

# Education, Children and Families Committee

10am, Tuesday, 4 March 2014

## Integrated Children's Services

Item number	7.10
Report number	
Wards	All

### Links

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Coalition pledges	<a href="#">P1</a> , <a href="#">P36</a>
Council outcomes	<a href="#">CO1 – CO6</a>
Single Outcome Agreement	<a href="#">SO2</a> , <a href="#">SO3</a>

### Gillian Tee

Director of Children and Families

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# Executive summary

## Integrated Children's Services

### Summary

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The attached report is a paper which outlines the proposal to take forward the development of Integrated Children's Services within the city of Edinburgh. This proposal will establish systems that further develop effective partnership working at a local level and deliver even better outcomes for children, young people and their families in Edinburgh.

This high level paper will provide the platform for an extensive consultation and engagement programme across the areas of provision within scope of an Integrated Service. This engagement will involve staff and service users as well as recognising Trade Union consultation processes where appropriate and relevant to the changes proposed.

The intention is to seek agreement within City of Edinburgh Council and NHS Lothian to take forward this consultation process and to develop a more extensive business case and firm proposals (including management structures) for such an Integrated Children's Service here in the city. This proposal would then be submitted to the Scottish Government along with the paper which sets out the integrated adult health and social care arrangements within the city

### Recommendations

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1. The Committee is asked to agree the rationale for such an Integrated Service and the proposal to consult on a wide basis to further its development
2. That the Committee request a further paper to be submitted to the August Committee reporting on the consultation process and outlining the next stage of the development of an Integrated Service.
3. That the Committee request the Corporate Policy and Strategy Committee to approve the proposals.

### Measures of success

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The Integrated Children's Plan, the Children and Families Service Plan and the NHS Lothian Children and Young People's Health and Wellbeing Strategy outline the areas of activity which will maintain and improve outcomes for children, young people and their families in Edinburgh. The existing performance framework which supports these

plans will be reviewed and further developed to acknowledge Integrated Services. We would expect to see improvements in the priority areas within these plans.

## Financial impact

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The development of Integrated Services will be managed within existing Children and Families budgets and we would anticipate that efficiencies can be achieved through the development of more shared resources and business support functions.

## Equalities impact

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As the process develops a full Equalities and Right Impact Assessment will be undertaken. However, the development of an Integrated Service should help us address areas of inequality more effectively and efficiently.

## Sustainability impact

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Developing models of collocation and shared services will have a positive effect in terms of property use and associated energy requirements and the development of more integrated working practices should produce more sustainable services in the longer term.

## Consultation and engagement

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This proposal to develop Integrated Children's Services builds on – and will be supported by - the very positive work of the multi-agency Edinburgh Children's Partnership.

A full information, consultation and engagement programme will be developed to explore the potential in this discussion document and to determine the best structures and approaches to delivering integrated services which improve outcomes.

## Background reading / external references

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None

## Gillian Tee

Director of Children and Families

## Links

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<b>Coalition pledges</b>	P1. Increase support for vulnerable children, including help for families so that fewer go into care
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<b>Council outcomes</b>	<p>P36. Develop improved partnership working across the Capital and with the voluntary sector to build on the “Total Craigroyston” model</p> <p>CO1. Our children have the best start in life, are able to make and sustain relationships and are ready to succeed</p> <p>CO2. Our children and young people are successful learners, confident individuals and responsible citizens making a positive contribution to their communities</p> <p>CO3. Our children and young people in need, or with a disability, have improved life chances</p> <p>CO4. Our children and young people are physically and emotionally healthy</p> <p>CO5. Our children and young people are safe from harm or fear of harm, and do not harm others within their communities</p> <p>CO6. Our children and young people’s outcomes are not undermined by poverty and inequality</p>
<b>Single Outcome Agreement</b>	<p>SO2. Edinburgh’s citizens experience improved health and wellbeing, with reduced inequalities in health</p> <p>SO3. Edinburgh’s children and young people enjoy their childhood and fulfil their potential</p>
<b>Appendices</b>	<p>1. “Towards a Model of Integrated Children’s Services for Edinburgh”</p>

## **DRAFT FOR CONSULTATION**



### **Towards a Model of Integrated Children's Services for Edinburgh**

#### **Vision for children services in Edinburgh**

*Our vision is for all children to enjoy their childhood and achieve their potential.*

The positive Care Inspectorate joint inspection of services for children and young people in the City of Edinburgh in 2013 recognised the work that has been done to implement Getting it right for every child across the authority and to improve outcomes for children and families in line with the aspirations in the city's Integrated Plan for Children and Young People.

However, we also know we can do more to do to improve the co-ordination and integration of children's services and our proposals for Integrated Children's Services are intended to progress this agenda and:

- improve and extend help and support at an early stage for children, young people and families so they get the help they need before difficulties get worse;
- improve planning to meet needs so that children and young people experience long-lasting improvements;
- implement more systematic and joint approaches to quality assurance and self-evaluation to improve outcomes for children and young people;
- continue to reduce outcome gaps for children and young people whose life chances are at risk and place a stronger focus on achieving speedier improvement for the most vulnerable.

This proposal for an Integrated Children's Service in Edinburgh will establish systems that further develop effective partnership working at a local level and deliver even better outcomes for children, young people and their families here in Edinburgh.

#### **Outcomes**

The integrated Plan for Children and Young People (2012-2015) covers the range of services from universal provision to more targeted and intensive interventions and identifies six high level strategic outcomes:

1. Our children have the best start in life.
2. Our children are successful learners, confident individuals, and responsible citizens making a positive contribution to their communities.
3. Our children in need or with a disability have improved life chances.
4. Our children are physically and emotionally healthy.
5. Our children are safe from harm.
6. Our children outcomes are not undermined by poverty or inequality.

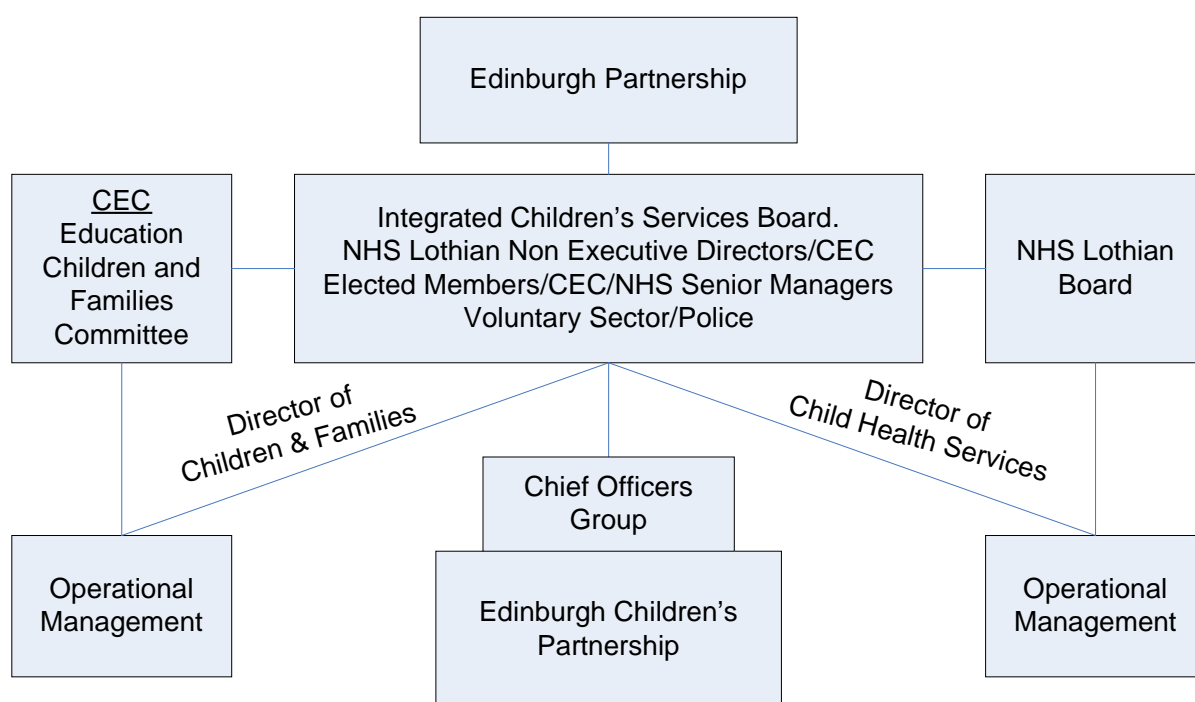
**Key Principles** We are determined to “do whatever it takes” (in terms of support, service development and service delivery) to achieve these outcomes. This means:

- Maintaining a focus on prevention and early intervention in our service planning and delivery
- Working with people to help them make the most of their own strengths and resources
- Developing services in partnership with children, families and communities so that we build on assets to develop solutions and judge their effectiveness together.
- Providing services and early interventions as soon as they are needed and for as long as they are needed with regular reviews of the effectiveness of those interventions.
- Making it easy for people to access our services as locally as possible.
- Making sure our services are joined up and working together effectively.
- Ensuring that children and families have one person that they can get, wherever possible to know over time and who will work with them to help them get the help they need.

**Proposals for the development of integrated children’s services in Edinburgh**

**1. To establish a Joint Integrated Children’s Services Board within the Edinburgh Community Planning Partnership.**

**Governance Arrangements – Children’s Services in Edinburgh**



This Children’s Partnership Board would include equal membership from Council and NHS alongside Police Scotland and Voluntary Sector representation and would oversee the work of the existing officer-led Children’s Partnership as well as the delivery of the following services for children in Edinburgh: Education, Social Work and NHS Lothian Community Children’s Services.

It is envisaged that the Board would initially operate on a consensual basis, similar to the former Joint Board of Governance for adult services in Edinburgh. Whilst recognising the

need to develop appropriate management structures, this would ensure a holistic view of all of children's services in Edinburgh from universal to specialist and acute services and build on the successful work of the Children's Partnership. We would expect that the development of such a Board will also improve transition arrangements for young people moving into adult services and build on the important interface with existing adult treatment and care services in terms of better supporting families as a whole unit.

## **2. To strengthen management arrangements of children's health services in Edinburgh through the establishment of a Director of Health for Children and Young People.**

The creation of the shadow Health and Social Care Partnership and anticipated future dissolution of the Community Health Partnership (CHP) in April 2015 has a consequential effect for Health Visiting and School Nursing services that are currently managed within Edinburgh CHP. It has been proposed that these services will not be managed or governed within the Edinburgh Health and Social Care Partnership. An agreement on the future management and governance of these services is therefore required for inclusion in our Health and Social Care Integration Plan. The status quo is therefore not an option. A number of high level discussions about models which would strengthen and further integrate community health services a preferred management arrangement has been proposed.

This proposal is to incorporate the CHP managed Children's Services within the existing portfolio of the Director of Operations for the Women and Children's Directorate, who currently manages a wide range of NHS Lothian wide and Edinburgh Community Child Health Services including Community Medical Staff, the Community Children's Nursing Team, Children's Outreach Service & Community Respite, Complex Care / Packages of Care and supply of NHS Community Children's Equipment. This would bring together the management of Edinburgh's children's community health services under one NHS Director of Children's Health Services. Under this arrangement all universal and specialist children's community health services currently managed within the CHP and Children and Women's Directorate will become a single operational unit. This structure will ensure that all elements of professional accountability, support and supervision are appropriately developed, managed and delivered.

As mentioned in the Governance Section, there is the potential over time, to include the management of Child and Adolescent Mental Health Services, Family Nurse Partnership and Allied Health Professionals. Given the significant contribution these services make to the health and wellbeing of children and young people it will be important to consider this as part of the consultation process. Should all these services be included within a single management arrangement it is envisaged that a 'Head of Children's Community Health Services' will be required with clear lines of professional leadership and accountability.

The Director of Health for Children will work in partnership with the Director of Children and Families in the Council and together they will have responsibility for the delivery of children's services in Edinburgh. This will strengthen the work of the existing Children's Services Chief Officers' Group which comprises the Director of Children and Families in the Council, the NHSL Child Health Commissioner, the Police Commander and the Voluntary Sector lead from the Children and Families Network.

### **3. To ensure the consistent implementation of Getting it Right for Every Child for all children and families**

Edinburgh already has effective arrangements in place for Getting it Right for Every Child in Edinburgh. These arrangements were commended in the recent inspection of children's services in Edinburgh and include:

- A named midwife responsible for maternal health and continuity of care during pregnancy and until handover to the named Health Visitor around 10-14 days of a baby's life.
- A named Health Visitor until the child enters Primary School
- A named Head Teacher for school age children.
- The development of a single assessment and single plan for a child or a family.
- That every child or family should have one person that they can get to know over time and who will work with them to help them get any extra help they need. For most children this will be a health visitor or head teacher but for some children with complex needs this will be another professional.

The integration of services will support the further embedding of these arrangements and ensure that the core elements are consistently applied in practice across the city in line with the requirements of the Children and Young People's Bill

### **4. To establish neighbourhood multidisciplinary children's services management teams across Edinburgh to ensure the oversight and delivery of integrated children services.**

Multi-agency Children's Services Management Groups (CSMGs) are already operating in 5 areas across the city. Their remit is to develop Getting it Right practice, support the development of the 'Team around the Cluster' model and improve interagency collaboration and the effectiveness of services at local level. Each is supported by an Area Co-ordinator. The CSMGs should comprise operational managers who have responsibility for a range of children's services within a defined geographical area: to progress the integration agenda it will be important that the membership and remit of the CSMGs are revised and formalised and that they comprise Service Managers from the key services for children in Edinburgh e.g. education, social work, NHS Lothian Community Children's Services, police and voluntary sector.

Their role will be to provide the necessary leadership to ensure the delivery of the vision and outcomes for children within their local area. They will ensure that the services they manage work together effectively to "do whatever it takes" to improve the outcomes and life chances of children in their area. They will have a key role in translating the principles for integrated services into reality for the children and families in their area and for maximising the opportunities for collocation and shared business services. The boundaries of each CSMG should be determined during the period of consultation in order to maximise the potential for synergy between adult and children's service integration.

### **5. To extend the Total Place approach to the other school clusters across the city.**



The work to date in Total Neighbourhood in East Edinburgh and the first year evaluation of Total Craigroyston both demonstrate good progress towards improving coordination with positive feedback from local people about the work which is being undertaken to “join things up”. Whilst there is much more to do to realise the potential of fully integrated local services for children and families, outcomes for children and young people have already improved markedly in a number of areas in Craigroyston:

- The number of school leavers into positive destinations is the highest level recorded.
- Educational attainment and staying on rates at Craigroyston high school have improved significantly with 100% pupils attaining 5 standard grades at level 3.
- Feedback from secondary school staff is that the attainment of S1 pupils on transfer is the best it has been for a number of years.
- Joint work between health visitors and social work is resulting in support being offered much earlier to families who need it.

Some outcomes have not yet improved, (for example school attendance levels remain a cause for concern) and there are still concerns about a number of young people involved in antisocial behaviour in the community as well as about the increased impact of substance misuse on families. Issues such as this will remain a focus for the integration agenda as we go forward. Feedback from staff and parents is largely positive with a number of important strengths identified (see annex 1 for details of feedback from Craigroyston). Parents recognised that services were prioritising their area and working more closely with the community and across different services to meet local needs. Staff across the agencies highlighted that there was a real sense of partnership and listening to feedback from local people and of working jointly to address problems. No one was under any illusion that Total Craigroyston was a panacea or that there were any easy solutions to longstanding problems. Rather there was a sense of local services working more closely together and in partnership with the community they serve to tackle problems together and learn from what was working and what was not. This in turn was having a positive impact on outcomes for children and families. This “can do”, solution focused, learning culture is key.

As part of the integration agenda it is proposed to extend the Total Place approach to the other school clusters throughout the city on a phased basis. This will involve identifying the multi-agency team (including education, community learning and development, social work, health, housing, community safety, police and voluntary sector staff) linked to each school cluster throughout Edinburgh. The role of the team will be to provide the necessary support to ensure the delivery of the vision and outcomes for children within their local area. Staff will ensure they work together effectively to “do whatever it takes” to improve the outcomes and life chances of children in their area and translate the principles for integrated services into reality for the children and families in their area. For each cluster the focus will be on:

- strengthening support for children and families from universal services;
- strengthening support for families;
- strengthening support for the community.

Highly skilled leadership is seen to be key to the success of the Total Place approach with clear responsibility delegated to an identified individual to coordinate the work of local services, ensure that services are working together effectively and in partnership with the community for the benefit of children and families.

It is therefore proposed to identify a Coordinator for each cluster team. This will be from within existing resources on the basis that these arrangements will make more effective use of the wide range of multi-agency resources already in place within each local area. Coordinators will be appointed on a phased basis informed by an assessment of need and local circumstances by the neighbourhood CSMG.

Staff and parents had feedback about how they would like to see services improve. This feedback is included at annex 1. An improvement plan is being developed to respond to this feedback and will be taken forward as part of the wider plans for developing integrated services.

## **6. To develop integrated city wide services for children with additional support needs /disabilities.**

There are some groups of children, for example with additional support needs or a disability who require more specialist services than are routinely available at a locality level. Examples include children with complex and exceptional healthcare / additional support for learning needs, autism or mental health problems or with disabilities and severe and challenging behaviour. Work is required to ensure a coordinated multi-agency getting it right approach and to improve the consistency in the quality and availability of provision for children with a disability across Edinburgh. It is proposed to build on the successful model of case management referral groups to ensure that these children's needs are identified and that they access support in the best way possible and to look specifically at the "team support" that would be most appropriate in a special school or home setting. Opportunities should also be explored for improving joint commissioning approaches to ensure that the planning and delivery of services is as integrated as possible, meeting the needs of children as close to home, wherever possible.

### **Consultation and engagement**

It is proposed to engage, consult and inform staff, children and families, NHS staff partnership and Trade Unions from the respective organisations on these proposals to shape their further development in readiness for submission to the Government as part of the Edinburgh Health and Social Care Integrated Plan by December 2014.

S Egan, Associate Director and Child Health Commissioner, NHS Lothian

F Mitchell, Director of Operations, NHS Lothian

G Tee, Director, Children and Families, City of Edinburgh Council

## Total Craigroyston: Feedback from Parents and Staff

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Overall there is strong support from parents and staff about the Total Craigroyston approach.

The following strengths were identified:

- Parents recognised that services were prioritising their area and working more closely with the community and across different services to meet local needs. There was a sense of partnership and listening to feedback from local people and working jointly to address problems. Parents reported that a wide range of statutory and voluntary services were available locally.
- They highlighted the importance of being able to get support from universal services, having open access services and services which supported the whole child and the whole family. They appreciated services which worked in partnership with parents and involved them in the development of solutions. They valued having a relationship with a key individual who get to know them over time.
- They valued “Trim” the residents/ tenants group and felt this could be used more e.g. to advertise services available locally. They valued having the community shop, food coop, open cafe and activities run by local people for local people.
- They highlighted the importance of schools as providing highly valued, non stigmatising support. They valued schools which welcomed parents (fathers as well as mothers), ran breakfast clubs, after school clubs and holiday provision, led work on Rights Respecting Schools addressed issues of bullying, provided advice and support for parents including parenting programmes. They highlighted the excellent work of the home school link worker at Forthview primary school.
- They valued the range of services provided through the early years centres and would like more of these e.g. longer session times. They valued the Pilton Community Heath project.
- They appreciated services which worked in partnership with parents, took a whole family focus and were willing to “do whatever it takes” to meet the family’s needs.
- They valued the “My Child” year long course run by adult education and which was on offer for all parents and also the Health and Literacy project at Pennywell.
- They valued voluntary sector services e.g. the pregnancy cafe and Bump Start at the Haven, Circle family support service. They valued the Pilton Community Heath project.
- They valued the expertise of staff from Rowanfield Special School and its multi-agency approach.
- Staff also valued Total Craigroyston and even staff who had worked in the area for a long time said they had a better idea of the full range of services available locally. They appreciated the Support in Time meetings to coordinate support for particular children and families.

Parents and staff also had a number of suggestions for improving services

- They felt services needed to be available earlier and not just when problems had developed and the staff should listen more to parents and children when they said they had concerns about their child. They did not like having to tell their story to so many different people.
- They felt that it was difficult to get a clear picture of the range of services available in the area and that some parents may not know where to go to for help.
- They had concerns about lack of early diagnosis and help for children with Additional Support Needs and about long waiting times for some services e.g. occupational therapy, speech therapy, counselling and mental health services. Parents of children with complex needs often had lots of appointments and sometimes had difficulty accessing them e.g. children in special schools could have lots of appointment in different places.
- They thought there needed to be better support for domestic abuse and for families with parents in prison.
- They thought there should be more for young people to do in the local area (or more information about what is available for them). There is a particular problem with young people taking and driving cars causing a risk to themselves and others.
- They thought transition from primary to secondary school could be improved.
- There were difficulties with thresholds for services e.g. could the pregnancy cafe keep some families for longer if they needed it, could a midwife continue beyond 10 days?
- There is a lack of space for some activities e.g. for community groups to meet, lack of a parents room in the early years centre.
- There isn't a good multiagency system for identifying the families which need help early on. There aren't enough services offering direct, practical help to parents e.g. family support workers. Parents and staff felt that better use could be made of resources in the local community e.g. older people in the community who could act as "grandparents" for young families experiencing hardship.

## **Recommendations**

1. Strengthen work in schools in relation to home school links, parent support, parenting, out of school care.
2. Increase the availability of the "My Child" programme run by adult education.
3. Provide better information for parents on the range of support available for them.
4. Look at the services available on an area basis to make it easier for parents to access support and for services to work together effectively e.g. early years centres as a point of support for under 5s, schools (with home school link workers) as a point of support for school age children, community centres providing multiagency support services e.g. health clinics, more co location of services so services work together more closely and parents know where to go to for help. The new Muirhouse centre provides an opportunity for this.
5. Improve coordination of support for individual children and families e.g. developing a child or family plan overseen by someone who has a relationship with the family over time, is able to do "whatever it takes" to support the family with services which are needs led rather than service led e.g. being able to keep with a family if they need it.
6. Increase the number of open access services which parents can go to without the need for a referral or a waiting list.

7. Increase availability of early intervention services for all children e.g. health visitors, school nurses, home school link workers.
8. Increase support for children with additional support needs and make it easier and faster to access services. In particular, increase availability of occupational therapy, speech and language therapy and mental health services. Make it easier for children to access services e.g. local clinics, school based services, text message reminders about appointments.
9. Increase availability of support for parents e.g. parenting, family support services.