



London Borough of Hammersmith &
Fulham

Cabinet

11 JANUARY 2009

**CABINET MEMBER
FOR CHILDREN'S
SERVICES**

Councillor Sarah Gore

**SCRUTINY
COMMITTEE
Education and
children's services
DATE: January 2010**

**INTEGRATION OF CHILDREN'S SERVICES
COMMISSIONING**

**Wards
All**

This paper sets out proposals to integrate Children's Commissioning between the Children's Services Department and NHS Hammersmith & Fulham. The aim of the development is to achieve a coherent approach to children's commissioning, improving services and aiming to improve outcomes for children, identifying improvements in access, quality and value for money in commissioning and delivery, whilst forging links with adult commissioning.

CONTRIBUTORS
ADLDS
DFCS

Recommendations:

- 1. That authority be delegated to the Director of Children's Services and the Managing Director of NHS Hammersmith & Fulham to put arrangements in place to implement the proposals set out in this report**
- 2. That authority be delegated to the Director of Finance and Corporate Services to agree the financial arrangements for the team and its activity with the Director of Finance at the PCT.**

**HAS A PEIA BEEN
COMPLETED?
YES**

1. BACKGROUND

- 1.1 The establishment of the post of joint Chief Executive of the Council and NHS Hammersmith & Fulham and an integrated executive management team for the two bodies has enabled the opportunity to develop the integration of the commissioning of children's services. This has been based on a significant level of joint working between the two organisations, and a desire to increasingly enable a user-focused coherent set of services, improved quality in the context of tight finances, and improvements in health and wellbeing for the residents of Hammersmith & Fulham.
- 1.2 In Children's Services, there have been long established good joint working arrangements. The Children's Trust Board has been established since December 2003, and has met four times per year since. The representation at the Trust Board has been reviewed in 2009 to strengthen the arrangements and in the light of legislation currently going through Parliament. The role of the Trust Board will be clearly defined in the Terms of Reference to be considered at the next Trust Board in December - in particular, its role as a strategic commissioning body, responsible for the priorities set out in the Children and Young People's Plan and the performance of providers against those priorities.

2. PROPOSAL TO INTEGRATE CHILDREN'S COMMISSIONING

- 2.1 The proposal is to bring together and integrate key parts of children's commissioning from the Council's Children's Services Department and NHS Hammersmith & Fulham (NHS H&F). The aim is to achieve better outcomes for children by:
- Improving access, quality and value for money by commissioning children's services in a more coherent way.
 - Developing integrated delivery to provide a joined up and responsive service, using polysystems where appropriate.
 - Having one team which makes the most efficient use of commissioning capacity and has a single commissioning approach, bringing together World Class Commissioning and the Council's systems.
 - Fulfils the priorities in the Children and Young People's Plan and the PCT's Commissioning Strategy Plan.
 - Strengthens the integration of the Council and NHS H&F.
- 2.2 The proposal is to draw together the children's commissioning of the following services:
- Specialist and inpatient hospital services for children
 - Community paediatrics
 - Child health services including health visiting, school nursing, therapies etc
 - Maternity Services

- Child and Adolescent mental health (Tier 4 commissioning will be done at sub-regional level)
- Substance misuse
- Commissioning Children's Services from the Voluntary Sector
- Tackling Teenage Pregnancy and Young Mums' Services
- Youth Services
- Parenting commissioning
- Connexions

The Joint Commissioning unit would also have responsibility for developing the Children and Young People's Plan.

3. INTEGRATING THE ORGANISATION

- 3.1 The AD Commissioning and Performance from Children's Services will lead the integrated team as the Programme Director Children's Commissioning. The Programme Director will manage both NHS and Council Children's Services commissioners responsible for those services and be managed by NHS H&F Managing Director for, in the first instance, one year. The Programme Director will be a member of both Children's Services DMT and NHS H&F Executive Group. Most of the team will re-locate to the NHS H&F offices at Hammersmith Broadway.
- 3.2 The activity to produce a Children and Young People's Plan will be carried out in conjunction with officers in the Planning and Performance team within the Children's Services Department. Responsibilities for the Children's Trust Board and the Local Safeguarding Children Board (LSCB) will continue to be held by the Programme Director, with a dotted line management relationship to the LSCB and Safeguarding manager and administrator.
- 3.3 The detailed integrated management arrangements will be agreed through a document setting out the terms and conditions relating to the agreement, staffing and finance. The work of the team will be reviewed every six months from its inception and there will be rights to terminate the arrangements.
- 3.4 In the agreement, the joint bodies will not be using powers to delegate or transfer functions to one another. This means that the Director of Children's Services is not delegating his formal functions to the Managing Director, but the powers used mean that the Managing Director can act as a Council officer in relation to the integrated functions (and therefore can have actions delegated to her from Cabinet etc). Ultimately, the Director of Children's Services remains the person responsible for the statutory duties of the Director of Children's Services.
- 3.5 The existing staff will retain their current terms and conditions. New staff will be appointed to vacant posts according to where they originated, but taking account of the priorities to be achieved by the team. Any efficiency savings in removing posts will accrue to the organisation from which the post came.

- 3.6 Consultation with all staff and unions has taken place. A three week period was allocated to consultation and a proposal paper was sent to all staff. Meetings have been held with staff. All staff were positive about the proposed changes.
- 3.7 This paper will have been agreed by the Children's Trust Board on 7 December 2009. Cabinet and the NHS H&F Board have both received this paper for approval.
- 3.8 The remainder of the duties for which the AD Commissioning and Performance has been responsible have been allocated to members of Children's Services DMT.

4. OBJECTIVES

- 4.1 The objectives of the joint commissioning unit will initially be to:
 - 4.1.1 Develop a fully integrated Children and Young People's Plan to ensure it focuses on the priorities for commissioning across all agencies and takes account of significant strategic developments such as poly systems.
 - 4.1.2 Lead on developing the model of service delivery for children's in the polysystem.
 - 4.1.3 Lead the development of the plans for maternity services, liaising with colleagues across the NW sector as appropriate.
 - 4.1.4 Develop the Children's Trust Board to fulfil the statutory requirements including responsibility for the Children and Young People's Plan, reviewing the needs assessment (including the JSNA), performance against targets for all ECM outcomes, early intervention and taking account of safeguarding issues raised through the LSCB.
 - 4.1.5 Structure the commissioning team to best meet the priorities of the joint commissioning agenda, including most coherent use of the voluntary sector.
 - 4.1.6 Use integration to improve access, quality and value for money.
 - 4.1.7 Review the structure of the services and provide models, including integrated teams, that address the needs of the community and procure those agreed models, including services for disabled children.
 - 4.1.8 Develop the World Class Commissioning framework to deliver improved children's health and social care services.
 - 4.1.9 Where appropriate, use commissioning expertise to review service areas currently directly provided in Children's Services.

- 4.1.10 Review the potential for the use of section 10 pooled fund arrangements.
- 4.1.11 Integrate the safeguarding agenda, set out in the LSCB, with commissioning activity.
- 4.1.12 Make links with other commissioning activity - dentistry, sexual health, LAC, SEN, adult services to achieve the full potential of the integration in terms of both effectiveness and efficiency.
- 4.1.13 Report in 12 months time on the impact of the arrangement and its implications for further integration.

5. FINANCE

- 5.1 There will be a financial protocol agreed as part of the integrated management arrangement. The staffing budgets and commissioning budgets will continue to be managed and reported to the relevant organisation. The requirement to achieve MTFS savings will continue to be borne by the funding streams from the Council and any savings targets set by the NHS H&F Board will be borne by the funding from the NHS H&F. Any deficits will be the responsibility of the relevant organisation. The aim will be to ensure that the integration will not create any additional billing to either organisation of accommodation and other overheads costs.
- 5.2 The budgets for 2009-10 are:
- LBHF staffing and commissioning - £5,600k, of this £3,025k is mainstream funding which had previously been Area Based Grant.
 - NHS H&F staffing and commissioning – £9,200k.

6. COMMENTS OF THE DIRECTOR OF FINANCE AND CORPORATE SERVICES

- 6.1 This paper sets out proposals to integrate Children's Commissioning between the Children's Services Department and NHS Hammersmith & Fulham. The Audit Commission have already indicated that the establishment and operation of such arrangement will be a primary consideration in the audit of the Council's accounts.
- 6.2 The appointment of a joint head of commissioning is the initial collaborative step in an integration process that will take time to evolve. Given the legal requirement for the organisation to produce two different sets of accounts, it is important that financial arrangements are integral to any further integration proposals.

- 6.3 In general, there are a variety of models which may be suitable to determine an appropriate sharing of costs depending on the circumstances of the specific team in question. Options include but are not limited to:
- An appropriate charging split is agreed between Council and PCT annually for the cost of the full team;
 - the integrated team works across boundaries and time records in order to allocate the correct charge to the correct budget.
 - individual members of staff within an integrated team only do work for the organisation employing them, which in turn pays their salary from the appropriate budget.

6.4 In the first instance, the IMA and HR protocol mean that the Head of Commissioning will use s113 powers to enable them to act as officers of both organisations, regardless of their employment status. At this stage of the integration therefore it is proposed that the costs associated with the post of Head of Commissioning (including support) are apportioned between the two organisations in accordance with the size of the commissioning budget. The remainder of the team are deemed to continue to work for their employing organisation. This will need to be monitored and reviewed so that any proposed changes are captured in a timely fashion.

6.5 The budgets used in the apportionment of the Head of Commissioning are set out in para 5 and the appropriate proportions are set out below.

	£000	
· LBHF staffing and commissioning	5,600	38%
· NHS H&F staffing and commissioning	9,200	62%
	14,800	

This table does not take into account the potential double-counting of services commissioned by the PCT from Children's Services.

- 6.6 In terms of financial controls, administration and reporting, accountancy support will continue to be provided both from the PCT and Children's Services Finance. Similarly the financial approvals and procurement processes of the relevant organisation will apply to the appropriate element of the integrated service.
- 6.7 As pointed out in the body of the report, each organisation takes responsibility for its financial planning and the value of the integrated budget will be individually determined by each of the organisations concerned.

7. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)

7.1 S.113 of the Local Government Act 1972 allows the Council and NHS H&F to place their officers at each others' disposal, having first consulted with the officers concerned. Consent of the officers concerned will be required in the absence of sufficient mobility clauses in their contracts of employment. Officers will remain employed by their original employer under their original terms and conditions and this will need to be borne in mind in relation to the management of the integrated team. Suitable protocols and management arrangements will need to be developed to ensure that both the Council and NHS H&F comply with their employment responsibilities. The original employer will be responsible for any formal action necessary under the contracts of employment and will remain liable for any employment claims subject to any appropriate indemnities given by the other body. Legal Services will provide advice and assistance in the development of the arrangements.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	HR and Management Protocol for Establishing and Working in Integrated Teams	Debbie Morris x 3068 Samantha Atanda 0208 383 8611	HR LBHF NHS H&F
2.	Draft Integrated Management Agreement for Integrated Children's Commissioning	David Evans/ Carole Bell x5076	CHS LBHF

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