDIAS

Working with local authorities and provider health organisations to ensure information about health care services are included in the Local Offer.

Engaging and co-producing by working closely with young people, parent carers and their representative groups, Health Watch, the voluntary sector and community groups.

Making available health care provision as specified in Education, Health and Care Plans as part of the commissioning role.

Contributing to education, health & care needs assessments, plans and annual reviews

c. North Somerset Community Children's Health Services

On 1st April 2020 Sirona Health & Care took on the contract to provide community children's health services in North Somerset. Sirona now provide community children's and adult's health services across the whole of BNSSG.

The immediate aims in this first year have been:

- To ensure services safe
- To stabilise the workforce
- To understand the gaps and have plans to address them
- To embed the specialist CAMHS IAPTUS electronic record keeping system

The work to understand and align services with those in Bristol and south Gloucestershire has been understandably disrupted by the response to the pandemic however this work has continued albeit at a slower pace than anticipated.

ii. Bristol

In October 2019, Ofsted and the Care Quality Commission (CQC) jointly inspected the effectiveness of Bristol's approach to implementing the special educational needs and disability (SEND) reforms as set out in the Children and Families Act 2014. Inspectors identified many areas of good practice, including identification of medical needs in early years, positive integrated working between health and education in relation to mental health and speech, language and communication needs, effective transition arrangements at key stages, and the positive impact of joint commissioning for equipment. Inspectors however also identified five areas of significant weaknesses in the local area's SEND practice, most notably in relation to leadership and accountability, fractured relationships with parents and carers, and timeliness and quality of EHCPs. As a consequence, and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector determined that a Written Statement of Action was required.

The local authority and CCG were jointly responsible for submitting the written statement to Ofsted. The Written Statement of Action was co-produced with parent carers' children, young people & families and key stakeholders to address the five areas of significant weakness.

Each of the priority areas for improvement identified in the Written Statement of Action (WSOA) is being delivered through a more detailed action plan, with operational oversight by the SEND Partnership Group. Dept. for Education and NHS England regional advisers also regularly monitor and challenge progress of the WSoA through quarterly meetings with senior leaders in the local area. The next monitoring visit will be on Monday 16th November.

The re-inspection was expected in mid-2021 but this may well be delayed due to the pandemic during which all inspection activity has been paused and will not resume until 2021 at the earliest.

iii. North Somerset

North Somerset local area had its SEND inspection in May 2018. Inspectors identified eight significant weaknesses in the local area's SEND practice. In accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector determined that a Written Statement of Action was required. The local authority and CCG were jointly responsible for submitting the written statement to Ofsted. The Written Statement of Action was co-produced with parent carers' children, young people & families and key stakeholders to address the five areas of significant weakness.

Each of the eight priority areas for improvement identified in the Written Statement of Action (WSOA) is being delivered through a more detailed action plan, with operational oversight by the SEND Programme Board. Dept. for Education and NHS England regional advisers also regularly monitor and challenge progress of the WSoA through quarterly meetings with senior leaders in the local area. The re-inspection was expected in spring 2020 but was delayed due to the pandemic during which all inspection activity has been paused and will not resume until 2021 at the earliest. The local area is expecting to be one of the first areas to be re-inspected once the inspection regime is resumed.

iv. South Gloucestershire

South Gloucestershire had its first SEND inspection in November 2017. Inspectors identified eight significant weaknesses in the local area's SEND practice. In accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector determined that a Written Statement of Action was required.

The Ofsted/CQC revisit of SEND in the South Gloucestershire was in January 2020, and focused specifically on the eight areas of significant weakness identified in the 2017 inspection.

Sufficient progress was deemed to have been made in six of the eight areas of significant weakness however in two of the areas insufficient progress was deemed to have been made namely the quality of EHCPs and progress made improving educational outcomes in early years and key stage 1. The result was a requirement for the local area to produce an Accelerated Progress Plan to address the two outstanding areas of significant weakness which the local area is now working to.

4. Covid-19 Pandemic

i. Impact & Recovery

Services and support for children & young people (c&yp) in BNSSG continue to use established contracting and partnership arrangements to respond to the Covid-19 pandemic. This includes the continued monitoring and reporting of the operational situation in each organisation, working collaboratively to manage on-going changes to service delivery and effectively communicating with families.

Community children's health services provide assessment, therapy and support to c&yp including those with Special Educational Needs & Disability (SEND) and those in receipt of an Education, Health Care Plans (EHCP). Early national COVID-19 guidance identified a number of children's services which had to partially or fully stop to enable staff to be redeployed to support the increase in adult services demand and advised that services were offered digitally instead. A recovery and restoration exercise for all community health services is now fully underway.

All recovery and restoration activities include consideration of:

- the use of estates
- infection control
- PPE requirements
- equality impact assessments
- workforce risks.

Physio, occupational and speech and language therapies:

- Developed blended pathways for digital & face to face (F2F) consultations
- F2F consultations have been prioritised for the more vulnerable cohort of children
- During lockdown phase the staff carried out a lot of home visits but are now in the process of moving back to clinic/school model as settings are re-opening
- A daily family advice phone line was quickly established at the beginning of the pandemic and that has proved popular and continues to experience a high call volume

Health Visiting Service:

Health visitors have:

- resumed home visits for initial visit & 2 year reviews
- have blended an offer of digital/home/clinics for anti-natal support
- reinstated baby hubs as bookable clinics (used to do just walk-in pre-Covid)
- prioritised F2F appointments for families on universal credit

School Health Nursing:

- The majority of schools have now reinstated school clinics
- SHN has seen significant increase in referrals as expected – much higher than this time last year
- Around 90% of referrals are focussed on mental health & wellbeing and school health nurses are working in partnership with Kooth & Off the Record to support c&yp
- School nurses are trying walk & talk visits which are often outdoors to maintain social distancing

Community Paediatrics:

- Paediatricians are offering a blended service with digital & F2F consultations – prioritising F2F for children with complex needs

Lifetime Service for children with more complex needs:

- No major change in service – the digital offer has been beneficial and appreciated by families
- Sirona is working in partnership with Children’s Hospital, Jessie May & Lifetime to provide really good wraparound care for children with very complex needs with the specific aim of ensuring this cohort are able to remain at home wherever possible
- The Lifetime service experienced some staffing challenges when there were issues with testing as staff had to self-isolate however this position has now significantly improved.

Preparations for Wave 2:

- Community children’s health services are in much better position ahead of potential second wave as a result of the significant learning from first wave. Significant learning from Covid period has been operationalised into the ‘new normal’
- All services have a step-up and step-down offer as well as a digital offer
- Noted the issue that you can often manage cases remotely for a certain length of time but at some point need to go back to F2F
- Waiting lists have been reviewed and prioritised
- School nursing service has contacted any children who have made contact over last 12 months for a check-in that all is well
- Sirona is planning to do some reassurance communication and will ensure staff are supported through this next phase

ii. [School aged immunisations](#)

The BNSSG school aged immunisation service is commissioned to provide the following Immunisation programme to all children at school or living in Bristol, North Somerset and South Gloucestershire:

- Childhood intranasal flu programme for children from reception to year 7.

- HPV (2 dose) programme in Year 8 (girls and boys) and Year 9 (girls only –with the addition of Year 9 boys from 2020/21 academic year)
- Meningitis in Year 9
- DTP in Year 9

In March 2020 when the Covid 19 pandemic started in the UK we were advised by NHSE to stop both School and Community clinics. The consequence of this was that there were a significant number of young people who were unable to receive their vaccinations as planned in line with the national schedule within BNSSG for the academic year 19/2020.

In July 2020 Public Health England ask School Immunisation providers to look to start a catch up programme for all secondary school Immunisations for school cohorts where the vaccination sessions were cancelled due to Covid lockdown measures.

Actions undertaken

- A risk assessment (SBAR) was undertaken and the actions and recommendations taken to the professional council for approval to restart clinics.
- Sirona Infection Control lead was sought for advice re PPE as no National guidance from public health was available.
- A risk assessment (SBAR) was undertaken re the extremely high volume of PPE required to undertake clinics and shared with the senior management team for assurance of PPE requirements will be available for programme.(including assessment of PPE need).
- Health and safety and Infection control assessments of overarching service recovery review were undertaken and approved through the Professional council.
- Health and safety and Infection control assessments of each clinic Area proposed were undertaken prior to clinic starting, to ensure venue and processes were Covid safe
- Trial clinics were started in Kingswood Hub, Pill clinic from the 7th July 2020.
- Additional clinics were added following review of trial clinics processes for - Amelia Nutt, Patchway Hub, Cossham Hospital, Drove road (Weston super Mare).
- Email to schools where vaccination sessions were cancelled due to lockdown; asking them to send out relevant parents inviting to contact re booking into clinic.
- 10 days later follow up letter to parents sent out via schools, prior to the start of the summer holidays.
- Rotas set up to answer phone to book children into available clinics as well as vaccination rota. This was a great success with a large volume of calls each day. The staffing of these phone lines was reviewed and increased to meet demand.
- Substantive team members worked additional hours over the summer as all term time only supported by Immunisation Bank Team.

Outcome

51 clinics and 2 school based clinics held across between 7th July and 28th August.

3,283 vaccinations were given.

What next

School based clinics were set up for September 2020 to further catch those c&yp missing vaccinations and those young people who were unable to attend Community settings over the summer. 36 school based clinics undertaken in September 2020.

On NHSE advice, dose 2 HPV sessions have been delayed until post Flu sessions but a plan is in place to catch up within this academic year 2020/21.

Check with Child Information Service (CHIS) for any children with no identified school and then for letters to be sent with an invitation to opt in to a Community Clinic

Childrens Flu vaccination programme

Programme has been increased from Reception to year 6 to include year 7 this year across approximately 400 school sites across BNSSG.

There are 100,000 eligible children and the aim is to complete the school based programme by mid Dec.

Some school year groups are having to self- isolate of course and these schools will be rebooked to ensure those year groups all get the vaccination as planned.

iii. Supporting the return to school

Colleagues in health, education and social care have been responding to two sets of COVID-19 and legislative guidance.

1. The requirement that all children, in all year groups and settings, return to full time education from the beginning of the autumn term
2. The 'reasonable endeavours' notice modifying the duty on Local Authorities (LA's) and Clinical Commissioning Groups (CCG's) to secure special education and health care specified in Education, Health and Care Plans (EHCPs) has expired, and restoration of full provision is now required.

A specific issue has arisen with Public Health England guidance for children with complex medical who need an Aerosol Generating Procedures (AGP) which recommends a specific PPE requirement and that AGPs are performed in a designated room with doors closed and windows open. Where this is not possible, individual risk assessments should be carried out. If an educational setting can meet the requirements then the children have been able to return to school but there are a number of settings where they are not able to fully comply with the guidance so a small cohort of children have not be able to return to school as planned. Subsequently local guidance has been developed and signed off by the Infection Prevention Control (IPC) Cell and Silver Command to enable this small cohort to return. The Complex Needs task & finish group are devbe4loping guidance for school settings and Sirona is developing the required IPC education package for staff at the schools that these children attend in order to ensure the children are able to return to school as early as possible after half term.

iv. Covid SEND monitoring visits

DFE and NHSE advisers have been systematically visiting each of our local areas to gauge the impact of the pandemic on our SEND provision and the local area plans to mitigate the challenges we continue to face. The response following each visit has been overwhelmingly positive with DfE

and NHSE advisers complimenting our recovery plans and indicating the local information we are providing to them is helping shape the national response to the crisis.