

Report to the Shadow Health and Wellbeing Board 17 January at 1000 in Committee Room 1 at City Hall, Bradford.	
Agenda No	
Title of Paper	Proposal from Transformation and Integration Group - Children's sub-group
Strategic Lead	Julie Jenkins BMDC Nancy O' Neill BDCT
Action Required by the Board	The Board is asked to endorse the approach to the development of further integration between services to improve outcomes for children.

1.0 Purpose of the Report

The report outlines the business case for further integration of children's services and health services in order to improve outcomes for children and young people.

The business case proposes three areas where further integration will deliver benefits to children and young people:

1. an integrated pathway for early years (including implementation of the Health Visitor Plan);
2. a new 'front door' to social care, and
3. an integrated pathway for disabled children and young people.

The paper develops the scope for the pilot areas and locates the development of the work in the context of the priorities and principles described in the Children and Young People's Plan 2011-14.

2.0 Background / Context

The Transformation and Integration Group (TIG) has produced a model for the local integration of health and social care services alongside the national timetable for development of integration, both are outlined in 'The Journey to Integration' see point 7.0.

The development of a model of integration for services to children has been tasked to a Children's sub-group of the Transformation and Integration Group. Integration between health and children's services needs to be developed for the whole of children's service not just between health and social care. The proposal for Bradford and Airedale is to carry out a small number of local pilots to test new ways of working – see 1.0 above.

3.0 Report Issues

Pressure on resources and major reorganisation in health service commissioning provides both a driver and an opportunity to develop closer integration between health and children's services to ensure best use of resources to drive improvement in outcomes.

Tackling high levels of health inequalities and child poverty when public sector resources are declining will require that duplication of effort is stripped out through the development of shared processes and closer integration of strategic and operational staff in areas of business where there are clear benefits from closer working. for children, young people and families who stand to receive a better, earlier and more co-ordinated response to their needs from linking together professionals currently providing separate but overlapping interventions to families, integrated working.

There is an opportunity to begin the process of operational integration through review of assets, by co-locating some staff from different agencies who currently work with high-need families and by developing agreed pathways for provision of services in the pilot areas. This would support communication, joint planning and co-ordination of resources, potentially reducing costs and inefficiencies.

4.0 Proposed outcome / impact measurement –

Each workstream lead or interim lead has proposed the outcomes that will be improved:

1. Integrated Pathway for Early Years

- Improved well-being of young children 0-4 years through effective and well co-ordinated high quality early childhood services right across the district
- Focus initially on integration of health visiting services, midwifery services and early years services via development of integrated care pathway
- Early engagement with children and families with particular focus on those families with higher needs
- Clear pathway to be developed for Health Visiting, Midwifery and Early Years Services, based on existing well child pathway, antenatal pathway and early years pathway, which reflects the requirements of the Health Child Programme
- All early years children's services facilitate access to hard-to-reach families.
- Staff in universal health services signpost families to early years provision with clear understanding of responsibilities and clear signposting of points of referral between tiers of provision.

2. Front Door to Social Care

- Staff with a concern for a child receive support and advice before the stage of referral to ensure children and families are supported and directed appropriately.
- Parents or carers are enabled to receive the information, services and support which will help them to care for their children and equip them with the skills they need to ensure that their children have optimum life chances and are healthy and safe.
- Children and young people and families receive high quality services which are coordinated around their individual and family needs and take account of their views. Ensure children and young people are safe in their home and community. Maintain robust child protection arrangements.
- Target support for vulnerable families - children's needs are met by the appropriate agency. Reduced need for specialist services.

3. Integrated Pathway for Disabled Children and Young People

- Families with a Disabled child experience early, co-ordinated support
- Better health, education and social outcomes for disabled children and their families
- Disabled children and their families receive skilled support from staff working in universal health and education settings.
- Staff in schools and primary care services feel confident to work with and support disabled children and their families.
- Disabled children and their families receive support to navigate services and co-ordinate inputs
- More effective use of resource, reduced duplication of effort

5.0 Contribution to Children & Young People's Plan Priorities

The outcomes are outlined above in detail to demonstrate that the development of integrated working aims to resolve some of the common issues raised by families when asked for feedback about services. whilst also making better use of existing and reducing resources. This will contribute to Children's Plan priorities by helping to identify problems and issues as they emerge, providing clear pathways so that staff know when it is their role to provide support to families and when, where and how to direct families to other sources of help and support. This should lead to better preventive working and appropriate targeting of resources and interventions to provide children, young people and families with an earlier and better-co-ordinated response to their needs.

6.0 Recommendations

Phase 1 - To develop a targeted change management programme which will develop integrated ways of working to improve outcomes for children from 0-19, (0-25 for disabled children) in three areas of practice in 2011-13. The work will be carried out alongside the re-organisation of the NHS, public health and local authority services. The integration will be developed across all relevant services for the agreed areas of practice and/or lines of business. Lessons learned will inform phase 2.

Phase 2 – To work towards a full change management programme to embed integrated ways of working based on aligning of resources and budgets.

7.0 Background Documents –

The Journey to Integration – A shared vision and commitment to the integration of health and social care in Bradford and Airedale.

Or from angela.hutton@bradford.gov.uk

8.0 Appendices –

Outline Business Case and Framework for further Integration between Local Authority Children's Services and Children's Health Services in Bradford District.

Children's sub-group of the Transformation and Integration Group

Outline Business Case and Framework for further Integration between Local Authority Children's Services and Children's Health Services in Bradford District

October 2011

Outline Business Case and Framework for further Integration between Local Authority Children's Services and Children's Health Services in Bradford District

Purpose

1. To make a business case for the development of further integration between health and children's services and if it is agreed that there is a business case, then
2. To ask members of the group to seek Director-level agreement to develop a timetable and framework to move forward.
3. To ensure any agreed ways of working will deliver improved outcomes for children and young people and meet the priorities of the Children and Young People's Plan and Joint Strategic Needs Assessment.

Background

Closer work between health and social care has been endorsed by the document 'The journey to Integration: a shared vision and commitment to the integration of health and social care in Bradford and Airedale' which key partners working in the NHS, Voluntary and Community Sector and Local Authority have all signed up to. This work is being taken forward via the Transformation and Integration Group (TIG). TIG's model and timeline for integration was based largely on initial discussions about the integration of health with adult services but now includes a workstream for children's services. Any work to develop further integration in services for children will need to consider integration with Children's Services in its totality: schools, colleges, social care, youth provision, learning support services, services grouped under access and inclusion services in the council which include Early Years, Children's Centres and family support services.

The Children's Trust is the partnership forum whereby all key partners providing children's services work together to improve health and well being outcomes for children and young people. A broader emphasis is crucial as the future model for children's services is a continuum of services for all children and young people from 0-19 years to ensure that every one of our children and young people has the best possible start in life and achieves their potential by implementing the three strategic priorities of the Children and Young People's Plan 2011-14¹. The priorities of the Children and Young People's Plan are to:

- offset the impact of child poverty
- protect vulnerable children
- improve educational outcomes

“ stronger partnerships, greater integration of services and a shared purpose lead to better services for children, young people and families – especially for the most vulnerable.”

Bradford District Children and Young People's Plan 2011-14.²

The Children and Young People's Plan works to principles of:

- Being centred on the needs of children and young people

¹ The priorities are to: offset the impact of child poverty, protect vulnerable children, improve educational outcomes.

- Listening and respond to children, young people and families
- Empowering children and young people to contribute to shaping services
- Being equitable, inclusive and non-discriminatory
- Listening to staff and front-line managers
- Providing clear leadership and direction
- Sharing and learning from good practice and lessons learnt

As outlined earlier, Children's services is one of the six themed priorities under TIG. A children's sub-group of the Transformation and Integration Group was formed to develop an outline business case for further integration between children's services and health services for children and young people. Its function is to identify discrete areas of practice where there is good evidence that closer integration of health and children's services functions will bring benefits to service users and to the staff in service of those children, young people and families. The approach is intended to build on work that has already begun to integrate provision where this will help to improve outcomes for example under the Healthy Minds and Looked After Children Strategies, in the work of CAMHS, the Youth Offending Team and under Localities arrangements.

External and local context

- Health service re-organisation and development of GP commissioning via Clinical Commissioning Groups
- Munro review of child protection
- Public Health White Paper
- Green Paper on Special Educational Needs (White paper pending)
- Graham Allen reviews of early intervention.
- Frank Field review of child poverty: The Foundation Years
- Marmot review of health inequalities
- Re-organisation of District schools into Partnerships and re-definition of schools' relationship with Local Achievement Partnerships and the council's Learning Support Services.

2.0 Outline Business Case for further integration

Further integration between health and children's services supports the commitment to partnership working in both the Children and Young People's Plan 2011-14 and the Community Plan II. It would meet the duty of partner agencies to work together to reduce child poverty under the 2010 Child Poverty Act and the duty to co-operate under the Children Act 2004. Further integration would support the sustained emphasis on the value of early, integrated and co-ordinated intervention, evident from the Comprehensive Assessment Framework in 2001, the 2004 National Service Framework for Women and Children through to the Graham Allen reviews of 2011.

2.1 Driving forces

- Pressure on resources and major reorganisation in health service commissioning provides both a driver and an opportunity to develop closer integration between health and children's services to ensure best use of resources to drive improvement in outcomes.
- Tackling high levels of health inequalities and child poverty under these circumstances will require that duplication of effort is stripped out through development of shared processes and closer integration of strategic and

operational staff in areas of business where there are clear benefits to integrated working.

- There is an opportunity to begin the process of operational integration through review of assets, by co-locating some staff from different agencies who work with high-need families. This would support communication, joint planning and co-ordination of resources, potentially reducing costs and inefficiencies.

2.2 Benefits expected

Outcomes for children and families

Health, social and educational outcomes should improve when children, young people and families in need of support experience core universal and targeted services delivered by staff who are able to provide early support to children with additional or emerging needs because they are well-supported by specialists. The proposed work to develop further integration in the agreed areas should enable staff in universal and open-access services to facilitate additional, targeted support to meet the needs of the most vulnerable children and families through agreed integrated pathways. Each workstream will identify the expected benefits to outcomes for children and young people in detail. However, improved outcomes should be expected in the areas of:

- Health and well being outcomes for children and young people
- Child development in the early years
- Parental support and parenting
- Ante-natal care, smoking reduction and nutrition in pregnancy, breastfeeding initiation and duration, mental health and psychological well-being
- Children and young people make positive health choices
- Health outcomes for Disabled Children and Young People and those with Complex Health Needs
- Special Educational Needs

The signs that services are better able to meet children, young people and families' needs will include report by families and operational staff and managers of:

- early support before emerging problems become entrenched
- well co-ordinated assessment and responsive input
- preventative interventions targeted on children at risk of emerging problems
- early, co-ordinated support where there is a disabled child in a family
- reduced duplication of day to day contact with agencies
- co-located staff who share information and co-ordinate service delivery.
- improved access to hard-to-reach families
- improved staff confidence and ability to support children with emerging issues
- reducing revenue costs due to more efficient use of assets (offset against short-term costs of transition) and co-location of staff

2.3 Risks – to be assessed, logged and mitigated for each workstream

- Disruption to service delivery during transition to integrated model (to be logged as risks and mitigated)
- Failure to deliver benefits
- Fragmentation of NHS Children's Commissioning across several posts, loss of children's commissioning expertise in BMDC through loss of specialist posts
- Lack of clarity over governance at area level

2.4 Costs and timescale

Each workstream to be costed.

2.5 Scope

Phase 1 - To develop a targeted change management programme which will develop integrated ways of working to improve outcomes for children from 0-19, (0-25 for disabled children) in three areas of practice in 2011-13. The work will be carried out alongside the re-organisation of the NHS, public health and local authority services. The integration will be developed across all relevant services for the agreed areas of practice and/or lines of business. Lessons learned will inform phase 2.

Phase 2 – To work towards a full change management programme to embed integrated ways of working based on aligning of resources and budgets.

2.6 Areas for integration

The areas³ agreed for development during 2011-13 are:

Sept 2011-March 2012

- Preparation for implementation of Health Visitor Plan and Early Years Review via development of an agreed Integrated Health and Children's Services Pathway for 0-4s (named lead: Shirley Brierley, Public Health)
- Children's Services Front Door – development of a Multi-Agency Screening Assessment Team and approach (named leads: Melanie John-Ross Children's Specialist Services)

April 2012-March 2013

- Develop and embed an Integrated Early Support Pathway for families with a disabled child⁴ (named lead : Bill Turner, Children's Services Access & Inclusion)

Workstream leads to develop broad principles and content for each area of integration within a framework that:

- Is based on robust needs analysis identified in Joint Strategic Needs Assessment
- Is Outcomes-focused (cross-referenced to outcomes in the Children and Young People's Plan, NHS Integrated Plan for Maternity & newborn and Children, and National Service Framework for Children, Young People and Maternity Services 2004-2014)
- Increases prevention/early intervention
- Has a good fit with effective practice in the substantive area
- Supported by evidence of positive outcomes from integration
- Reduces duplication
- Makes best use of resource and asset
- Mitigates against barriers to integration
- Identifies partners with relevant resource
- Highlights implications for systems and processes
- Highlights implications for infrastructure and staffing

³ See Appendix 1 for an outline of current thinking in relation to each area.

⁴ Subject to the provisions of the SEN White Paper.

- Logs and responds to risks and opportunities posed by current and future change programmes.

By end November 2011 leads for workstreams 1-3 to specify work needed to:

- establish a baseline of current integration (how much, current form, best practice to be extended/replicated)
- clarify the scope for their area
- agree expected benefits including contribution to improved outcomes
- assess risks
- produce a broad timetable
- a task list
- identify any other members of the work group.

3.0 A process to move forward

Senior managers

- Seek Director level agreement to the broad proposal and areas agreed for further development of integrated practice;
- Clarify and circulate their current organisational structures or provide a date when these will be available
- Agree the lead person/organisation for each area of integration,
- Agree which resources (including re-alignment of resource) their organisation will be able to commit to integration.
- Clarify governance of the workstreams (suggest these sit under Children's Trust as cross-cutting workstreams, reporting to Children's sub-group of TIG)
- Identify and request project management support where needed (e.g. Transformation in Children's Services)

Workstream leads

- Identify and share lessons learned from current examples of integrated practice (e.g. Aiming High final report).
- Identify quick wins – areas where pockets of effective practice could be applied consistently across further settings
- Plan programme for the next 12-24 months
- Identify dependencies and approach to areas in need of influence. For example – how does the group wish to influence the approach to GP or other new commissioning models.
- Review accommodation and assets to identify possibilities for co-location of staff and reduction of duplicated resource.

Appendix 1: Agreed areas for integration

Area 1 Implementation of Health Visitor Plan and Early Years Review via Integrated Care Pathway for 0-4s

Lead: Shirley Brierley: Public Health.

Outcomes:

- Improved well-being of young children 0-4 years through effective and well co-ordinated high quality early childhood services right across the district
- Focus initially on integration of health visiting services, midwifery services and early years services via development of integrated care pathway
- Early engagement with children and families with particular focus on those families with higher needs
- Clear pathway to be developed for Health Visiting, Midwifery and Early Years Services, based on existing well child pathway, antenatal pathway and early years pathway, which reflects the requirements of the Health Child Programme
- All early years children's services facilitate access to hard-to-reach families.
- Staff in universal health services signpost families to early years provision with clear understanding of responsibilities and clear signposting of points of referral between tiers of provision.

Scope

- Identify successful examples of current integrated practice and extend across all settings
- Formalise the in-principle agreement to develop an Integrated Care Pathway which includes Well Child Pathway, Antenatal Pathway and Early Years Pathway and key working group to take this forward
- Plan the integration of additional Health Visitor resource through the implementation of the HV Plan 2011-15 to ensure to patterns of deployment meet needs - universal, targeted and specialist

Integrated ways of working are already being developed in this area in that there are already many examples of alignment of health resource (mainly health visitors and midwifery) into Children's Centres. Prevention and early intervention, support for early and home learning, language support, access to services and emotional well-being for families with young children are seen as key factors in improving health and well being of young children. The direction of travel is an increased focus on identifying, reaching and supporting the most vulnerable children.

Timetable

This work will be developed via the development and implementation integrated care pathway to ensure it is fully adopted the district as outlined in the Health Visitor Plan 2011-15 – A Call to Action. It is anticipated over the next 12-18 months there will be significant steps towards more integrated services with initial focus on health visiting, midwifery and early years services.

Broad principles

The focus on prevention, early intervention and targeting of services for those most in need in early years is based on what is needed to meet the high needs identified in

children 0-4 years; infant mortality rates remain higher than regionally and nationally in the district. There is a high prevalence of children with disabilities and complex health needs and obesity rates for young children in reception are around 10%. Key national reports including the Marmot Review, Graham Allen Report and Munro Review also emphasise the importance of prevention and early intervention in young children and targeting services for those most at risk.

Deliverables

- Universal services are a prime enabler for early identification, early intervention and enactment of targeted support, by both health and children's services early years staff.
- Partnership arrangements (including CAF) are used to step-up and co-ordinate support for young children and their families where additional need is identified.
- Integrated services are negotiated and provided through partnership arrangements.

Stakeholders

- Shirley Brierley Consultant in Public Health NHS Airedale Bradford and Leeds
- Cath Doman Head of Community Services NHS Airedale Bradford and Leeds
- Anne Manns, Head of Service, Early Years Bradford Metropolitan District Council
- Cathy Woffendin Head of Family and Children's Services Bradford District Care Trust
- Rebecca Bentley (Health Visitor managers, worked with Carolyn Hargreaves on Family Support workstream), Bradford District Care Trust
- Ruth Hayward, Head of Commissioning and Contracting NHS Airedale, Bradford and Leeds re. earlier work on integrating speech and language support.

Area 2 Children's Services Front Door - Multi-agency Screening Team

Lead: Melanie John-Ross, Children's Specialist Services

Outcomes

- Staff with a concern for a child receive support and advice before the stage of referral to ensure children and families are supported and directed appropriately.
- Parents or carers are enabled to receive the information, services and support which will help them to care for their children and equip them with the skills they need to ensure that their children have optimum life chances and are healthy and safe.
- Children and young people and families receive high quality services which are coordinated around their individual and family needs and take account of their views. Ensure children and young people are safe in their home and community. Maintain robust child protection arrangements.
- Target support for vulnerable families - children's needs are met by the appropriate agency. Reduced need for specialist services.

Scope (including baseline activity)

- Develop an integrated, Multi-Agency Safeguarding Assessment Service, with professionals from children's social care and other key agencies: the Police, Health Visiting, Education Welfare, Family Centres & Youth Work. Social Care Services receive just under 500 referrals each month.

The annual number of referrals has fallen from 7447 in 2009-10 to 5928 in the year to 31st March 2011. There is a slight reduction in the number of initial assessments being undertaken by Social Workers (4296 in the year to 31st March 2011 compared to 4605 for the previous twelve months – currently around 400 per month). More initial assessments are progressing to a full core assessment indicating an overall increase in the total amount of in depth assessment work being undertaken (3018 within the year to 31st March 2011, compared to 2387 in the previous year. There are on average 250 core assessments completed each month compared to around 160 per month a year ago. Children from BME communities appear to be slightly under-represented in terms of referrals. Referrals are received from a range of agencies; the key agencies are Education 20%; Police 18%; and Health 16%. The Safeguarding Children Board has developed agreed threshold guidance and a generic referral form to ensure standardisation of process and equity of response across the District.

Timetable

Amalgamate two of the council's children's social care teams from Rooley lane and Romanby Shaw on one site winter 2011-12. They will be joined by professionals from other key agencies who will be seconded into the team, these include 1 Health Visitor; 1 Police Officer; 1 Education Social Worker; with plans to extend with Family Centre Practitioners and Youth Work. The proposed office base is in council accommodation – Flockton House near the city centre. The team will need time to be inducted into the operational practices, procedures and processes of a multi-agency Assessment Team.

Broad principles

The service will be based on a robust needs analysis. Children's needs to be assessed by the appropriate agency, signposting and engaging families with appropriate community support services: increasing prevention and early intervention. Children at risk to be assessed and responded to in a timely manner. To increase access to the right service at the right time, reducing the need for re-referrals. Reducing duplication, making best use of resources and assets. Multi-agency response to need and robust family support and child protection planning. Outcome focused work with families as set by the children and young peoples plan and the National Service Framework.

Deliverables

- Ensure minimal disruption within existing, robust referral and assessment service.
- Making sure that vulnerable children are protected whilst bringing the multi-agency focus to the combined team.
- Maintain current high performance in respect of initial and core assessment timeliness and quality.
- Reducing the re-referral rate. Professionals from other services to be inducted into the operational practices and processes of a busy assessment service and for practice to become embedded.
- Evaluation of measurable outcomes for children and young people who are in need. Allow for an evaluation of qualitative measures, i.e. customer complaints, experience; improved quality of assessments and assessment outcomes & difference made.
- Better informed decision making in respect of efficiency savings within/across the district. Allow for the dissemination of learning before progressing to a district wide implementation model.
- Prepared for an Ofsted Unannounced Inspection.

Stakeholders

- Children, young people and their families.
- Children's services in the Council including social care, education welfare, youth service, family centres and the child protection unit.
- Health staff including community and hospital services, health visitors, school nurses and paediatricians.
- Police staff including uniformed and child protection & safeguarding unit.
- Schools, Youth Offending Team, Disability Services, Adult Services – any service which comes in to contact with children in need

Area 3 Develop and embed an Integrated Early Support Pathway for families with a disabled child - 2012-13

Lead: Bill Turner, Children's Services – Access & Inclusion

Outcomes

'To create the conditions where disabled children receive the services and support that will enable them and their families to lead ordinary lives' Bradford Disabled Children's Strategy

- Families with a Disabled child experience early, co-ordinated support
- Better health, education and social outcomes for disabled children and their families – delivered through early assessment of problems, diagnosis, easier access to advice and support, early and co-ordinated response from services, better information-sharing.
- Disabled children and their families receive skilled support from staff working in universal health and education settings.
- Staff in schools and primary care services feel confident to work with and support disabled children and their families.
- Disabled children and their families receive support to navigate services and co-ordinate inputs
- More effective use of resource, reduced duplication of effort

Scope⁵

- Development of integrated health and children's services pathway for families with a disabled child.
- Co-location of children's services staff from Children's Complex Health and Disability Team, with education and health staff working with families with a disabled child.
- Closer integration between social care and staff dealing with educational transitions and transition to adult social care.

The work will build on the review of existing children's community nursing services and will work with the recent appointed 'early support' post– aiming to increase the confidence of staff in universal services to enable them to provide early support to families with a disabled child in universal settings and to provide early signposting, where necessary, to specialist support. This suggests a common root to the Early Years and Disabled Children's pathways

Timetable

- to be planned from April 2012

Broad principles

The approach will be based on personalisation – of budgets, of care packages for disabled children and with an increasing emphasis on support to the large numbers of children with Special Educational Needs. The SEN Green Paper proposes that families with a disabled child have an entitlement to a co-ordinated, multi-agency assessment. Embedding Early Support work into everyday practice had started through the keyworker initiative and the Early Support project which provided training and support to help staff in universal services use Early Support materials. The

⁵ The scope will be reviewed in light of the outcome of the SEN pilot areas and White Paper.

development of Sure Start Plus has increased the level of support to disabled children in universal and open-access early years settings. The location of this additional resource is under review with the aim to ensure resources are located close to where they are needed. A transition checklist has multi-agency sign-up but there is further work to do to establish a Team Around the Child approach.

Deliverables

To be determined once senior workstream lead comes into post.

Stakeholders

- Children, young people and Families
- Disability Strategy Board – Children's
- Ruth Hayward - Head of Commissioning and Contracting NHS Airedale, Bradford and Leeds (Commissions community nurses and continuing care nurses)
- Early Years services including Surestart Plus
- Special Schools
- SEN service - Education