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CHILDREN AND YOUNG PEOPLE'S TRUST

Date: Friday 9 December 2011

Time: 9.00 am – 12.00pm

Venue: Baylis Suite, Tamar Science Park

Please ask for: Mrs Amelia Boulter

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Time	WELCOME, APOLOGIES, MINUTES OF THE LAST MEETING AND MATTERS ARISING	Author & Pages
9.00 – 9.10	1.1. Welcome	Chair
	1.2. Apologies	Chair
	1.3. Minutes and action from the meeting held on 16 September 2011	Chair (Pages 1 - 6)

Time	INFRASTRUCTURE AND GOVERNANCE	Author & Pages
9.10 – 9.25	2.1. Ofsted Annual Performance Assessment Purpose of the item: To receive a copy of the recent Ofsted assessment letter and note progress.	Bronwen Lacey (Pages 7 - 36)
9.25 – 9.35	2.2. Plymouth 2020 Governance Changes Purpose of the item: To receive an overview of governance changes including Health and Wellbeing Board Developments.	Giles Perritt/ Claire Oatway (Pages 37 - 42)

Time	SERVICE IMPROVEMENT AND INTEGRATION	Author & Pages
	2.3 National Policy Overview and Local Implementation Updates	
9.35 – 10.00	A. Community Budget Purpose of the item: To receive the attached paper outlining next steps for this Community Budget Programme.	Fiona Fleming (Pages 43 - 46)

10.00 – 10.25	B. Working Together Better for Children and Young People - A Transformation Strategy 2011 - 2014 Purpose of item: To receive a consultation document outlining Plymouth Community Healthcare's framework of services for children and young people.	Michelle Thomas (Pages 47 - 154)
10.25 – 10.30	C. Health Visitor Implementation Purpose of the item: To receive a verbal update and to discuss the local plans for delivery of the National Health Visitor Implementation Plan – A Call for Action.	Paul O'Sullivan (Pages 155 - 158)
10.30 – 10.40	Refreshment Break	

Time	MONITORING PERFORMANCE	Author & Pages
10.45 – 11.10	3.1 CYP Attendance at Hospital - Progress Update Purpose of the item: To receive a progress report.	Paul O'Sullivan (Pages 159 - 166)
11.10 – 11.45	3.2 Children's Emotional Wellbeing and Mental Health Purpose of the item: To review scrutiny task and finish feedback.	Paul Sullivan (Pages 167 - 196)
11.45 – 12.00	3.3 Report from chair of PSCB – TO FOLLOW Purpose of the item: To receive an update from the Plymouth Safeguarding Children's Board.	Jim Gould/Simon White

Time	INFORMATION/AOB	Author & Pages
12.00	4.1 Date of next Children and Young People's Trust Board meeting Purpose of the item: To note that the next meeting will be held on Friday 9 March 2012.	
	4.2 The following papers have been added to the folder for information: Summer Mix Programme	(Pages 197 - 204)

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**MINUTES OF THE
PLYMOUTH CHILDREN AND YOUNG PEOPLE'S
TRUST BOARD**



**MEETING OF
16 SEPTEMBER 2011**

Present:

Cllr Sam Leaves (Cllr SL) - Chair	Portfolio Holder for Children and Young People, Plymouth City Council
Gareth Allen	Parent and carer representative
Andy Birkett	Chair of Plymouth Association of Secondary Heads and Headteacher of Hele's School
Cllr Linda Bowyer	Vice Chair – Corporate Parenting Group
Viv Gillespie (VG)	Principal, City College Plymouth
Dr Daffyd Jones	GP (shadowing Peter Rudge)
Bronwen Lacey (BL)	Director of Services for Children & Young People, Plymouth City Council
Deb Lapthorne	Director of Public Health, NHS Plymouth
Ruth Lawrence King	Observer (shadowing Paul O'Sullivan)
Ruth Marriott (RM)	Chief Executive, The Zone, Voluntary and Community Sector
Pam Marsden (PM) (representing Carole Burgoyne)	Assistant Director for Adult Health and Social Care
Simon Mower	Headteacher, Chaddlewood Primary representing PAPH
Kerri Nason (KN)	Senior Probation Officer, Devon & Cornwall Probation
Paul O'Sullivan (POS) (representing Anne James)	Director of Joint Commissioning, NHS Plymouth
Rosie Richardson	Clinical Director Women and Children's Health, Plymouth Hospitals NHS Trust
Dr Peter Rudge	Sentinel Clinical Commissioning Executive Chair, Sentinel
Cllr David Stark (Cllr DS)	Chair, Corporate Parenting Group
David Sumner	Superintendent, Devon and Cornwall Police
Jenny Rudge (JR)	Chief Executive, Careers South West Ltd

Apologies:

Andy Bickley	BCU Commander, Devon and Cornwall Police
Cllr Sally Bowie	Councillor, Plymouth City Council
Carole Burgoyne	Director of Community Services, Plymouth City Council
Duncan Currall	Chair, Plymouth Community Healthcare
Morven Maclean	Parent and Carer Representative
Andy Sant	GP
Adrian Kemp	Trustee, Stonehouse Play Space Association, Voluntary and Community Sector

In Attendance:

Claire Oatway	Policy, Partnership and Performance Manager
Colin Moore	Assistant Director, Lifelong Learning, Plymouth City Council
Maggie Carter	Assistant Director, Learner and Family Support, Plymouth City Council

Mairead MacNeil	Assistant Director, Children's Social Care, Plymouth City Council
Annie Singer	Senior Adviser – Secondary Education, Plymouth City Council
Stephanie Thomas	Senior Adviser – Primary Education, Plymouth City Council
Dave Schwartz	Strategic Commissioning Officer - Lead Reducing Risk Taking Behaviour
John Miller	Principal Youth Worker, Plymouth City Council
Simon White	Safeguarding Business Manager, Plymouth City Council
Jim Gould	Chair of Plymouth Safeguarding Children Board
Candice Sainsbury	Policy and Planning Manager, Plymouth City Council
William Wokya	Chief Executive, Routeways

Minute	Item	Action
Part 1 1.1	Apologies Apologies were received from Steve Waite, Duncan Currall, Andy Sant	
1.2	Minutes of the last meeting, held on 17 June 2011 Minutes were agreed. Matters arising: • Page 3 CO raised that work was continuing on this action to map out what was being spent on each of the priorities for children. The monitoring and mapping of all agency spend had been a challenge. • Page 4 Operation Encompass it was reported that there had been full co-operation on this project and Operation Encompass was being rolled out across the country. • Page 5 SEN Consultation – it was reported that the Children and Young People Trust had submitted a response on Green paper proposals for SEN. • Page 5 SEN – it was raised that the bid to become a pathfinder for combined health and care plan was not successful. The pathfinder was awarded to Devon. • Page 6 Plymouth Local Safeguarding Children Board report – this action is now complete.	
Part 2 2.1	Children and Young People's Plan 2011 – 24 - Communication Plan CO gave an update on the communications plan. • the plan to be rolled out across the city and copies of the plan would be circulated by post shortly. This is a real opportunity to use the CT banner to engage and encourage staff to work together towards a common cause in promoting the plan. • 15 different participation groups hosted by Routeways were tasked with interpreting the plan before it went into schools. • the plan to be presented back at an event on 11.11.11 and would be a big day for the city. • a day to be set up to look at the action plans has been pencilled in for 20 October. • the plan would be made prominent on the website with a URL of Plymouthtrust.org to be advertised on posters. The home page would signpost people straight to the plan. Action: The Board to note the dates for the diary 11 November and 20 October. The views of the Board made today to be incorporated into the plan.	

Minute	Item	Action
2.2 a.	Children and Young People's Plan 2011 – 14 Action Plans Priority 1: Equip Young People with skills. Knowledge and opportunities to make a successful transition to adulthood Annie Singer, Senior Adviser – Secondary Education, PCC reported that: • there is a statutory responsibility for local authorities to support young people. • challenges around vulnerable groups and have an increased participation plan in place. • project set up with Achievement Training and PLUS to combine their resources in order to deliver bespoke packages and work experience, internship to paid employment. 5 young people are currently on this project and were at risk of becoming NEET. Hoping to be able to run this pilot for 2 years and increase the number of young people on that project with the view to making this a permanent offer. • working closely with the Apprenticeship Service, Plymouth has the highest success rate for apprenticeship in the SW and nationally. • have piloted a transition project with Participation Officers working with young people during the summer term and giving support with studies post 16. The ACE service has been extended with 2 new projects starting this year. The appointment of a Teenage Parent Reengagement Officer working with 25 hard to reach young mothers. • AS reported that she was invited to the CT Executive Board to address some of the issues on participation, NEETs and apprenticeship and stated that she was trying to get good representation from health.	
b.	Priority 2: Improve levels of achievement for all children and young people Colin Moore, Assistant Director (Lifelong Learning) and Stephanie Thomas, Education Adviser, PCC reported that – • there were still too many youngsters leaving primary school with literacy problems and were therefore unable to make the most out of secondary education. Also too many young people leaving secondary education without qualifications. It was reported that testing for 6 year olds was announced on the news this morning. • we are the champion of learners and parents and reorganising our services with PCC to ensure the right number of school admission places for the next 10 years. • the government requested in the summer the names of below standard schools and are pleased to report that there are no secondary schools below standard. There is a focus on raising achievement in 20 primary schools not reaching the right level.	

Minute	Item	Action
c.	Priority 3: Tackle child poverty Candice Sainsbury reported that a report went to Cabinet on 13 September 2001 and it was agreed that PCC would receive an annual report on Child Poverty. William Wokya, Chief Executive, Routeways introduced his presentation on Child Poverty. • 1 – 4 children live in poverty in Plymouth. • There were grades of poverty, families in receipt of income of less than 60% of the national average income was deemed as living in poverty. • This is a Plymouth 2020 Partnership level 1 indicator to embed child poverty into other strategies and to make Child Poverty everyone's business. • a Self Assessment health check would be taking place on 10 October. • Each board member made a commitment on how they would help to tackle child poverty.	
d.	Priority 4: Provide all children with the best possible start to life Paul O'Sullivan, NHS handed out a paper to panel members and went through his presentation it was reported that – • contract with children centres to ensure they reach out and engage with vulnerable families. • Health Visitor implementation plan for Plymouth would mean an additional 48 health visitors by 2015. • further work to be undertaken on the 5 – 19 programme and a broader range of partners required. • chlamydia screening programme distributed to each panel member as recommended by the CYP OSP. Mairead MacNeil, Assistant Director (Children's Social Care) ran through her presentation and it was reported that the Munro review was in response to 2 high profile deaths.	
e.	Priority 5: Tackle risk taking behaviours through locality delivered services Maggie Carter, Assistant Director (Learner and Family Support), Dave Schwartz, Strategic Commissioning Officer - Lead Reducing Risk taking Behaviour and John Miller, Principal Youth Officer reported that - • developing integrated work to divert children and young people from the specialist services or to prevent them from extreme circumstances. We want to encourage safe risk taking behaviour. • alcohol for young people is more of a concern to them and this is a particular issue that they worry about. Alcohol is one of the major issues for the city. • the Summer Mix programme, 160 activities were offered over August. • a number of young people involved in decision making and we broke national benchmarks for decision making and volunteering. • DS reported that alcohol is a major focus on resources with a joint strategic needs assessment due to come out in November. Two key areas are how we support the risk and parental alcohol misuse.	

Minute	Item	Action
Part 3 3.1	Plymouth Safeguarding Children Board Report JG presented the Plymouth Safeguarding Children Board Report and highlighted - - the Munro review and the need to look at this further before accepting the recommendations. - changes taking place with partner organisations with the loss of experience people, a risk we all have to recognise. - NSPCC Young Witness Support Scheme contract will end before 31 March 2012, they will continue to support the young people already working with. NSPCC will not commission a new service next year. The LSCB to have discussions with their retrospective CT to raise this issue. It was reported that the Community Advice Service was not utilised and they were a voluntary agency and could be a resource to consider. - LSC Week from 21 – 25 November and the annual conference would be taking place on 23 November. - a national review is taking place of the Family Court system. Action: - To look at the Community Advice Centre as an alternative to the NSPCC. - Feedback to be given to the group on the tracking of VCS organisations closing down. - recommend that the LSCB to look at the review of the Family Court System in further detail.	
Part 4 4.1	Date of next Children and Young People's Trust Board Meeting Next meeting to take place on Friday 9 December 2011. AOB Transition summit – 2 attempts to run this event. Postpone this summit and want to this with the right people and at the right time – rescheduled when there is a clearer idea. Meeting concluded at 12.15 pm.	

	
Meeting	Plymouth Children and Young People's Trust Board
Date	9 December 2011
Title	Ofsted Annual Performance Assessment 2011
Responsible Officer	Bronwen Lacey
Purpose of Item	The Children and Young People's Trust Board are requested to receive copies of the recent annual assessment and inspection feedback regarding the fostering and adoption services
Recommendations	Board members are requested to note and celebrate progress towards the Excellent grading.
Consultation Record	
Meeting Notes:	

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8 November 2011

Ms Bronwen Lacey
Director of Children's Services
Plymouth City Council
Children's Services
Windsor House
Tavistock Road
Plymouth
PL6 5UF

Dear Ms Lacey

Annual children's services assessment

Ofsted guidance published in April 2011 explains that the annual assessment of children's services is derived from the performance profile of the quality of services for children and young people in each local area. This performance profile includes findings from across Ofsted's inspection and regulation of services and settings for which the local authority has strategic or operational responsibilities, either alone or in partnership with others, together with other published data.

In reaching the assessment of children's services, Ofsted has taken account of inspection outcomes including the arrangements for making sure children are safe and stay safe and performance against similar authorities and/or national measures. More weight has been given to the outcomes of Ofsted's inspections and regulatory visits (Blocks A and B in the performance profile).

The annual assessment derives from a four point scale:

4	Performs excellently	An organisation that significantly exceeds minimum requirements
3	Performs well	An organisation that exceeds minimum requirements
2	Performs adequately	An organisation that meets only minimum requirements
1	Performs poorly	An organisation that does not meet minimum requirements

Within each level there will be differing standards of provision. For example, an assessment of 'performs excellently' does not mean all aspects of provision are perfect. Similarly, an assessment of 'performs poorly' does not mean there are no adequate or even good aspects. As in 2010, while the performance profile remains central to Ofsted's assessment, meeting or not meeting the minimum requirements alone does not define the grade. The assessment has involved the application of inspector judgement.

Plymouth City Council children's services assessment 2011

Children's services assessment	Performs excellently (4)
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Children's services in Plymouth City Council perform excellently. This marks a notable improvement on the good performance in 2010. The large majority of services, settings and institutions inspected by Ofsted are good or outstanding and provision of high quality helps children and young people learn well and stay safe. The local authority has built effectively on its well-established strengths. Inspection grades for primary and secondary schools, as well as the adoption service, have improved. In other respects, the strengths and areas for development have not changed significantly in the last year. A number of schools have now become academies. Most of these schools were judged to be good or better at their last inspection and these judgements have been taken into account in making this assessment.

An announced inspection, in 2010, judged safeguarding arrangements and services for looked after children to be good with some features, for example strategic leadership, service management and partnership work, that are outstanding. A more recent unannounced inspection of contact, referral and assessment arrangements for children in need and children who may be in need of protection found three strengths, many satisfactory aspects and a number of areas for development. There were no priority actions requiring urgent attention.

Strengths

- The large majority of childminding and childcare providers remain good or better. Six of the eight children's centres that have been inspected are good or outstanding and the other two are satisfactory.
- For children under five, the very large majority of nursery schools and Early Years Foundation Stage provision in primary schools are good or outstanding. Levels of development achieved by five-year-olds are in line with similar areas and the national average, and have improved well over the last four years. The attainment gap between children from low-income families and all five-year-olds locally is closing.
- The proportion of primary schools that are good or better has increased since 2010 and the large majority are now good or outstanding. Standards at Key Stage 2 are in line with the average elsewhere, with children making better than average progress in mathematics than their peers in similar areas. However, provisional Key Stage 2 results indicate a decline in 2011.
- As in 2010, the large majority of secondary schools are good or better. The two schools inspected since the last assessment improved from good to outstanding. Levels of persistent school absence are consistently below the average for similar areas. Attainment at Key Stage 4 is in line with the average for similar areas and found nationally and, over the last four years, has improved at a faster rate than elsewhere. Young people from

low-income backgrounds and those with special educational needs do better than the average for their peers elsewhere, with results that are improving year on year at a faster pace.

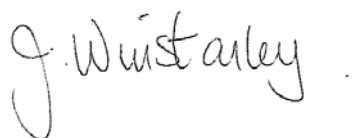
- For young people staying on in education or training, the large majority of provision in school sixth forms is good or better. Achievement of level 2 qualifications by the age of 19 is in line with similar areas and the national average. The attainment gap at this level, between young people from low-income backgrounds and the majority of the same age in Plymouth, is closing.
- Services for looked after children are good, with good capacity to improve. Children and young people's involvement in decisions that affect their lives and the services they use is outstanding. Outcomes in all other respects, including health and education, are good. The local authority currently commissions places in two children's homes. One is outstanding and the other is good. All fostering and adoption services are good or better. The local authority adoption service improved from good to outstanding during the year.

Areas for further improvement

- At the age of 19, achievement at level 3, an area for development in 2010, remains below the average for similar areas. The gap between young people from low-income backgrounds and the majority at this level is wider than average and increasing.
- The quality of specialist education provision remains mixed. While none is inadequate and the three residential schools are good or better, more than half of the local authority special schools, both special school sixth forms and the pupil referral unit are only satisfactory. Action has been taken to reorganise and improve provision in the pupil referral unit, but the new arrangements have not been inspected since the changes took place.

This children's services assessment is provided in accordance with section 138 of the Education and Inspections Act 2006.

Yours sincerely

A handwritten signature in cursive script, reading 'J. Winstanley'.

Juliet Winstanley
Divisional Manager, Children's Services Assessment

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Plymouth City Council Adoption Service

Inspection report for local authority adoption agency

Unique reference number	SC056793
Inspection date	10/06/2011
Inspector	Paul Clark
Type of inspection	Social Care Inspection

Setting address	Plymouth City Council, Civic Centre, Armada Way, PLYMOUTH, PL1 2AA
Telephone number	01752 305600
Email	
Registered person	Plymouth City Council
Registered manager	
Responsible individual	Mairead MacNeil
Date of last inspection	12/12/2008

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About this inspection

The purpose of this inspection is to assure children and young people, parents, the public, local authorities and government of the quality and standard of the service provided. The inspection was carried out under the Care Standards Act 2000.

This report details the main strengths and any areas for improvement identified during the inspection. The judgements included in the report are made in relation to the outcomes for children set out in the Children Act 2004 and the relevant National Minimum Standards for the service.

The inspection judgements and what they mean

Outstanding:	this aspect of the provision is of exceptionally high quality
Good:	this aspect of the provision is strong
Satisfactory:	this aspect of the provision is sound
Inadequate:	this aspect of the provision is not good enough

Service information

Brief description of the service

Plymouth City Council Adoption and Permanence Service is a local authority adoption service that undertakes, or makes arrangements for, all statutory adoption work with children and those affected by adoption. This includes the recruitment, preparation, assessment and approval of domestic adopters. The service also carries out the matching, introduction and placement of children with adopters, the support of adoption placements and post adoption support to those affected by adoption, including birth records counselling. The service operates and maintains a letterbox system, which supports the exchange of information between adopted children and their birth families. The service is a member of the South West Adoption Consortium who engage in collaborative work to secure appropriately matched adoption placements.

The service makes arrangements with a registered voluntary agency in respect of those wishing to adopt a child from overseas. The Adoption and Permanence Service provides support and supervision to inter-country adopters after approval.

The service also has a contract with an adoption support agency to provide independent support to birth parents of children for whom the plan is adoption.

Summary

The overall quality rating is outstanding.

This is an overview of what the inspector found during the inspection.

The adoption service of the City of Plymouth provides an outstanding level of service. This has been achieved by the promotion of strong links between the different areas of social work provision contained within the children's services department. Also, the adoption service works jointly with health and education department professionals to provide support for adopters and the best possible outcomes for adopted children. Social workers are well trained and supported by a strong management team. The service must reduce the time taken to assess prospective adopters before they attend the adoption panel.

Improvements since the last inspection

No person is allowed to begin work for the adoption service until an enhanced Criminal Records Bureau check has been received. The agency now has a service level agreement with an adoption support agency to provide support services to birth parents whose children have been adopted and this service is appropriately reviewed by the adoption service.

Helping children to be healthy

The provision is not judged.

Protecting children from harm or neglect and helping them stay safe

The provision is outstanding.

Children who are unable to remain with their birth families are kept safe through a permanency plan for adoption. Potential adopters are recruited, vetted, assessed, trained and supported to give children the best possible opportunity to live in a family setting where they feel safe and nurtured. This is achieved through the effective matching of children and adopters and a well planned period of introduction. Social workers in the adoption team link with placing social workers to help find the best match. In collaboration with social workers, adopters produce a suitably formatted information document for children which gives a profile of themselves and their household. The records of the past 12 months of the service's operation show that the service has had a comparatively higher number than the national average, of potential adopters who apply and are assessed and seen by the adoption panel outside of the recommended eight month period. This is due, in part, to local delays in Criminal Records Bureau checks being completed. The service requires these checks to be in place before potential adopters can attend a preparation group since, in the agency view, this might prevent the possibility of unsuitable people having access to vulnerable children. There are excellent links between looked after children's team social workers and social workers in the adoption team and a link is made when a child is identified as requiring an adoption place. These excellent links help to ensure that effective matching takes place between children and adopters and results in a very low number of adoption breakdowns compared to the national average. The service has reduced the numbers of children who are without an adoption placement after 12 months, of the decision of the agency decision maker, that they should be placed for adoption.

Children's ongoing physical, emotional and psychological health is promoted by the effective training and preparation of adopters, the ongoing support of specialist social workers within the adoption team, and the provision of effective professional support systems, including links with the local child and adolescent mental health services team and the looked after children's nurse. Emotional and psychological health is further promoted by the early presentation of life story books and later life letters by suitably trained practitioners. These help to promote children's sense of identity.

Social workers make rigorous health and safety checks of potential adopters households according to national guidance. Potential applicants to adopt must agree to stop smoking and are not allowed to apply to adopt for a period of 12 months after they have stopped smoking. This policy helps to keep children safe from the harmful effects of living in a household where people smoke. Social workers are

familiar with the policies and procedures of the Local Safeguarding Children's Board and receive training in this regard. Adopters receive appropriate training in safeguarding children also. Placing social workers visit adoption households within the early stages of the placements on a weekly basis and always see the child alone to ensure that children are happy with the adoption arrangements and that they feel safe. Children are given appropriate information materials about adoption including those which advise them how to make complaints or raise concerns about their care. The recruitment of social work staff is subject to appropriate vetting procedures and managers are trained in safer recruitment practices. All staff and management receive Criminal Records Bureau checks and these are updated every three years. The agency has systems to notify appropriate agencies of all significant events relating to the protection of children. These systems help to ensure that children are kept safe from all forms of abuse including the potential for abuse from professionals.

Helping children achieve well and enjoy what they do

The provision is good.

For children for whom the plan is adoption, there are appropriate assessments made of their ongoing needs and how these will be met. These are contained in their child permanency report. The service ensures that children and adopters are appropriately matched through properly formatted judgement systems and the early linking of placing social workers with a member of the adoption team. Comprehensive information about each party is exchanged before proceeding with introductory arrangements which are themselves well planned and are conducted at an appropriate pace. Birth parents are consulted as far as the welfare of children allows, about their feelings about proposed matches and will meet with proposed adopters if this does not compromise the welfare of the child. Prospective adopters are given as full information about a child's social, educational and health history as is known and will meet with foster carers and other professionals who have been involved with the child to gain an understanding of children's likes and dislikes and other relevant matters. Before an adoption order is made children placed are seen alone by a visiting social worker who will ascertain their wishes and feelings about the placement. Children complete a suitably formatted written review of their adoption experience. This ensures that children are properly consulted about their care.

Adopted children's educational progress is supported by the service. The council have a team of educationalists known as a virtual teaching team who support looked after children and who will support those children making the transition to being adopted. This support includes direct work with children and liaison with schools and adoptive parents. All children for whom the plan is adoption have a personal education plan in place which is appropriately reviewed. There is a member of the adoption panel who is an educational psychologist and who will assess and comment on the educational and emotional needs of children whose plan is adoption.

Prospective adopters households are properly assessed by social workers to ensure that children will benefit from adequate space and will live in homes of a suitable

standard. Prospective adopters receive information during their preparation training about promoting children's healthy lifestyles and engaging them in activities that promote good health. Pre Adopted Order children living within Plymouth are given free passes to local leisure facilities and the service arranges regular activities for adopted children including a youth club and treasure hunts. The adoption support team monitor this and will provide ongoing support to adopters after the adoption order is made. This can include financial assistance, facilitating access to any necessary health or educational resources, and in supporting any agreed contact arrangements with birth families. There are monthly meetings arranged for adopters where they receive support and can air any views about the support they receive collectively. Foster carers who go on to adopt a child placed with them retain their fostering allowance for two years. Providing ongoing support for adoptive families reduces the likelihood of adoption disruption and gives children better outcomes for stability.

Helping children make a positive contribution

The provision is outstanding.

Children are well informed about what they should expect from the adoption service, how their views will be taken into account, how they will maintain links with their birth families and what they can do if they are unhappy about their care. This is achieved by the provision of excellent written children's guides about adoption, the inclusion of birth parents and children's views about permanency planning and the adherence to the necessary monitoring frequencies by social workers during the early stages of the adoption placement when children are always seen alone. The children's guide gives them information about how and to whom they may make complaints about their care, including the contact details of the Children's Rights Director at Ofsted.

Social workers produce high quality life story work and later life letters which ensure that children are provided with a clear knowledge and understanding of their background. This is supported by effective social work practice both before and after an adoption order is made which provides adopted children with a strong sense of identity.

The council have a service level agreement with an adoption support agency to provide support and counselling for birth families whose children have been adopted. This agency report a high take up of this service by birth parents who very much appreciate this outstanding service.

The service ensures that agreements for the contact arrangements between children and their families are in place and supported by adopters before the adoption order is made. The service operates an excellent letterbox system to facilitate and monitor written communication between children and their birth families.

There is an outstanding service in place to assist adults who been adopted to access their birth records. This includes a counselling service provided by highly skilled

practitioners. One adopted person who had used this service commented, 'The social worker was there every step of the way. They were there to help me to deal with my emotions when I needed them. I am eternally grateful.'

Achieving economic wellbeing

The provision is not judged.

Organisation

The organisation is outstanding.

The promotion of equality and diversity is outstanding. Although the Plymouth area has a low representation of people from minority ethnic groups, the service addresses the issue of ensuring prospective adopters for children who are of dual or mixed heritage by using their membership of the South West Adoption Consortium to secure timely and appropriately matched placements. Other examples of promoting equality and diversity include the approval of adopters from a wide variety of backgrounds including same sex couples, single gay people, older people, single people and people from religious and ethnic minorities. Membership of the adoption panel includes members from minority ethnic groups. The service takes measures to ensure that adoption is available for children with significant special needs and disabilities. The agency has addressed the gender imbalance within the social work staff group by the appointment of a full-time male social worker. The council has an excellent corporate equality and diversity policy in place.

Children and adopters are provided with a wide range of information about the service. A Statement of Purpose is in place which spells out the service's aims and objectives for all stakeholders. It can be made available in different languages and formats on request. The statement is reviewed annually by the manager of the service. There is a clearly written children's guide to adoption which is available in different age formats. At the first placement review children complete a written review of their adoption placement experience which is constructed in a user-friendly format. There is comprehensive information about the adoption service contained within the council's website and a DVD about the service is sent to prospective adopters with the information pack which is sent to them within five days of their expression of interest. Applicants are invited to attend information evenings. The agency responds to enquirers with an initial visit by a social worker who will give them further information about adoption and who will carry out an initial assessment report. This extensive range of information helps to keep children and adopters fully informed about the adoption service.

There is a team of social workers who undertake the recruitment, assessment and preparation training aspect of the work and a second team of adoption support workers who support children, adopters and all those affected by adoption. Each of these teams is separately managed. The manager and all those in management

positions within the service are suitably qualified and have many years experience in child care work. Both teams are supported by a small team of administrators. One of the administration team coordinates the letterbox contact system. There are some long term sicknesses amongst the social workers and there is currently a vacancy for a full time worker in the administrative staff team. These posts have been covered, in part, by the use of sessional workers. All social workers have a professional qualification and are registered as members of the General Social Care Council. All social workers receive an outstanding level of training and have either the Post Qualifying award in Child Care or are registered candidates. All staff undertake an annual performance appraisal that identifies their training and development needs. Social workers receive monthly one-to-one supervision and there are monthly team meetings. Staff vetting and recruitment practice includes the taking of enhanced Criminal Records Bureau checks which are followed up every three years. Personal references are taken up which are confirmed verbally. Applicants make declarations of health which are followed up by the council's occupational health department if there are any concerns raised. The careful selection and ongoing support of staff helps to prevent unsuitable people from having the opportunity to harm children and service users.

A properly constituted and independently chaired adoption panel meets fortnightly to make recommendations about adopters approval, children's suitability to be adopted, and child/adopter matches to the agency decision maker who makes the final decisions on these recommendations in a timely manner. As stated earlier in this report, a number of adopters are assessed and seen by the adoption panel outside of the eight month period recommended by the national minimum standards.

Adopters' case files and the personnel files of staff and adoption panel members are well ordered and comprehensive in content. These are kept under secure conditions to ensure their confidentiality. Children's adoption records are securely archived. There is a disaster recovery plan in place which is reviewed annually. The service conducts a feedback questionnaire survey of adopters after they are approved to elicit their views on the assessment, preparation and approval process. The agency conducts an annual report of the adoption service which is monitored by the Director of Children's Services and the council's corporate parenting group and council cabinet. Ongoing internal review helps to ensure service development and the provision of a high quality service to adopters and children.

What must be done to secure future improvement?

Recommendations

To improve the quality and standards of care further the registered person should take account of the following recommendation(s):

- ensure that adoption panels make a considered recommendation on the suitability of a prospective adopter to adopt within eight months of their formal application. (NMS 17.7)

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19/10/2011

Our Reference SC055714

Ms Anne Osborne
Plymouth City Council, 4th Floor
Midland House, Nottle Street
Plymouth
PL1 2EJ



Dear Ms Osborne

Inspection report

An Ofsted inspector inspected your local authority fostering agency provision on 29/09/2011.

Please find enclosed:

- a copy of your inspection report

The inspection report

The inspection report sets out Ofsted's judgements about the quality of the provision you offer. Please make the report available to children and young people and relevant stakeholders. We normally publish your report on the internet within 20 working days of the end of the inspection.

Recommendations

The report contains some recommendations to improve your provision further. We will check whether you have acted on these recommendations when you are next inspected.

Ofsted values feedback from those services that it has inspected. You will shortly be emailed a copy of a post inspection questionnaire. We would be very grateful if you could complete the questionnaire about your recent inspection. If you do not receive a copy within three working days of receipt of this letter, please email the address below:

post.inspection.surveys@ofsted.gov.uk

Yours sincerely

Nilly ElKhatib
Inspection Support Team

Plymouth City Council Fostering Agency

Inspection report for local authority fostering agency

Unique reference number	SC055714
Inspection date	29/09/2011
Inspector	David Coulter
Type of inspection	Social Care Inspection

Setting address	Plymouth City Council, Civic Centre, Armada Way, PLYMOUTH, PL1 2AA
Telephone number	01752 308777
Email	
Registered person	Plymouth City Council
Registered manager	
Responsible individual	Anne Osborne
Date of last inspection	20/09/2007

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You can obtain copies of The Children Act 2004, Every Child Matters and The National Minimum Standards for Children's Services from: The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

About this inspection

The purpose of this inspection is to assure children and young people, parents, the public, local authorities and government of the quality and standard of the service provided. The inspection was carried out under the Care Standards Act 2000.

This report details the main strengths and any areas for improvement identified during the inspection. The judgements included in the report are made in relation to the outcomes for children set out in the Children Act 2004 and the relevant National Minimum Standards for the service.

The inspection judgements and what they mean

Outstanding:	this aspect of the provision is of exceptionally high quality
Good:	this aspect of the provision is strong
Satisfactory:	this aspect of the provision is sound
Inadequate:	this aspect of the provision is not good enough

Service information

Brief description of the service

Plymouth City Council fostering service provides a recruitment, assessment, support and supervision service for foster carers, for a diverse range of children and young people from birth to 17 years. Fostering placements, include long-term, time-limited, emergency and family and friends care. The majority of young people are accommodated within the Plymouth area.

Summary

The overall quality rating is outstanding.

This is an overview of what the inspector found during the inspection.

Council members, foster carers and service staff demonstrate a real commitment to meeting the needs of looked after children in Plymouth. The needs of each young person are clearly identified by an effective assessment process and addressed holistically by a multi-disciplinary team that includes health and educational professionals. Service staff and foster carers maintain a clear child focus that ensures each young person is treated as an individual with their own specific, physical, social, emotional and cultural needs. The service has comprehensive safeguarding policies and procedures that have developed into effective working practices. Young people report that they feel safe. Individual risk strategies are developed by carers but are not always documented.

Young people live full and active lives and evidence indicates they make significant progress in areas such as education and social development. The overall health of young people in foster care continues to improve and innovative health education initiatives have resulted in a decrease in smoking and substance misuse. Support for young people is excellent and many are now deciding to stay in their placements until they are 18 and continue with their education or training.

The service is forward thinking and encourages the participation of young people and foster carers in its development. The views of young people are regularly sought about all aspects of their lives in foster care and any issues identified are dealt with appropriately. The management team empower young people, foster carers and staff to positively influence change. The service continually strives for further improvement and an open and self-critical culture encourages service staff and foster carers to engage in reflective practice. Service staff and foster carers regularly access training opportunities that keep them abreast of developments and innovations within the childcare field. The service is effectively monitored.

Improvements since the last inspection

Two recommendations were made during the last inspection. Both have been appropriately addressed. There is now a comprehensive system that ensures that all

those involved in the fostering service are appropriately vetted and safeguarding plans, that provide guidance for carers, are now drawn up in respect of all new placements.

Helping children to be healthy

The provision is outstanding.

An excellent health assessment system ensures that the health and emotional needs of each young person are clearly identified on entering the service. Personal health plans, that are regularly reviewed, provide guidance for carers about how any outstanding needs, including immunisations, should be met. Excellent integrated working amongst social care and health professionals make sure any identified health needs are effectively addressed within limited time scales.

Young people are encouraged to adopt healthy lifestyles by eating wisely and taking regular exercise. Young people receive health education guidance from both their foster carers and the service's looked after children's nurse. Young people are encouraged to keep physically active and many regularly take part in a wide range of sporting and recreational activities such as swimming, cycling football and outdoor activities. Participation in such activities provide valuable opportunities for young people to make new friends and establish new social relationships. All young people are provided with passes that give them access to a range of leisure facilities within Plymouth.

A children in care youth club, the 'Mutley Crew', provides an informal forum for young people to meet and discuss health related topics such as smoking, drug use and sexual health. This informal approach to health education has proved to be extremely successful in raising young people's awareness about the importance of monitoring their own health. One young person confirmed that since entering care they had, 'given up smoking' and were now 'eating properly'. Another said they would, 'report any health worries or concerns to their carers.' Young people are supported in accessing health services by their foster carers and a record is kept of all medical appointments and interventions.

A dedicated child and adolescent mental health team is co-located within the children in care service and provides quick access to young people experiencing emotional and psychological difficulties. Members of the team provide individual therapy sessions for young people as well as advice and guidance for their foster carers. The support and guidance offered by the team is greatly valued by foster carers and staff and has made a significant contribution to placement stability and to improving the psychological health and well-being of young people.

Young people with disabilities and complex health difficulties are well served by a multidisciplinary approach to addressing their needs by bringing together education, health and social service staff. An effective matching process ensures young people with disabilities are appropriately placed with foster carers with the knowledge and skills to meet their needs. If required foster carers' homes are modified and specialist

equipment installed to improve access for young people with mobility difficulties. Foster carers undertake specific training on intrusive medical procedures to ensure young are kept safe.

The service monitors the overall health of young people in foster care. Recent trends indicate the health of young people is significantly improving. An effective health assessment process, early intervention and an innovative approach to health education has greatly improved the health outcomes of young people

Protecting children from harm or neglect and helping them stay safe

The provision is outstanding.

Young people benefit from the strong safeguarding ethos that permeates every aspect of the service. Effective policies, procedures and working practices keep young people safe. Foster carers and social workers undertake joint training in child protection to ensure they are aware of each others respective roles in reporting any protection concerns. Although young people are helped to assess risk and develop self-caring practices relating to such things as stranger danger, road safety and use of the internet, individual strategies are not always documented. Young people said they have established good relationships with their carers. All felt that personal issues are dealt with sensitively and their privacy and confidentiality is respected. Young people indicated they would confide in their carers if they did not feel safe.

A major strength of the service is the support offered by the multi-disciplinary team to both young people and carers. Effective lines of communication have been established between foster carers, social workers, educationalists and therapists. The services child-centred approach ensures that staff remain focused on the specific needs of each young person. This holistic approach has the added benefit for carers and young people of providing a 'one stop shop' approach in which difficulties and problems can be addressed within the team rather than having to seek referrals to other agencies. Young people are encouraged to play an active role in developing the service and their views are regularly sought, both formally and informally. The inclusive nature of the service was encapsulated by one foster carer who stated, 'we are all in it together, to get the best for the children.' Carers feel well supported and can access support and guidance at any time. The out-of-hours service also provides peer support from experienced carers.

The vulnerabilities and risks associated with each young person's behaviour are clearly identified prior to any placement. From the information received safe care plans are developed to ensure each person is kept safe. Safe care plans provide clear guidance for carers on how appropriate behavioural boundaries should be maintained. There are well-established procedures to ensure that young people who go missing from care are reported; missing from care rates are low. Foster carers are successful in breaking patterns of behaviour that can put young people at risk. Young people reported that bullying was not a significant problem and that they would report any issues of concerns to their carers. Appropriate action is taken if it is known that a young person is being bullied.

Regular monitoring visits and health and safety checks ensure carers' homes offer safe and welcoming environments for young people. The assessment determines if a property provides good quality accommodation and conforms with accepted health and safety guidance. All outstanding safety issues have to be addressed prior to any placement being made. Young people spoke in positive terms about their placements and felt they were being treated well and being kept safe.

Helping children achieve well and enjoy what they do

The provision is outstanding.

The service aims to ensure that all placements are planned and that young people are appropriately matched with carers who can meet their specific needs. Young people are provided with information about their carers before their placement and this contributes significantly to minimising anxiety levels. Young people are helped to develop socially acceptable behaviours. Positive behaviour is reinforced with praise and rewards from foster carers. Young people are encouraged to assume responsibility for their behaviour in a way that is appropriate to their age and understanding. Foster carers are provided with key information about the young people in their care so they can contextualise their behaviours and respond appropriately. Therapists provide foster carers with guidance on how to manage young people who present with challenging behaviour without having to resort to physical interventions. Young people are supported by their carers, even if their actions have led them into criminal activity. Carers work with young people and staff from youth offending teams to develop strategies to reduce their anti-social behaviour.

Young people said they were welcomed into carers' homes and encouraged to participate in all aspects of family life. All felt they were appropriately placed and had established good relationships with their foster carers and other family members. One young person reported that on a scale of one to ten his placement was, 'nine point nine.' Carers have high expectations of young people and aim to ensure that those in their care lead full and active lives and make significant progress in all aspects of their development. An extremely active foster carers' social group organises exciting trips and outings. These activities provide young people with the opportunity to meet other foster care families and other young people in care.

The personal development goals of individuals are reflected in their placement plans. Young people are able to pursue their own particular interests and hobbies and are currently engaged in a range of leisure and recreational activities that include kick boxing, dancing, drama, playing musical instruments, scouts, pantomime, street dancing, Prince's Trust activities, gardening projects and swimming. Participation in such activities raise individual's self-esteem, resilience and confidence. Carers accommodating young people with mobility difficulties are provided with specially adapted vehicles to ensure they can access activities outside of the home.

The importance of the educational achievement of young people in care is given a

high priority within the local authority. The educational needs of young people are identified through an effective personal education planning process. Personal education plans are in place and are regularly reviewed. Foster carers are pro-active in supporting young people with their education and regularly attend parents' evenings, school events and assist with homework. Young people who have experienced educational disruption are provided with access to numeracy and literacy schemes to help them catch up with their peers. The educational progress of each young person is closely monitored and additional tutorial support is provided if it is felt a young person is struggling.

The service has been successful in improving the educational outcomes of young people. Exam results have significantly improved, attendance levels are good and exclusions are rare. Statistics from the Virtual school indicate 77% of young people in care are making significant progress in their academic work and 87% of young people reported they were happy at school. The educational achievements of young people are recognised and celebrated through an annual awards ceremony. The service raises the educational horizons of many young people and an increasing number of young people are now continuing in education and training beyond school. Young people receive financial support and encouragement to maximise their potential. Members of the post-16 team help young people access appropriate college and university courses. One young person, who was in foster care, is in the process of completing a masters degree. A recent initiative with the university of Plymouth used exciting and fun activities to introduce young people to higher education. As a consequence of this initiative a number of young people are aspiring to higher education.

Each young person's religious and cultural needs are identified as part of the initial assessment process and every effort is made to ensure they can be met during their placements. Life-story work is often carried out with young people to provide them with an understanding of their personal history and cultural background. Carers are forceful advocates for the young people in their care and ensure they have access to appropriate resources and opportunities.

Helping children make a positive contribution

The provision is outstanding.

The service is successful in involving young people in making decisions about their futures and there is high participation in the reviewing process. Independent reviewing officers are pro-active in consulting young people prior to their reviews. Foster carers, social workers and supervising social workers regularly discuss young people's futures with them. Young people said they felt, 'listened to'. There is an effective systems to obtain the views of young people with communication difficulties. Young people are provided with an independent advocate if they do not wish to attend their reviews. Advocates are also available for anyone wishing to make a complaint. The service ensures that young people receive a response to any concerns or complaints within ten days. Foster carers and service staff are sensitive when explaining to young people why their wishes can not always be met. Young

people are helped to understand their past and the circumstances that ended up in them entering care. There is particular specialist assistance available for life story work and guidance from therapists.

Young people play a significant role in the development of the service and a Listen and Care Council provides a forum through which young people can influence decision making within the local authority. In an effort to obtain the views of more young people Routeways, a local charity, is developing a consultation group for developing the fostering service further. The views and suggestions made by young people are taken seriously and responded to appropriately by senior officers and members. Young people participate in the appointment process of senior staff and a number contribute to the selection and training of new carers.

Young people are able to maintain appropriate contact with their parents, relatives and friends. Although every effort is made to place sibling groups together it is not always possible or in the best interests of each individual. However, the service acknowledges the need for siblings to maintain contact and carers liaise with each other to arrange regular meetings. The views of young people, their social workers and birth parents are taken into consideration in determining the frequency and duration of contact visits. Arrangements are clear, constructive and safeguard young people. Any restrictions regarding contact are made clear to all parties and plans are developed to ensure young people are not put at risk through meeting inappropriate adults. Contact visits are managed sensitively by foster carers and appropriate working relationships are established with birth parents. Outcomes and young people's experiences of contact visits are monitored, recorded and discussed with relevant parties.

Achieving economic wellbeing

The provision is outstanding.

A well developed placement planning system ensures each young person receives the appropriate care and support necessary to prepare them for their transitions into semi-independent and independent living. Preparing for independence starts from approximately the age of 14 with the development of pathway plans. Career action plans provide an effective mechanism for helping each young person identify their specific educational and employment goals. The service has been extremely successful in helping young people move on to education, training and employment. Young people engaged in further and higher education are supported until the completion of their courses. On reaching 18 young people can, with their carers' agreement, continue to reside under a supported living scheme.

Young people acquire a range of independent living skills by completing an experientially based ASDAN independence training programme. Foster carers and members of the 16-plus team provide opportunities for young people to cook, budget and take responsibility for their own laundry. In an effort to experience firsthand what independent living is like, many young people access short breaks in the service's training flat. Young people undertake such visits safe in the knowledge that

they can return to their placements. An increasing number of young people are now staying with their carers until 18 and new 'staying put' arrangements have been introduced to ensure appropriate support is available.

Organisation

The organisation is outstanding.

Young people receive a high quality individualised service from a local authority that has embraced all aspects of its corporate parenting role. The Statement of Purpose explicitly details the service's vision and values. On entering the service young people are provided with their own, age appropriate guide that outlines what they can expect from the service. Foster carers and service staff subscribe to an ethos that puts young people at the centre of all provision. Staff and foster carers demonstrate a genuine commitment to promoting positive outcomes for young people in care. Quality assurance is embedded in all aspects of the service and effective monitoring ensures continuous improvement.

The promotion of equality and diversity is outstanding. An inclusive culture, based on respect and empowerment, means all interested parties are involved in the development of the service. There is a comprehensive understanding of and a varied and holistic approach to meeting young people's needs. Policies, procedures and working practices explicitly promote diversity and equality. The service sensitively and proactively responds to issues of gender, religion, ethnic origin, language, culture, disability and sexuality. Foster carers and service staff challenge prejudice.

The service benefits from having a well qualified and experienced management team who provide excellent support and leadership. Managers ensure that the service's comprehensive policies and procedures are translated into effective working practices that address the needs of young people. Managers closely monitor all aspects of the service and those spoken with were knowledgeable about foster carers and the young people in their care. Although the service is facing financial restraints, savings have been identified that will not have an adverse effect on young people. Staff and foster carers feel the service is being efficiently managed and resources appropriately utilised. As one carer commented, 'over the last few years they have really got their act together!'

In an effort to minimise disruption to young people, the service strives to place young people within the Plymouth area. This strategy is very successful in minimising disruption and provides young people a degree of continuity in their lives by being able to access existing educational placements. It also allows young people to maintain existing social networks. The service has managed fluctuations in demand for foster placements well and does not make placements based on expediency. A high level of placement stability indicates appropriate matching. The service has established successful family and friend fostering arrangements. Family and friends receive substantial support, which enables them to effectively meet the needs of young people. Although the service has effective systems for allocating and managing placements, difficulties and challenges can be caused by external factors,

over which they have little control. For example, delays in court proceedings for young people identified for adoption. Such delays not only cause difficulties for short-term carers and young people but block other potential placements.

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The service has been successful in recruiting carers from the city and surrounding areas. Carers are only approved following a thorough vetting process and the successful completion of a skills to foster training programme. The service ensures that inappropriate individuals, who may present a risk to young people, do not enter the service. The service sets high standards and there is an expectation that foster carers will be capable of providing high quality care to a diverse group of young people. Many of the young people experience social and emotional difficulties that inhibit their ability to establish and maintain relationships; foster carers help young people to begin to establish relationships. Social work staff clearly recognise the demands that can be made on foster carers and ensure that only those with the necessary attributes are invited to proceed to training and approval at panel. The service values diversity and seeks to recruit staff and carers from all sections of the local community regardless of race, creed or sexual orientation. Equality and diversity issues form part of the initial training programme for carers.

Once approved carers are allocated a social worker who provides regular support and oversees their development as effective carers. Foster carers feel valued and describe their support as outstanding. Support includes regular supervisory meetings, support groups, peer mentoring, respite care, social activities and extensive professional support. There is a strong management commitment to the continuous development of foster carers and they are expected to access the many regular training opportunities on offer, including the Children's Workforce Development Council's training programme. Foster carers feel that the service provides high quality training and contributes significantly to their understanding of the many issues associated with young people in care. There is a clear pathway for those wishing to develop their foster care careers. The service operates with an extremely motivated group of foster carers who display a real commitment to the young people of Plymouth.

The Council's robust recruitment procedures ensure that all staff are appropriately vetted and suitable to work with young people. All staff are provided with a detailed job description. The service operates within a culture of training and professional development that makes it, as one member of staff remarked, 'an interesting and stimulating place in which to work.' For example, all new staff embark on an Newly Qualified Social Worker Development Programme while existing staff work toward completing a post-qualifying training programme run in conjunction with Bournemouth University. Regular supervision and action learning sets provide opportunities for staff to engage in reflective practice. There is consistent use of self-evaluation. The extensive knowledge and skills within the multi-disciplinary team mean that decisions regarding individual young people reflect the 'joined up thinking' of more than one professional group.

The service operates with an effective fostering panel that is appropriately constituted and exercises its functions in accordance with statutory guidance. The

panel demonstrates robust quality assurance. There is a strong emphasis on safeguarding and ensuring excellent outcomes for children. They effectively challenge decisions which are not in the best interests of children. The panel advisor gives feedback to social workers and their managers after each panel in relation to their presentations and analysis. The fostering panel has complimented fostering team staff on the high quality of their assessments. The fostering panel seeks feedback from foster carers and their social workers about their experience at panel. A number of carers indicated that they had been apprehensive about their appearance at panel but had been put at their ease and treated with respect throughout the process.

There is a well-established and effective complaints system and all allegations are appropriately reported and investigated. An independent support and advocacy service is provided to carers who are the subject of an allegation. Any significant issues arising result in a review of existing practice within the service.

The premises and administrative arrangements meet the service's needs. The Carefirst computer based information system is proving to be an effective case management tool. It is being continuously improved to ensure key information is accessible to key personnel. Young people's records are accurate, up to date, concise and clear and contain all significant information required by regulations.

The service has an effective foster carers' payment system that deposits funds directly into foster carers accounts. Prompt payment and additional allowances contribute toward placement stability and better outcomes for young people.

What must be done to secure future improvement?

Recommendations

To improve the quality and standards of care further the registered person should take account of the following recommendation(s):

- ensure that foster carers encouraging young people to take risks as a normal part of growing up document how they have helped young people to understand how to keep themselves safe. (NMS 4.4)

	
Meeting	Plymouth Children and Young People's Trust Board
Date	9 December 2011
Title	Plymouth 2020 Governance
Responsible Officer	Claire Oatway / Giles Perritt
Purpose of Item	The Children and Young People's Trust Board are requested to receive an overview of the strategic response of the Plymouth2020 partnership to external changes, the direction being taken by partnership groups to meet the City vision and a more detailed overview of emergent governance changes in the form of the Health and Wellbeing Board Development Group.
Recommendations	Board members note the context in which the Children's Trust is operating. Partner organisations to consider opportunities for supporting other areas of the Plymouth vision and highlight areas of concern for escalation to the Executive group or other partnership groups via nominees. Board members note the progress of the Health and Wellbeing Development Group
Consultation Record	
Meeting Notes:	

PLYMOUTH2020 GOVERNANCE CHANGES

Update for Children and Young People's Trust Board



PROVIDING LEADERSHIP AND GOVERNANCE TO ACHIEVE THE PLYMOUTH VISION.

Nationally this has been an unstable time for partnership working as organisations react to their environmental changes. This paper outlines the strategic response of the Plymouth2020 partnership to these external changes, the direction being taken by partnership groups to meet the City vision and a more detailed overview of emergent governance changes in the form of the Health and Wellbeing Board Development Group.

In the last 9 months there have been substantial changes in the landscape that the Plymouth2020 partnership is working in. For example, Local Economic Partnerships are now in place and our reformed Growth Board has emerged to champion Plymouth's progress. The healthcare environment has changed dramatically with substantial organisational changes happening as well as a need to develop a Health and Wellbeing Board.

In many other areas these new bodies are becoming the primary delivery vehicles for improving outcomes for place and people and other areas have abolished or reduced the frequency of wider LSP arrangements. Plymouth2020 has made significant progress against its original aims in a number of areas and has been functioning as a partnership incorporating the views of the private, public and voluntary and community sectors to collaborate to make Plymouth one of Europe's finest most vibrant waterfront cities where an outstanding quality of life is enjoyed by all. The Executive and Board have endorsed the value of continuing to act as a partnership group.

The Plymouth2020 focus in the last twelve months has been around developing integrated planning approaches across the major public sector bodies. This has led to the inaugural Plymouth report and for the first time a set of four priorities adopted by the partnership and its constituent agencies. The second major area of focus has been on interpreting, responding to and shaping the changing national context – for example, responding to the recession, understanding and mitigating against the impact of budget cuts and changes in organisational and governance formats such as the abolition of GOSW and RDA.

The Plymouth2020 Executive group have taken stock of the priorities of the main partnership groups and is starting to understand the blocks and levers we need to use to achieve our vision. The partnership groups have gathered momentum across key sectors and have a clear focus moving forward as the table overleaf shows.

Headline action plans for Plymouth 2020 Board	
Strategic Activities	Lead Delivery Partnership
Deliver Growth	
Stimulate local economy by rebalancing the economy	Growth
Stimulate local economy by supporting growth in key sectors	Growth
Deliver the spatial vision for the City	Growth
Equip young people with skills, knowledge and opportunities to make a successful transition to adulthood	Children's Trust
Strengthen the cultural sector	Culture
Support the future growth of STEM industries by encouraging interest within local community	Wise
Raise Aspiration	
Improve higher level skills retention	Wise
Encourage employability and entrepreneurship	Wise
Reduce crime and anti-social behaviour	Safe and Strong
Support lifelong learning	Wise
Promote culture led regeneration	Culture
Deliver a series of high profile cultural events (Americas Cup, BAS7, Mayflower 400)	Culture
Improve levels of achievement for all children and young people	Children's Trust

Strategic Activities	Lead Delivery Partnership
Reduce Inequalities	
Move from treating illness to preventing (takes cash out)	Health and Wellbeing
Provide all children with the best possible start to life	Children's Trust
Tackle child poverty	Children's Trust
Reduce health inequalities through collaboration	Health and Wellbeing
Support those people not engaged in the economy	Growth
Provide Value for Communities	
Locality working	Safe and Strong
Maximising city's projects and assets (educational value)	Wise
Equality and diversity – system-wide	Safe and Strong
Enhanced engagement of 3 rd sector	Safe and Strong
Tackle risk-taking behaviour through localities	Children's Trust

The Plymouth 2020 Executive group has identified four major elements of the combined workplan that need to be regularly considered to help us to forge ahead. These are:

- Increasing the number of jobs in the city (attracting new business and growing the contribution of our existing businesses)
- Getting people into work (tackling child poverty and worklessness)
- Reducing alcohol harm (reconciling alcohol harm with a flourishing night time economy)

- Celebrating Plymouth as a City (including learning from major events such as America's Cup)

The Executive group has also identified where individual partnerships can gain from working together more closely for example – Wise, Children's Trust and Growth are jointly and separately dealing with apprenticeships. This provides a valuable opportunity to escalate issues affecting children and families and to support other partnerships in delivering the new city focus, for example by understanding business' needs in terms of employability of young people.

Children and young people are represented at both the Plymouth2020 Board and Executive by:

Board - Cabinet member for children and young people (Cllr Mrs Sam Leaves)

Board – Elected representative of Community and Social Action Plymouth (Mark Bignell)

Executive - Director of Services for Children and Young People

Finally, the Health and Wellbeing Development Group has been established and held its first meeting on the 2 November 2011. The group has been formed in response to the early implementer programme for Health and Wellbeing boards. The development group is not an official committee and is not the Health and Wellbeing Board in shadow form.

The development group is taking the lead on the development of the shadow Health and Wellbeing Board which we expect to be in place by April with the Board becoming statutory in 2013. The Health and Social Care Bill is nearing the end of its passage through parliament, however the statutory instruments which will provide guidance on the constitution of Health and Wellbeing Boards will not be available until Autumn 2012. The development group approach allows for structures, membership and other governance issues to be informally tested and will allow for greater flexibility in the preparation for the statutory board. The group is chaired by the cabinet member for health and adult social care and is supported by city council officers.

The development group will be guided by the following principles, group members will –

- Acknowledge the shared commitment to improve and maintain the health and wellbeing of all those who live and work in Plymouth
- Operate an 'open border policy' to ensure that organisational boundaries are not a hindrance to the development of the Health and Wellbeing Board and improved integrated commissioning
- Acknowledge that the sharing of knowledge and data will be essential to the development of an effective Health and Wellbeing Board and associated Health and Wellbeing Strategy
- Respect existing effective local structures
- Ensure that all recommendations are formed from a clear and robust evidence base

Recommendations

Board members note the context in which the Children's Trust is operating. Partner organisations to consider opportunities for supporting other areas of the Plymouth vision and highlight areas of concern for escalation to the Executive group or other partnership groups via nominees.

Board members note the progress of the Health and Wellbeing Development Group

	
Meeting	Plymouth Children and Young People's Trust Board
Date	9 December 2011
Title	Community Budget Programme: Families with Multiple Problems
Responsible Officer	Fiona Fleming, Commissioning Manager, Services for Children and Young People
Purpose of Item	The Children and Young People's Trust Board are requested to receive the attached paper outlining next steps for this Community Budgets Programme
Recommendations	1. This work is progressed in line with DCLG timescales to provide intentions by the early New Year and a fully published plan by March. 2. The scope of the Community Budgets Programme is agreed and the phased approach is supported. Alcohol acting as the lead theme for this work and will therefore proceed in Phase One. 3. That the plan is developed in line with the principles of this paper and the programme of work is defined in greater clarity in conjunction with partners. Jointly agreed outcomes and benefits realisation measures are established.
Consultation Record	Consultation will be in the first phase of the Programme Board work plan
Meeting Notes:	

1. Introduction

- 1.1 Community Budgets is a new opportunity to maximise the use of freedoms and flexibilities. It is expected to bring together services and resources to significantly impact on outcomes for troubled families.
- 1.2 The premise is a focus on the family however Department for Communities and Local Government have also launched whole area Community Budgets Programme where they hope to see Local Authorities lead partnerships to bring together public funding for the collective greater impact.
- 1.3 Plymouth City Council submitted an expression of interest to become a second phase roll out area for Community Budgets for Families with Multiple Problems in September 2011. This was agreed by the partnership at the August meeting. This was accepted in October by way of Eric Pickles, Secretary of State for Communities and Local Government, speech to the Local Government Association where he positioned the Community Budgets Programme as the key mechanism to ensure a joint approach to vulnerable families to fulfil the Governments ambition “turning the lives of these families around by the end of this Parliament”.
- 1.4 The DCLG has just appointed Louise Casey as the Head of the Troubled Families Unit and she has been tasked to produce a plan by the end of November. In that time the funding for technical support £50k and Dissemination Hubs £50k has been held back. It is therefore expected that the detail of the agenda will be released in December. In the mean time we are being asked to continue and that this approach is flexible to be defined locally to meet need.
- 1.5 Louise is planning to visit Plymouth in early January and will be bringing a minister. The approach to us has been via the Family Intervention Project. This will be an opportunity to show the processes we have in to move forward Community Budgets for Families with Multiple Problems.

2. Community Budgets – Scope

- 2.1 The Community Budgets Programme aims to design new ways to minimise harm and prevent escalation of complex need, thus improving the life chances for the whole family.
- 2.2 This work is well placed to support the existing priorities for the City and the key areas of focus for 2012 in Alcohol, Child Poverty and Worklessness.
- 2.3 These issues have been clearly identified as the greatest need in the City. The Community Budgets Programme could deliver aspects of this work through either a family or themed approach.
- 2.4 It was agreed at the meeting in August to take alcohol as the theme to begin the work with a clear understanding that alcohol misuse need is symptomatic of a greater need for focus on domestic abuse, poverty, worklessness and mental health.

2.5 The JSNA considering the harm caused by Alcohol in the City has clearly highlighted that impact on high cost interventions in relation to crime, child protection, homelessness, and health and hospital admissions. For example the draft JSNA Alcohol Needs Assessment 2011 for Plymouth identifies that:

- Alcohol Misuse has been identified as an indicator of high harm and multiple vulnerability factors in families, with 60% of Children with a Child Protection Plan having parents with the primary classification being alcohol problems. Between 1st February and 30th September 2011, 152 people aged 18 to 49 years attended the emergency department at Derriford hospital with medical problems that directly related to alcohol (excluding assaults data)
- Alcohol is persistently the most significant contributor to violent crime. Between 1st February 2010 and 31st January 2011 there were 752 domestic abuse crimes that were alcohol related.
- Plymouth has significantly higher than average levels of alcohol-specific hospital admissions (males and females), alcohol attributable hospital admissions (males and females)

3. The Challenge

- 3.1 The Department for Education have previously led on this work and under the previous government led a “Think Family” agenda. Within this work, analysis of the inter-related vulnerabilities experienced by these families has determined a range of indicators such as; parental alcohol and substance misuse, long term unemployment and parental mental health problems. Children from these families are ten times more likely to be in trouble with the police and eight times more likely to be suspended from school. The DoE have estimated that there are 710-780 families with multiple problems in the City of Plymouth.
- 3.2 The 16 first phase areas have begun with the figure and then refined their definition locally, picking up local data sharing. Therefore turning this number into the names of local families in need of support. This is a significant challenge and one which many of the 16 areas are still working to resolve information sharing and data collection systems.
- 3.3 The principle in identification and definition is to set clearly the scope and scale of the work. Then to ensure sufficient resource is deployed in the right way to have an impact.

4. Building Blocks

- 4.1 The design of the “solution” differs significantly place to place and this also depends on where they are in the partnership and improvement journey. Information at national events have highlighted key elements to enable the delivery of this agenda. These include Partnership, Strategic Governance, Resources, a clear Service Offer, Project Management and ability to identify families and flexibly meet their needs.

4.2 It is clear Plymouth is ahead of the game, with key building blocks for this work already in place, including:

- Clear commitment at partnership level to this work
- Programme management capacity
- A commitment and practice base of joint assessment and multi-agency working through Common Assessment Framework
- Principles of key working and lead professional
- Joint commissioning to improve outcomes within a system of services promoting collaboration
- A gateway approach for services to join up no matter which front door is used

5. Next Steps

There are four key areas that will be developed in order to progress this work:

- The Governance and leadership for this work needs to be agreed
- The scope will be specified and phased approaches to themes established.
- Resource alignment beyond phase one set
- The benefits realisation calculated and agreed at a partnership level

	
Meeting	Plymouth Children and Young People's Trust Board
Date	9 December 2011
Title	Working Together Better for Children and Young People – A Transformation Strategy 2011 - 2014
Responsible Officer	Michelle Thomas, Operations Director, Plymouth Community Healthcare
Purpose of Item	The Children and Young People's Trust Board are requested to receive a consultation document outlining Plymouth community healthcare's framework of services for children and young people.
Recommendations	Board members are requested to engage in the consultation process.
Consultation Record	
Meeting Notes:	

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Provider of services on behalf of the NHS



Children and Families Directorate

Administration Block
Mount Gould Hospital
Mount Gould Road
Plymouth
PL4 7QD

Tel: 01752 434742

Email secretary: juliet.bunney@nhs.net

Our ref: CS/jb/241111 CTB

Date: 24 November 2011

Dear Colleague

Working Together Better for Children and Young People – A Transformation Strategy 2011 – 2014

I am writing to ask you, in your capacity as a member of the Plymouth Children and Young People's Trust Board, to take part in the consultation process that is currently underway to seek the views of stakeholders about the proposed transformation of community based healthcare services for children and young people.

Enclosed with this letter is a copy of the latest version of *Working Together Better for Children and Young People*, along with a consultation document that contains a series of questions about the new framework of services that we are proposing to create. As the consultation document makes clear, Plymouth Community Healthcare is committed to a robust, evidence based approach to the development of this new framework of services and recognises that it cannot do so in isolation from the rest of the children and young people's system.

The intention is for the final version of *Working Together Better for Children and Young People* to be reviewed for approval by Plymouth Children and Young People's Trust Board in the spring of 2012. This will allow us to amend the existing version of the strategy in line with the views we gather from stakeholders, including children and young people themselves, about the proposals contained within the strategy.

The consultation document contains a response form and, although we have outlined specific questions, there is the opportunity for you to share any additional comments you have on the strategy as part of the consultation process. Please can you ensure that your response form is returned no later than **Tuesday 3 January 2012**; the details of how and where to send the form are included in the consultation document.

I would like to take this opportunity to thank you in anticipation of receiving your feedback.

Yours sincerely

Cate Simmons
Interim Head of Children's Services



Provider of services on behalf of the NHS



Working Together Better for Children and Young People: A Transformation Strategy 2011 – 2014

Review, endorsement and approvals timeline

1. Introduction

Working Together Better for Children and Young People: A Transformation Strategy 2011 – 2014 has been developed with the specific intention of describing a new framework of community based healthcare services for children and young people in Plymouth. This new framework of services is expected to provide the basis for improvements in the health and wellbeing of children and young people across the city.

2. Consultation¹

Initially, consultation on the strategy was limited to members of the Children and Families Directorate Management Team, the Children and Young People's Clinical Commissioning Group, and two members of staff from Children's Services at Plymouth City Council.

The strategy was reviewed by the Plymouth Children and Young People's Trust Executive (CYPTE) on 2 November 2011 and initial feedback, using the consultation response form, was provided on 14 November 2011. The feedback from CYPTE was included in a briefing paper on the strategy, which was presented to the Plymouth Community Healthcare (PCH) Board on 17 November 2011.

The PCH Board were advised that the strategy had been developed following a series of scoping events held in early 2011; these had been attended by staff from every service in the Children and Families Directorate and the discussions and debate that had taken place on these days had informed the contents of the strategy.

Approval was given by the PCH Board for a much larger consultation exercise to take place, engaging a wider range of stakeholders from across the city and seeking their views about the proposals described in the strategy.

The PCH Board also requested regular updates to describe progress with the consultation process and any amendments that were made to the strategy as a result of the feedback received from partners across the city.

¹ 'Consultation' is being used in a generic sense, to describe the act or process of consulting on the contents of the strategy. This period of consultation on the contents of the strategy **should not** be confused with formal consultation with staff carried out as part of a human resources process.

The PCH Board endorsed a separate participation and consultation process with children and young people themselves about the proposals contained in the strategy. The PCH Board recognised the central role that children and young people should play in shaping the delivery of services to meet their needs.

3. Review, endorsement and approvals timeline

The timeline for the review, endorsement and approval of the strategy is outlined in the table below. This timetable will be formally reviewed and adopted by the PCH Board in December 2011:

Board, group or body	Date	Review, endorsement or approval
Plymouth Community Healthcare Board	15 December 2011	Review
Joint Committee for Consultation and Negotiation	21 December 2011	Review
Plymouth Community Healthcare Board	19 January 2012	Review
Plymouth Community Healthcare Executive Management Team	09 February 2012	Review and approval of final version
Plymouth Children and Young People's Trust Executive	15 February 2012	Review and endorsement of final version
Plymouth Community Healthcare Board	16 February 2012	Review
Children and Families Directorate Management Meeting	16 February 2012	Review and approval of final version
Plymouth Shadow Clinical Commissioning Group Board	29 February 2012	Review and endorsement of final version
Plymouth Children and Young People's Trust Board	09 March 2012	Review and endorsement of final version
Plymouth Community Healthcare Board	19 April 2012	Review and approval of final version



Provider of services on behalf of the NHS



Working Together Better for
Children and Young People –

A Transformation Strategy for
Children and Young People's
Services 2011-2014

Consultation Document

Foreword

'Working Together Better for Children and Young People: A transformation strategy 2011-2014' has been developed with the specific intention of describing a new framework of community based healthcare services for children and young people in Plymouth. This new framework of services is expected to provide the basis for improvements in the health and wellbeing of children and young people across the city.

As the provider of these services, Plymouth Community Healthcare (PCH) recognises that it has a duty in developing this strategy to share and debate the contents with a wide range of stakeholders including, but in no way limited to, our major partners in the delivery of services for children and young people and those that come together to form the Plymouth Children and Young People's Trust Board.

No less important is the requirement to actively engage, consult, and seek the views of children and young people across the city. In an age where the government seeks for health services to ensure they make "no decision about me without me" in relation to the patient's they serve, it is particularly important to ensure the privilege is extended to children and young people, whose experience is often of being overlooked or of service planning being led by, and for the benefit of, adults who do not understand their needs.

It is vitally important for our organisation, and the children and young people living in the city, that we put in place the best, most robust, evidence based new framework of services to meet their needs. We believe *Working Together Better for Children and Young People* describes just that. We want you to tell us what you like about the strategy and why you think it will be the first step towards designing and delivering services for children and young people that, over the next three years, will begin to impact on health and wellbeing outcomes by supporting the strategic priorities described in the Children and Young People's Plan 2011-2014.

However, we are not complacent – we also want your views about what needs to be changed, reconsidered, or removed. We want the input of everyone who has a vested interest in safeguarding community based healthcare services for children and young people to lend us their expertise and help us embrace this unique opportunity to shape future service delivery.

To enable that process to start, this document poses a series of consultation questions that we want you to answer. The questions should be read and considered in conjunction with *Working Together Better for Children and Young People*. We would like to take this opportunity to thank you in advance for your involvement and your feedback.

Stephen Waite
Chief Executive
Plymouth Community Healthcare

Cate Simmons
Interim Head of Children's Services
Plymouth Community Healthcare

1. Introduction

In order to ensure that the feedback on *Working Together Better for Children and Young People* can be effectively translated into changes to the current draft of the strategy, a series of questions has been devised to seek feedback on the areas that we think are the most important to test.

However, we know that our partners may have feedback to give us that will support the development of the strategy but cannot be captured in response to the questions that we have included below. As a result, this consultation document invites all those reviewing *Working Together Better for Children and Young People* to offer these views in addition to responding to the consultation questions.

2. Consultation Questions

The consultation questions have been described in relation to sections of *Working Together Better for Children and Young People*; this is to help make sure that each element of the strategy will meet the scrutiny that it will inevitably be placed under as part of the review and approvals process.

Strategic context

1. The strategic context makes reference to the impact of parents/carers health and wellbeing on the outcomes of children and young people. How can stronger links be forged between services for children and young people and those that respond to the needs of their parents/carers?
2. Do you think the new framework of services described in the strategy will support the achievement of the Children and Young People's Plan 2011-2014? If yes, why? If not, what could be changed to ensure that this happens?
3. Do you think the local context described in the strategy accurately describes all those things that need to be taken into account when planning the transformation of services for children and young people? Is there anything more that needs to be considered?
4. What networks do you think PCH should tap into to seek the views of children and young people on the proposals in the strategy?
5. Do you think the new framework of services will allow PCH to make progress in engaging 'hard to reach' children, young people and families? If yes, why? If not, what more do you think we need to do to make this happen?

Early years service

1. The intention is for 'feeder' GPs to be linked to their local Children's Centres as part of the plan to develop a robust early years service that cuts across organisational and professional boundaries. What mechanisms could be put in place to support this?
2. How do you think the parental and infant mental health team could be developed to provide direct support for children but also work with their parents within a framework of flexible and tailored support? What about the current system would need to be changed in order to enable this?
3. How can the early years service establish strong links with acute or specialist services for children aged 0-5 (for example, children who attend the Child Development Centre)? What practical arrangements need to be put into place to support joint working and sharing of information?
4. Should the Family Nurse Partnership be aligned with the early years service or be managed separately as one of the specialist, citywide services?
5. What quality measures do you think need to be put in place to demonstrate whether the early years service is improving outcomes for children?

Locality based teams

1. The plans for provision of adult locality based community healthcare teams are different from those for the wider children and young people's system. How can community based healthcare services for children and young people achieve the 'both and' position described in the strategy? What practical and commissioning support will be needed to make this happen?
2. How can locality based teams respond to the needs of school age children by aligning themselves with education – as the key universal service provider for this age group – and maintain appropriately robust links with primary care?
3. How should the planned Single Point of Access (SPOA) be aligned with existing referral management processes for children and young people?
4. How can the SPOA operate as a 'system control function' and also function with the sharing of information and signposting to services as an integral feature?

5. What quality measures do you think need to be put in place to demonstrate whether locality based teams are improving outcomes for children and young people?

Specialist citywide services

1. Managing a good transition is identified as one of the key challenges faced by specialist services that deliver to children and young people. What shared processes could be adopted by services for children and young people and those for adults that would help to overcome the problems arising at transition?
2. What mechanisms could be adopted by commissioners to enable improved transitions for young people?
3. What approach should be taken to ensuring that specialist, citywide community based healthcare services work effectively with other specialist services in the city?
4. How will the proposed SPOA interface with existing single points of contact within the city (for example, the Children's Integrated Disability Service)? Should these be consolidated into one SPOA? What do you think would make the most sense for children, young people and their families?
5. Do you think the plans for a Children in Care health team will lead to improved outcomes and a more responsive service for children and young people in the care of the Local Authority? If yes, why? If not, what changes need to be made to the proposal set out in the strategy?

Resource plans

1. How could we support professionals working with children and young people to find "the most appropriate way of giving expression to all six areas" of the Common Core of Skills and Knowledge?
2. What mechanisms could be put into place to re-engage professionals working with children and young people in order to advance the interests of children and young people in the city?
3. How can we improve on existing partnership working to build strong links between practitioners regardless of professional boundaries?
4. What are the key enablers (e.g. shared records, IM&T etc) that we need to take into account when we begin to remodel the existing workforce in line with the strategy proposals?

Governance, leadership and management

1. Do you think the proposed management structure is the right one to deliver high quality services to children and young people?
2. What processes need to be put in place to support the achievement of clinical governance and compliance with CQC standards for those staff working as part of the integrated locality based teams?
3. What input do you think services for children and families should have to PCH's Clinical Cabinet? Should this be limited to the medical workforce?
4. Will the new framework of services support effective safeguarding children practices? If yes, why? If not, what needs to be changed to ensure that this happens?

3. Process for responding to the consultation

Responses to the consultation questions should be recorded on the consultation response sheet attached below. Responses can be returned electronically to briony.cowan@nhs.net or, alternatively, they can be posted to the following address:

Briony Cowan
Interim Directorate Manager for Children and Families
Children and Families Directorate
Administration Block
Mount Gould Hospital
Mount Gould Road
Plymouth
PL4 7QD

4. Further information

If you have any questions about the consultation or would like any further information about the proposed strategy for the transformation of community based healthcare services for children and young people, please contact Briony Cowan, Interim Directorate Manager for Children and Families, on email at briony.cowan@nhs.net or on (01752) 434304.

Name:	
Title:	
Organisation:	
Date consultation response completed:	
Consultation response no: (office use only)	

Strategic Context	
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2. Do you think the new framework of services described in the strategy will support the achievement of the Children and Young People's Plan 2011-2014? If yes, why? If not, what could be changed to ensure that this happens?	

Strategic Context	
3. Do you think the local context described in the strategy accurately describes all those things that need to be taken into account when planning the transformation of services for children and young people? Is there anything more that needs to be considered?	
4. What networks do you think PCH should tap into to seek the views of children and young people on the proposals in the strategy?	
5. Do you think the new framework of services will allow PCH to make progress in engaging 'hard to reach' children, young people and families? If yes, why? If not, what more do you think we need to do to make this happen?	

Early years service

1. The intention is for 'feeder' GPs to be linked to their local Children's Centres as part of the plan to develop a robust early years service that cuts across organisational and professional boundaries.

What mechanisms could be put in place to support this?

2. How do you think the parental and infant mental health team could be developed to provide direct support for children but also work with their parents within a framework of flexible and tailored support?

What about the current system would need to be changed in order to enable this?

3. How can the early years service establish strong links with acute or specialist services for children aged 0-5 (for example, children who attend the Child Development Centre)? What practical arrangements need to be put into place to support joint working and sharing of information?

Early years service	
4. Should the Family Nurse Partnership be aligned with the early years service or be managed separately as one of the specialist, citywide services?	
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Locality based teams	
5. What quality measures do you think need to be put in place to demonstrate whether locality based teams are improving outcomes for children and young people?	
Specialist citywide services	
1. Managing a good transition is identified as one of the key challenges faced by specialist services that deliver to children and young people. What shared processes could be adopted by services for children and young people and those for adults that would help to overcome the problems arising at transition?	
2. What mechanisms could be adopted by commissioners to enable improved transitions for young people?	

Specialist citywide services	
3. What approach should be taken to ensuring that specialist, citywide community based healthcare services work effectively with other specialist services in the city?	
4. How will the proposed SPOA interface with existing single points of contact within the city (for example, the Children's Integrated Disability Service)? Should these be consolidated into one SPOA? What do you think would make the most sense for children, young people and their families?	
5. Do you think the plans for a Children in Care health team will lead to improved outcomes and a more responsive service for children and young people in the care of the Local Authority? If yes, why? If not, what changes need to be made to the proposal set out in the strategy?	

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2. What mechanisms could be put into place to re-engage professionals working with children and young people in order to advance the interests of children and young people in the city?	
3. How can we improve on existing partnership working to build strong links between practitioners regardless of professional boundaries?	

Resource plans	
4. What are the key enablers (e.g. shared records, IM&T etc) that we need to take into account when we begin to remodel the existing workforce in line with the strategy proposals?	
Governance, leadership and management	
1. Do you think the proposed management structure is the right one to deliver high quality services to children and young people?	
2. What processes need to be put in place to support the achievement of clinical governance and compliance with CQC standards for those staff working as part of the integrated locality based teams?	

Governance, leadership and management		
3. What input do you think services for children and families should have to PCH's Clinical Cabinet? Should this be limited to the medical workforce?		
4. Will the new framework of services support effective safeguarding children practices? If yes, why? If not, what needs to be changed to ensure that this happens?		

Do you have any other comments that you would like to make about the strategy? If yes, please include them below:

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Working Together Better for
Children and Young People –
A Transformation Strategy for
Children and Young People's
Services 2011-2014

September 2011

Document Control

Amendment History

Version	Revision Date	Purpose of the Amendments
1.0	11.08.11	-
1.1	12.08.11	Additional information included
1.2	21.08.11	Additional information included
1.3	26.08.11	Amendments made following review at Provider Executive Team
1.4	23.09.11	Amendments made following initial feedback from consultation process

Reviewers

Name	Title	Date of Issue	Version
Cate Simmons	Interim Head of Children's Services	22.08.11	1.2
Children and Families Directorate	-	26.08.11	1.3
Management Team	-	31.08.11	1.3
Plymouth City Council Children's Services commissioning team	-		

Approvals

Name	Title	Date of Issue	Version
Provider Executive Team	-	25.08.11	1.2
Plymouth Community Healthcare CIC Board	-	29.09.11	1.4
Children's Clinical Commissioning Group	-	17.11.11	1.4
Sentinel Clinical Commissioning Executive	-	26.08.11	1.3

Document Location

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Foreword

“The test of the morality of a society is what it does for its children”
Dietrich Bonhoeffer¹

Working Together Better for Children and Young People, Plymouth Community Healthcare’s Transformation Strategy for Children and Young People’s Services 2011-2014, has been developed to describe the approach that will be taken by the organisation to delivering high quality community based healthcare services for children and young people.

The vision for Plymouth Community Healthcare is to work together with others to help the local population to be physically and mentally well, to get better when they are ill, and when they cannot fully recover, to help them stay as well and as independent as they can until the end of their lives. This strategy articulates how this vision will be achieved with respect to the children and young people served by the organisation.

The core message at the heart of this strategy is that children and young people must be viewed holistically; service pathways need to understand the interface with early year’s services, schools, and children’s social care. The adoption and application of the ‘Think Family’² principle also recognises that services for children and young people must be well linked to those provided for adults, with services being wrapped around families to meet the needs of the children, young people and adults that the organisation works with.

Implementation of this strategy will be crucial if Working Together Better for Children and Young People is to become a reality. The expectation is that all stakeholders will be involved in developing detailed implementation plans and, crucially, the voices and views of children and young people will be heard and encouraged as part of that process.

¹ German Theologian and anti-Nazi activist (1906-1945)

² There is recognition that the term ‘Think Family’ is no longer used by the current administration to describe an approach to securing better outcomes for children and young people and families with additional needs by co-ordinating the support they receive from multiple agencies and practitioners. However, there is no consistently agreed term in use locally to define this approach – with NHS Plymouth adopting ‘family-centric’ and Plymouth City Council describing their work as focusing on families with multiple problems. The ‘Think Family’ principle remains effective shorthand for the purposes of this strategy, as well as being articulated in Plymouth Community Healthcare’s Integrated Business Plan and included as one of the organisation’s key values. It should, therefore, be noted that ‘Think Family’ is used as such throughout Working Together Better for Children and Young People and should not be viewed as overtly linked with the previous Labour government policy.

1. Executive Summary

1.1 Introduction

This section of Working Together Better for Children and Young People provides an overview of the whole strategy, describing the background to the instigation of the transformation programme for children and young people's services and the strategic context, both nationally and locally, that supports the proposed service development plans.

Importantly, Working Together Better for Children and Young People recognises that services for children and young people, although different from those provided for adults, must be viewed in the context of the wider health and healthcare agenda. This means that this strategy has been developed taking into account the changing economic circumstances of the healthcare sector nationally, and the local health economy in particular, and the requirement to work closely with services provided for adults.

1.2 Background

Plymouth Community Healthcare Community Interest Company (CIC) has been established in response to the Transforming Community Services agenda and the decision made by the Board of NHS Plymouth that an employee owned, social enterprise would be the best option to safeguard the provision of community based healthcare services for the local population.

The existing Children and Families Directorate has initiated a collaborative process – working with commissioners, other providers, staff, and children and young people – to determine the most appropriate arrangement of services to meet the needs of children and young people, with the aim of improving the quality of service delivery whilst reducing the cost of provision.

1.3 Children and Young People's Services – The Strategic Context

There are a raft of policy documents, published by the current Coalition Government, the previous Labour administration, and other independent parties, that set the national policy context in relation to the provision of services for children and young people. The recently published Kennedy Review, 'Getting it right for Children and Young People: Overcoming cultural barriers in the NHS so as to meet their needs' (DH, 2010) has drawn together the evidence about the obstacles standing in the way of improving services for children and young people, as well as making several proposals for how these should be addressed. The report states:

“All the relevant agencies and professionals in a given area that are involved in commissioning and providing services must, with the active participation of children and young people, agree a common vision for the healthcare, health and well-being of children and young people, and collaborate in achieving it” (DH, 2010; page 8)

The Kennedy Report also picks up a key theme of existing policy, which has been echoed in the recent independent reviews conducted by Graham Allen MP and Frank Field MP, in citing the importance of intervening early to improve outcomes for children and young people and to prepare them for becoming parents themselves. Kennedy concludes:

“Perhaps the single most important cultural shift that is needed from the NHS is to invest in the development of children in their early years (from minus nine months to two or three years old). These early years are absolutely central to the developmental fate of a child, yet until recently they have received virtually no attention. A huge cultural shift must take place. Resources must be invested in the early years of children, concentrating on those most at risk, whose parents/carers are least able to provide what the child needs” (DH, 2010; page 11).

Kennedy’s recommendation to focus on the early years and the requirement to view children and young people (especially those most at risk) within a holistic context, and with a clear understanding that helping parents and carers is often the most effective way to support families, dovetails with the local policy context and ambitions of Plymouth Community Healthcare as described in the organisation’s Integrated Business Plan. Plymouth Community Healthcare’s adoption of the ‘Think Family’ principle and the close working relationship with Plymouth Children and Young People’s Trust both signal a commitment to working together with partners to improve outcomes for children and young people.

1.4 Service Development Plans

Working Together Better for Children and Young People describes a new framework for the provision of community based healthcare services delivered by Plymouth Community Healthcare.

Reflecting the plans for children and young people’s services described in the Integrated Business Plan, the key themes arising from the initial scoping and engagement exercises that have taken place with staff, and taking into account the local and national policy context, the future framework for children and young people’s services can be described in the following terms:

- Creation of an early years service, which brings together all those professionals focused on providing community based healthcare services to the 0-5 years age group;
- Establishment of locality based teams, co-located and jointly managed in line with the model adopted by Plymouth City Council, and bringing together professionals focused on providing community based healthcare services to school age children and young people; and
- The maintenance of specialist, city wide services to manage the low volume of children and young people who present with highly complex needs (e.g. Tier 4 Inpatient Child and Adolescent Mental Health Services) in an internally integrated team.

The new framework for service provision reflects the requirement to approach the delivery of services by taking a holistic approach to improving the health and wellbeing of children and young people; embedding this approach as part of the prevailing culture of Plymouth Community Healthcare will support the achievement not only of the citywide priorities described in the CYPP 2011-2014 but of the 'Think Family' principle in the delivery of all services, including those for adults, by Plymouth Community Healthcare.

1.5 Resource Plans

This strategy recognises that sustained and lasting engagement with the children and young people's workforce during this period of transformational change will be essential if the plans described in section four of Working Together Better for Children and Young People are to be realised.

In order to embed a shared understanding of what children and young people need from the workforce, the transformation of services and adoption of the new framework for service delivery will embed the 'Common Core of Skills and Knowledge' (Department for Children, Schools and Families (DCSF); 2010) at the heart of the workforce transformation.

It is recognised that the new framework for service provision will mean that the existing workforce will be reconfigured; this will include the leadership and management arrangements in services for children and young people.

1.6 Financial Plans

The financial plans to support this strategy recognise that in order for services for children and young people to be sustainable, they must identify and deliver recurrent efficiency savings.

It is anticipated that the reconfiguration of the workforce in line with the new framework for provision will release efficiency savings, but it is likely that the full impact of these savings will not be released until the 2012-13 financial year.

Details of the efficiency savings identified for the 2011-12 financial year within services for children and young people have been included in section six of Working Together Better for Children and Young People.

1.7 Governance, Leadership and Management

The governance, leadership and management arrangements in the new framework of services for children and young people are described in section seven of this strategy. Working Together Better for Children and Young People explains how services for children and young people will be held to account through the new governance structures that are being put into place within Plymouth Community Healthcare.

Importantly, the proposals for the professional leadership arrangements are also included, although it is recognised that these are currently being considered as part of a consultation process with individuals operating in a professional leadership role and a wider group.

This section of the strategy also provides detail about the future management structure of services for children and young people, reflecting the movement away from single service lines lead by a Head of Service towards integrated delivery of services under the management of a defined lead for each of the three areas identified in the new framework.

1.8 Transition Planning

This section of Working Together Better for Children and Young People reflects the reality that the creation of this transformation strategy marks the beginning of a process that will take time and will require the engagement of multiple stakeholders if it is to be a success.

Outlining in broad terms the next steps, this section can be viewed as a precursor to the development of detailed implementation plans to support the vision for the transformation of community based healthcare services for children and young people.

2. Background

2.1 Introduction

This section of the strategy describes the background to the proposed changes in the community based healthcare services currently provided for children and young people. Focusing on national drivers for change to organisational form, it describes the local process that has resulted in the establishment of Plymouth Community Healthcare Community Interest Company and the planned development of services for children and young people as part of that process.

More detail about the wider strategic drivers, both local and national, for the transformation of services for children and young people is contained in section three, 'Children and Young People's Services – The Strategic Context'.

2.2 Transforming Community Services

'Transforming Community Services: Enabling New Patterns of Provision' was published in 2009 and established the vision for creating modern, responsive community services that deliver to a consistently high standard. With quality as the organising principle, and the ability to effect clinically-led transformational change at the core of the programme, the document clearly established the requirement for Primary Care Trust (PCT) Boards to review existing models of service delivery and to undertake a process to determine the future direction for provision of community based services.

Enabling New Patterns of Provision was followed by the publication of 'Transforming Community Services: The Assurance and Approvals Process for PCT-provided Community Services' (Department of Health (DH), 2010). With the dual aim of supporting PCTs as they developed proposals to shape the future of their community services and describing the assurance and approval process that Strategic Health Authorities would follow, this document described the tests that would be applied to ensure that any proposed organisational form for the delivery of community based services would lead to quality improvement, increased efficiency and would be a sustainable proposition.

This document described the importance of all of the services within the organisation being organised around service users, whether at home, in a community setting or in hospital. The development of community based services was recognised as pivotal in taking forward the quality, innovation, productivity, and prevention agenda. There was an emphasis on accelerating the integration of services for adults, with community based services being joined with primary, secondary and social care.

There was a process put in place by the Board of NHS Plymouth to consider the options for organisational form (e.g. vertical integration with the local acute

Trust, horizontal integration, establishment of a social enterprise), which took into account the tests described in *The Assurance and Approvals Process*. NHS Plymouth determined that establishment of a social enterprise would be the most appropriate vehicle to enable the transformation of community based healthcare services, including those delivered to children and young people.

An Integrated Business Plan describing the approach that this new organisation would take to transforming community based healthcare services was developed, both to respond to the Commissioner Case for Change issued by NHS Plymouth and to describe the strategic priorities for the development of community based services over the next three years.

Following a lengthy review and approvals process to consider the contents of the Integrated Business Plan and the future direction of travel for community based healthcare services, the new organisation was legally constituted on 1 April 2011 as Plymouth Community Healthcare Community Interest Company.

The vision, values, and mission of the new organisation are described below:

Vision		
To work together with others to help the local population to stay physically and mentally well, to get better when they are ill, and to remain as independent as they can until the end of their lives.		
Values		
	We:	This means:
Involvement	Always involve the adults, children, and young people we care for in deciding how we can provide our services to best meet their needs.	We want the people we care for to actively participate by helping us to develop our services and telling us when we don't get things right for them.
Collaboration	Are committed to working collaboratively with other organisations to achieve improved health outcomes for the local population.	We will work to make sure that everyone in the community has the same chance of staying healthy, independent, and safe.
Delivery	Make sure that the people we care for are able to access the right help, at a time that they need it and in a place that is close to their home.	We will organise our services so that they make sense for the people who use them and not in a way that best suits us.
Empowerment	Recognise the contribution our staff make and believe in making sure that our staff receive the right training and support to help them do their job to the best of their ability every day that they come to work.	We will empower our workforce and invite them to help the organisation to find creative and innovative solutions to any challenges we may face in the future.

Think Family	Understand that offering services across the age range offers opportunities to develop a 'Think Family' approach to the care that we deliver.	We will arrange ourselves around the family and not according to perceived boundaries between services for adults, children, and young people.
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Mission

We will use all of the resources we have available to us to provide effective, efficient, high quality, safe, and sustainable health services for the community. We are committed to devoting the public funds we receive solely for the benefit of the people who we serve.

The vision, values, and mission were designed by the new organisation to apply to everyone in the local population, including children and young people, who will receive services from Plymouth Community Healthcare. The intention was also to ensure that there was sufficient recognition of the importance of engaging the workforce to take forward the required transformation of services.

2.3 Principal activities of Plymouth Community Healthcare – the current configuration of services for children and young people

Section four of Working Together Better for Children and Young People describes the plans for service development that arise from this strategy. It is important to understand the current configuration of services for children and young people if the changes that this strategy seeks to introduce are to be seen as truly transformational as well as leading to measurable improvements in outcomes for children and young people in the local population.

Services for children and young people are currently part of the Children and Families Directorate and comprise the following service lines:

- 0-19 Community Public Health Nursing (Health Visitors and School Nurses);
- Speech and Language Therapy;
- Child and Adolescent Mental Health Services (CAMHS);
- Specialist Tier 4 inpatient CAMHS (Peninsula wide service);
- Community Contraception and Sexual Health Services (C-CASH) (Delivering to Plymouth and parts of south west Devon);
- Safeguarding children services; and
- Child Death Review Panel (Peninsula wide service);

Section 2.4 below describes the proposed changes to the current model of service delivery, with a move away from separate service lines to an integrated model of service delivery. It is worth noting that individual change processes have been put in place for some of the services described above and this means that they have fallen outside of the scope of this transformation strategy, e.g. Safeguarding Children services will be retained

by NHS Plymouth as part of the commissioning function. Detail about these individual change processes has, however, been included in the sections of this strategy that describe the service development, resource and financial plans for services for children and young people.

2.4 Transforming community services for children and young people – the background to the development of Working Together Better for Children and Young People

In line with Plymouth Community Healthcare's Integrated Business Plan, the existing Children and Families Directorate management team sought to establish a collaborative approach to the transformation of services for children and young people; this meant working in partnership with commissioners, other providers (both statutory and non statutory), the workforce, and with children, young people, and their parents/carers to describe what the transformation of services would look like and to ensure that any new arrangement would improve outcomes for children and young people.

After meeting with commissioners to describe the intended approach, engagement events were held over three days to invite staff to consider how services could best be arranged to meet the needs of children and young people. The content of these events was shaped by the service development plans for services for children and young people that had been described in the Integrated Business Plan. The plans put forward for consideration are described below:

- To scope the potential to create a dedicated early years (0-5) health service operating as part of the Early Years system across the city;
- To scope the potential to create school age, locality based teams focussed on prevention and early intervention for physical and mental health; and
- To scope the potential to enhance existing specialist, citywide provision by joining professionals into an internally integrated delivery team.

The children's workforce was also asked to consider how to ensure that any new arrangement of services for children and young people would work with the rest of Plymouth Community Healthcare, in line with the 'Think Family' principle, to ensure that services for children, young people and adults would, when required, be wrapped around families to meet the needs of children, young people and their parents/carers.

Several key themes emerged from these scoping events, which were shared with commissioners. These key themes were:

- **Joint commissioning of services for children, young people and their families** – services should be commissioned across the health and social care pathway, with recognition that the needs of children and young people do not stop and start in common with self imposed organisational boundaries;

- **Establishment of a Single Point of Access (SPOA)** – conceived as an ‘enabling function’, rather than simply a ‘system control function’, an effective SPOA would operate as a place to share information and expertise and to signpost children, young people and their families to other services as well as offering the potential to manage the flow of referrals relating to children and young people;
- **Adoption of locality based, multiprofessional delivery** – locality based working, including co-location of health and other professionals (e.g. social workers), was recognised the most responsive way to meet the needs of children and young people;
- **Contracting and payment process** – there was concern that the current contracting and payment regime encouraged a narrow focus on achieving an agreed number of contacts rather than on improving outcomes for children and young people; and
- **Single electronic record** – the benefits associated with all practitioners being able to access and share information about children and young people through a single electronic record were widely recognised.

A further meeting took place with commissioners in June 2011, where it was agreed that the transformation of community based services for children and young people would take place alongside a programme of improvement of existing services in line with The Operating Framework for the NHS 2011/12 (DH, 2011); this parallel process of improvement and transformation would remain collaborative and iterative, ensuring the ongoing engagement of staff and children and young people.

This meeting was followed by a written response from the commissioners in relation to the key themes identified at the scoping event, setting out the commissioning intentions in relation to services for children and young people. These had been developed with reference to ‘The Healthy System’ model described in NHS Plymouth’s Operating Plan 2011/12 but recognised that there was more work to be done in describing how the model will apply to the delivery of services for children and young people. The full text of the written response is attached as Appendix One but a summary has been included below for ease of reference:

- **The system should promote healthy development** – this should include safeguarding the welfare of children and young people, as well as responding to ill health;
- **The system should identify concerns at an early stage** – early intervention, supported by the use of relevant screening tools, and a partnership approach to prevent escalation should be put into place;
- **Additional needs should be met in a timely manner** – the system should identify additional needs and respond to them through the provision of timely and accessible services, delivered by staff skilled at working with children and young people;
- **An integrated approach to service delivery** – integrated delivery linking healthcare services and partner agencies, in order to address the multiple factors impacting on children and young people’s lives is

essential. Provision on a locality basis will enable the use of existing assessment tools, e.g. the Common Assessment Framework (CAF)³, to determine need;

- **Interventions should be approached from a holistic viewpoint** – the approach should enable practitioners to address more than just the presenting symptom, actively addressing other factors that may impact on the child or young person again in the future if they are left unresolved;
- **An understanding of demand flows** – this is essential to meet the need of children and young people, in particular those who are known to be more vulnerable and less likely to access services;
- **Meaningful engagement and participation of children and young people** – involvement of children and young people in decisions about how to best design and deliver services is crucial;
- **Collaboration with adult services to promote a ‘family centric’ culture of service delivery** – early detection and identification of issues that will impact on the whole family, provision of support that is ‘wrapped around’ families, and the ability to enable effective transitions between services for children and young people and those for adults is essential.

Working Together Better for Children and Young People seeks to describe how Plymouth Community Healthcare will take forward the transformation agenda for children and young people’s services in light of this response from commissioners.

2.5 Locality based service delivery – alignment with the wider system for children and young people

Plymouth Community Healthcare’s Integrated Business Plan and the initial stages of the transformation process for children and young people’s services recognise that, whilst community based healthcare services for children and young people must be maintained as a discrete entity within a larger organisation, there are many benefits to be gained from aligning service delivery with other providers as well as with the services delivered to adults by Plymouth Community Healthcare, many of whom are parents.

The Plymouth Children and Young People’s Trust has already identified locality based provision of services for children and young people as one of the priorities in the Children and Young People’s Plan (CYPP) 2011-2014 (see section three, ‘Children and Young People – The Strategic Context’ for more detail) . There has been some discussion about whether services for children and young people should be more closely aligned with the wider system for children and young people or with those services for adults provided by Plymouth Community Healthcare.

³ The ‘Every Child Matters’ Green Paper proposed the introduction of a Common Assessment Framework (CAF) as a central element of the strategy for helping children, young people and their families. The aim was to improve the consistency and quality of assessments by introducing a non-bureaucratic, common method of assessing the needs of children and young people that could be used by the whole children’s workforce, including those in universal services.

Working Together Better for Children and Young People identifies that a 'both and' position needs to be taken; services for children and young people provided by Plymouth Community Healthcare need to be **both** part of a wider locality based system for children and young people **and** maintain strong links with services for adults if the organisation is to make the adoption of the 'Think Family' principle a reality of service delivery. It is only by taking this approach that a significant positive impact on outcomes for children and young people will be achieved.

2.6 Conclusion

This section of Working Together Better for Children and Young People describes the background that has led to the development of a strategy for the transformation of services for children and young people.

The following section of Working Together Better for Children and Young People sets out the strategic policy context, nationally and locally, in relation to the delivery of services for children and young people. It is this policy context, along with the background described above, that has shaped the service development, resource and financial plans included in later sections of this strategy.

3. Children and Young People's Services – The Strategic Context

3.1 Introduction

Over the last decade, there has been a rapid growth in the development of government policy relating to children and young people; this approach has been based on the widely held belief that the future prosperity and success of Great Britain will be shaped by the 14.8 million children and young people living in the country.

Important early developments, including legislative changes introduced through the Children Act (2004), the creation of a Children's Commissioner for England⁴, the publication of 'Every Child Matters' (Department for Education and Schools (DfES), 2004) and a 'National Service Framework for Children, Young People and Maternity Services' (DH, 2004)⁵ all embedded the idea that planning services for children and young people from a holistic perspective would lead to the greatest measurable improvement in outcomes as well as supporting children and young people most effectively. These early developments have been built upon, by both the previous Labour administration and the current Coalition Government, and their application at a local level has been monitored.

There has been a growing acceptance, alongside and as a result of the development of policy specific to children and young people, of the interaction of services for children and young people with those provided for their parents. The evidence indicates that supporting parental physical and mental health and enabling parents to develop parenting strategies has a significant impact on outcomes for children and young people.

It is against this backdrop that the approach to developing services for children and young people that is described in Working Together Better for Children and Young People must be viewed.

3.2 The national context

The sheer volume of policy documents relating to children and young people that have been issued in the last ten years means that it is not possible to capture all those that are relevant in this strategy. As a result, the policy documents that have been included in this strategy are the reports and reviews that have been most recently issued, those that have a significant resonance with the planned direction of travel for community based healthcare services for children and young people, and those that have an enduring

⁴ At the time of writing, Dr Maggie Atkinson is Children's Commissioner for England. There are counterparts in the devolved nations of Wales, Scotland and Northern Ireland who undertake an equivalent role.

⁵ A strategic 10 year programme intended to "stimulate long-term and sustained improvement in children's health. It aims to ensure fair, high quality and integrated health and social care from pregnancy, right through to adulthood". For further information see <http://www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Children/index.htm>

influence on service planning and delivery in relation to improving outcomes for children and young people.

3.2.1 'Improving children's outcomes by supporting parental physical and mental health'

This document, published by the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) in March 2011, reviews the evidence to determine what works in improving the safety, health and wellbeing of children through improving the physical and mental health of mothers, fathers and caregivers.

The report recognises the complexity of arriving at a *"comprehensive and precise understanding of the exact mechanisms involved"* (C4EO 2011; page 30) but makes it clear that the *"inter-relationship between children's and young people's needs, their chances of achieving optimum outcomes, and the physical, emotional and social characteristics and circumstances of their parents and carers has been widely and consistently acknowledged and highlighted by researchers over a period of time"* (C4EO 2011; page 30). For example, poorer outcomes have been identified across a range of research for children growing up in circumstances where there are:

- Poor parenting skills;
- Parental mental health problems;
- Parental substance misuse;
- Violence between adult family members;
- Parents who were themselves abused or neglected as children; and
- Social isolation.

The review makes several recommendations about the approach that should be taken to ensure the configuration and delivery of services for children and young people and those for adults, which are accessed by their parents, is optimal to support improved outcomes. These recommendations have been incorporated into the proposed transformation of services for children and young people provided by Plymouth Community Healthcare; this are described in more detail in section 4, 'Service Development Plans'.

3.2.2 'The impact of parenting and family support strategies on children and young people's outcomes'

This document from C4EO complements the recommendations made in the review described above by building further on the link between positive outcomes for children and young people and the support their parents receive.

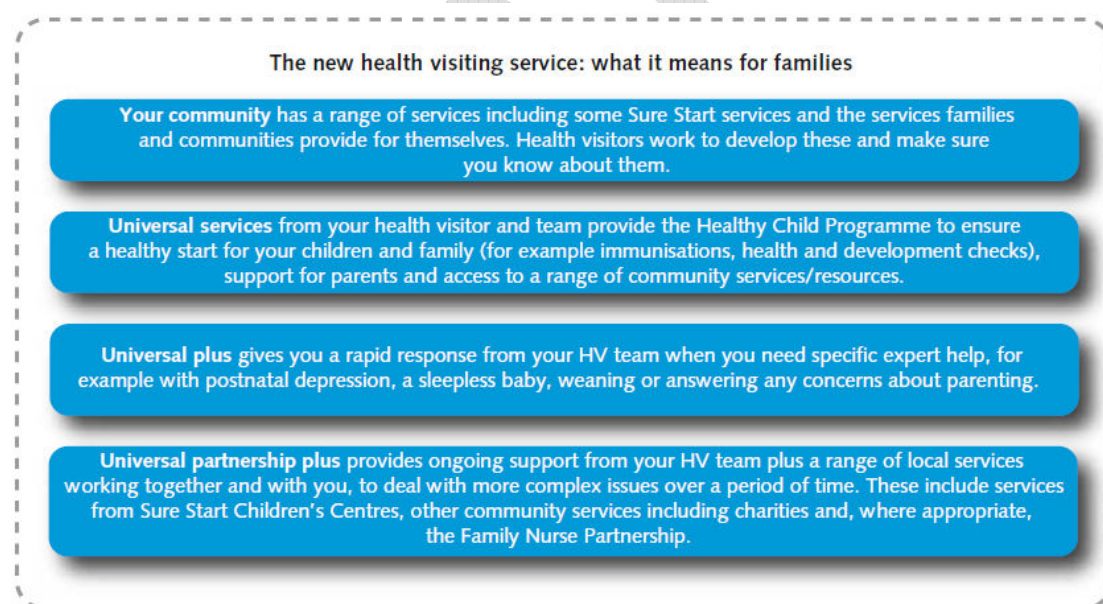
One of the key messages from this report was that the support needs of parents and carers are generally inadequately assessed and that where needs assessments are undertaken, they rarely take into account the views of service users. This was found to be particularly true for *"minority ethnic parents, fathers and disabled parents"* (C4EO 2011a; page 72). C4EO cited evidence that *"community-based programmes that use joined up multiagency*

approaches with a well-trained workforce, use the media to engage hard-to-reach people, and use both practical and therapeutic interventions simultaneously, can improve child behaviour and welfare, and reduce juvenile crime and time spent in care” (C4EO 2011a; page 71).

The recommendations from this review, particularly in relation to avoiding the ‘numerous’ barriers to parental engagement, have been considered alongside those reported in *Improving the Safety, Health and Wellbeing of Children* in the service development plans for services for children and young people.

3.2.3 ‘Health Visitor Implementation Plan 2011-2015: A Call to Action’

In February 2011, the Coalition Government published the ‘Health Visitor Implementation Plan 2011-2015: A Call to Action’. This Plan describes a commitment – one, it is worth noting, that was included in The Operating Framework for the NHS 2011/12 – to expand and strengthen health visiting services. *A Call to Action* describes a new health visiting service, which will be put into place across the country, which will work in partnership with GPs, midwives, Children’s Centres and other local organisations to deal with health, developmental and other problems within families. The new health visiting service has been described in the Plan in the following terms:



The rationale for the approach described in *A Call to Action* is based on the importance of the experience of children at the start of their life in laying strong foundations for health and wellbeing in later years. The Plan states:

“The period of prenatal development to age 3 is associated with rapid cognitive language, social, emotional and motor development. A child’s early experience and environment influence their brain development during those early years, when warm, positive parenting helps create a strong foundation for the future. New evidence about neurological development and child

development highlights just how important prenatal development and the first months and years of life are for every child's future" (DH, 2011; page 7)

There is recognition that the numbers of health visitors nationally has been in decline, leading to missed opportunities and a failure to support children and their families. The intention of *A Call to Action* is to maximise the contribution of health visiting teams at community, family and individual level; this will mean close working with Children's Centres, the Family Nurse Partnership, other early years services, GPs, midwives, specialist services and, where appropriate, social care services.

One of the key features of the work undertaken by health visitors as part of the Plan is the renewed emphasis on delivery of the 'Healthy Child Programme: Pregnancy and the first five years of life' (DH, 2009), which will be delivered as part of the core universal offer for families. However, it should be noted that there is a role for health visitors in supporting vulnerable families who require ongoing additional support for a range of special needs, e.g. teenage mothers.

The service development plans for children and young people's services, described in more detail in section four of this strategy, have been developed to enable a consistent focus on the early years (between the ages of 0-5 years), in line with the requirements of *A Call to Action*. It is envisaged that the increase in health visitor numbers will be central to the delivery of both the vision described in the Plan and the wider vision for children and young people described in this strategy.

3.2.4 'Early Intervention: The Next Steps'

Reporting in advance of the publication of *A Call to Action*, and referenced in that document, was the independent report to Her Majesty's Government by Graham Allen MP into Early Intervention⁶. This report was undertaken as part of the continuing effort to promote *"a culture of early rather than late intervention, to build the basic components of success rather than throwing more money into the chasm of failure. If we are to make a change across the generations, it cannot be the property of one party; it requires all voices, all governments, a whole nation, to continue the attack on the causes of dysfunction and to help all our babies, children and young people to have a decent chance in life"* (Cabinet Office, 2011; page x).

The first in a two part report, the review sets out the rationale for Early Intervention, as well as identifying existing areas of good practice that can be built upon to achieve greater success, and describing the requirement for all government departments to align their work programmes in support of shifting the whole system towards early intervention and away from later, and more costly, efforts to repair entrenched problems. The report states:

⁶ The term Early Intervention is described in the independent report as being reserved for "the general approaches and specific policies and programmes which are known to produce the benefits described here for children ages 0-3 and for older children up to 18 who will become the better parents of tomorrow. For that reason, I have generally turned it into a proper name, with capital letters. In some contexts I use 'early intervention' in its everyday general sense, without capitals" (Cabinet Office, 2011; page xi)

Early Intervention is an approach which offers our country a real opportunity to make lasting improvements to the lives of our children, to forestall many persistent social problems and end their transmission from one generation to the next, and to make long-term savings in public spending (Cabinet Office, 2011; page vii).

Importantly, the independent report describes the potential economic benefits that will arise from adopting an Early Intervention approach, referencing a recent review by the Organisation for Economic Co-operation and Development (OECD), which found that *“country spending profiles examined are not consistent with the theory and evidence on child wellbeing. In contrast, there is little or no obvious rationale for why so many Governments place the weight of their spending on late childhood”* (Cabinet Office, 2011; 32).

The service development plans described in section four of this strategy demonstrate how the reorganisation of the current services for children and young people will support a move towards an Early Intervention approach, taking into account the relevant recommendations from the report.

3.2.5 'The Munro Review of Child Protection: Final Report – A Child Centred System'

In June 2010 Professor Eileen Munro was asked to conduct an independent review of child protection in England. In the third and final report, issued in May 2011, Munro indicated that the recommendations set out in the report were intended to support *“moving from a system that has become over bureaucratised and focused on compliance to one that values and develops professional expertise and is focused on the safety and welfare of children and young people”* (Department of Education (DE), 2011; page 6). Munro highlighted the requirement for a continued multiagency approach, within which professional expertise would be valued and the rules and requirements set out in national child protection guidance would be simplified.

Focused on the adoption of a whole systems approach to the management of child protection and safeguarding, the review *“noted the growing body of evidence of the effectiveness of early intervention with children and families and shares their view on the importance of providing such help. Preventative services can do more to reduce abuse and neglect than reactive services. Many services and professions help children and families so co-ordinating their work is important to reduce inefficiencies and omissions”* (Department of Education (DE), 2011; page 6). This was particularly important in relation to those families whose need does not meet the threshold for social care intervention and Munro recommends that a statutory duty is placed on Local Authorities and their partners to secure the provision of sufficient **local, early help**.

The service development plans described in section four of this strategy represent the first stage in a move towards the adoption of a whole systems approach to the delivery of services for children and young people,

recognising the role that all of the services in Plymouth Community Healthcare will have in safeguarding the wellbeing of children and young people.

3.2.6 'The Foundation Years: preventing poor children becoming poor adults'

Frank Field MP was commissioned in June 2010 to undertake an independent review on poverty and life chances; in common with the Allen Report, the review concluded that the UK needs to address the issue of child poverty in a *"fundamentally different way if it is to make a real change to children's life chances as adults"* (Cabinet Office, 2010; page 5).

The report notes that there are a range of services available to support parents and children during the early years of their lives – as it is recognised in this report, as in the Allen report, that children's life chances are most heavily predicated on their development in the first five years of life. However, the report recognises that *"GPs, midwives, health visitors, hospital services, Children's Centres and private and voluntary sector nurseries together provide fragmented services that are neither well understood nor easily accessed by all of those who might benefit most"* (Cabinet Office, 2010; page 5).

In order to prevent poor children from becoming poor adults, and to disrupt the cycle of deprivation and missed life chances, it is clear that a *"shift of focus is needed towards providing high quality, integrated services aimed at supporting parents and improving the abilities of our poorest children during the period when it is most effective to do so"* (Cabinet Office, 2010; page 6). The independent report makes two overarching recommendations, as well as 24 further, specific recommendations for action, and both of these overarching recommendations have a bearing on the development of community based healthcare services for children and young people. The overarching recommendations are:

"To prevent poor children from becoming poor adults the Review proposes establishing a set of Life Chances Indicators that measure how successful we are as a country in making more equal life's outcomes for all children.

To drive this policy the Review proposes establishing the 'Foundation Years' covering the period from womb to five. The Foundation Years should become the first pillar of a new tripartite education system: the Foundation Years leading to school years leading to further, higher and continuing education" (Cabinet Office, 2010; page 6).

The development of community based healthcare services for children and young people has an important role to play in giving greater prominence to the earliest years in life, from pregnancy to age five, in support of the overarching recommendations made by the Field Report. In addition, the alignment of services for children and young people with those provided for their parents, and with the wider children and young people's system, will make a significant difference to the outcomes for children and young people in Plymouth. As the independent report indicates *"Nothing can be achieved without working with parents. All our recommendations are about enabling parents to achieve*

the aspirations that they have for their children” (Cabinet Office, 2010; page 6).

3.2.7 ‘Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs’

Sir Professor Ian Kennedy was asked to undertake a review of children’s services in the NHS at the end of 2009, in response to the sense that *“the NHS was not performing as well as it could: that children and young people were not getting the best deal”* (DH, 2010; page 2). In contrast to many reviews, which focus solely on specific, individual policy issues, the Kennedy Report concentrated on understanding the role of culture within the NHS and the areas where there are cultural barriers to change and improvement for services for children and young people.

After considering the current arrangement of services for children and young people and the role of professionals in meeting the needs of children and young people, Kennedy concluded that there was *“no doubt that change is needed”* (DH, 2010; page 45). He went on to state:

“The child and young person must be at the centre of the services provided by the NHS and other agencies. They must be involved in the shaping and delivery of those services. The services must be organised around the children and young people: they should not have to work out which door to go through to get what they need. The services must be responsive to their needs, not organised around buildings or the preferences of the staff...And, above all else, it is as they start out in life that children must be given the greatest possible assistance in making a start which will equip them with the well-being and resilience to become the successful citizens of the future” (DH, 2010; page 45).

The Kennedy Report identifies the cultural barriers in the way of change to services for children and young people, as well as proposing approaches that can be taken to remove or avoid these obstacles. Kennedy groups the cultural barriers that need to be considered under the following five headings:

- Getting policy right;
- The vehicle for change;
- Changing the NHS;
- The NHS working with others; and
- Changing/challenging how people work.

Whilst this strategy cannot address itself to the recommendations made in relation to policy making at a national level, the transformation of services for children and young people provided by Plymouth Community Healthcare can adopt the recommendations made by Kennedy in relation to the other four headings, particularly as these recommendations will lead not only to improved outcomes for children and young people but also because they make economic sense and will allow the children and young people’s workforce to re-engage with their mission to provide high quality services.

Some of these recommendations require a closer working relationship with other areas of the children and young people's system, for example early years services, schools, and the youth justice system. Kennedy makes it clear that only through integration of services and investment in early intervention and prevention can savings be made. He states:

"It is so blindly obvious that it needs to be said again and again: today's children and young people are tomorrow's adults. Unless the NHS wants to go on responding to the never-ending and growing numbers of adults presenting themselves for care, it needs to direct an increasing element of its energies to cutting down those numbers by intervening earlier" (DH, 2010; page 46).

Section four of this strategy describes in more detail how a new framework for the delivery of services to children and young people will enable the transformation of services in line with the recommendations made by the Kennedy Report.

3.2.8 'Achieving equity and excellence for children: how liberating the NHS will help us meet the needs of children and young people'

Issued at the same time as the Kennedy Report, this policy document described the intention of the Coalition Government to *"design children and young people into our proposals* [from the White Paper 'Equity and Excellence: Liberating the NHS', DH, 2010] *from the outset"* (DH 2010; page 2). In common with the policy documents described above, this report recognised that *"In order to improve services for children and young people we need a system which works to achieve the outcomes that are important for their health and wellbeing"* (DH, 2010; page 14).

The report, intended as a consultation paper to encourage discussion and debate about how to approach the transformation of services for children and young people in line with the recommendations made by the Kennedy Review, discussed the changes needed at every level of NHS provision. For example, there was consideration given to the role of GPs, both in the commissioning and provision of services for children and young people.

3.2.9 'Healthy lives, brighter futures: The strategy for children and young people's health'

This strategy, published jointly by the DH and the Department for Children, Schools and Families (DCSF), in 2009 was intended by the previous government to cement the standards and ambitions set out in earlier policy documents, including the NSF for Children, Young People and Maternity Services (DH, 2004), Every Child Matters (DfES, 2004) and The Children's Plan (DCSF, 2007).

In common with recently published policy documents, *Healthy Lives Brighter Futures* described the need to focus on pregnancy and the early years (through application of the *Healthy Child Programme*), to provide support to

school-age children, to provide specific support for young people, to better meet the needs of children and young people with acute or additional health needs, and to support local partners to jointly set out a local offer that reflects local needs.

3.2.10 'Think Family: improving support for families at risk'

Arising from a specific set of reforms developed by the Social Exclusion Taskforce, *Think Family* found that “*families experiencing multiple and inter-generational disadvantage were still achieving poor outcomes despite significant improvements in outcomes across the rest of society*” (DSCF, 2009; page 4). Based on evidence based practice, and closely linked to the development of an early intervention framework in the context of educational policy, *Think Family* focused on securing better outcomes for children, young people and their families with additional needs, by co-ordinating the support they received from children, young people and adult's services.

Importantly, this co-ordination was intended to reach across organisational boundaries, with the wider system for children and young people, and adults, expected to work together, on a local level, to improve the experience and outcomes for these families. The implications of *Think Family* were intended to “*extend to both universal and targeted services working with adults, young people, children and families and working across all sectors*” (DCSF, 2009; page 6) and, although the current Coalition Government has moved away from the *Think Family* terminology, the principles of the *Think Family* approach have been validated by more recent policy reports, including those issued by C4EO and the recent Allen, Munro and Field Independent Reports on behalf of the government.

Working Together Better for Children and Young People describes in more detail in section four how the *Think Family* principles have been woven into the transformation of community based healthcare services for children and young people that is proposed in this strategy.

3.3 The local context

The local context in which services for children and young people operate is equally as important as the direction set by national policy initiatives and independent reports. Without a robust and clear translation of national policy into local reality, services for children and young people will not advance in a way that achieves better outcomes for children and young people and prepares them for becoming parents themselves.

The local context for children and young people receiving services from Plymouth Community Healthcare is complex, reflecting the national picture described by Kennedy of a “*complex array and interplay of organisations, units and teams*” (DH, 2010; page 6), with a range of providers working together, in a largely informal network, in order to best meet their needs and the strong presence of the Plymouth Children and Young People's Trust,

which has sought to create an 'umbrella organisation' to drive a joined up approach to the commissioning of services.

The key drivers for change in the local context are described below. It should be noted that these drivers are not necessarily wholly associated with the provision of healthcare services for children and young people, which provides some insight into the impact of changes in the wider children and young people's system on the provision of community based healthcare services.

3.3.1 NHS Plymouth – cluster arrangements and the transition to clinical commissioning groups

In line with the requirements of 'Equity and Excellence: Liberating the NHS' (DH, 2010) and the approach adopted by the DH to facilitate the system changes required to move towards development of clinical commissioning groups (previously GP commissioning consortia), NHS Plymouth has recently been incorporated into a 'PCT cluster' that covers NHS Devon, NHS Plymouth and Torbay Care Trust and is under the management of a single executive team. The intention is for the cluster to provide a stable commissioning environment to enable the establishment of robust clinical commissioning groups, whilst reducing the costs associated with the administration and management of the three, single PCTs.

The NHS Plymouth Board approved the establishment of the Sentinel Clinical Commissioning Executive (SCEE) in May 2011 and this now operates with 'devolved powers' from the NHS Plymouth Board. The Children and Young People's Clinical Commissioning Group (CYP CCG), which will operate as a sub-group of the SCCE following formal approval at SCEE of the Terms of Reference and accountability structure, has been created. It is through this group that the initial stages of the transformation strategy for services for children and young people have been discussed with service commissioners.

As described above, in section 2.4 of this strategy, the CYP CCG have already given some thought to their commissioning intentions in relation to the transformation of community based healthcare services for children and young people. These have arisen, in part, as a result of the collaborative approach that has been taken during the initial stages of the process but also with reference to national policy and in relation to local drivers for change.

3.3.2 Plymouth Children and Young People's Plan 2011-2014

The Plymouth Children and Young People's Plan (CYPP) 2011-2014 has been developed to set out the priorities for Plymouth Children and Young People's Trust over the next three years. Developed against a backdrop of changing legislative requirements in relation to Children's Trusts⁷, this

⁷ Children's Trust arrangements are no longer mandatory; the Coalition Government removed the statutory requirement for Local Authorities to work with other agencies under the auspices of a Children's Trust. As well as revoking the children and young people's plan regulations – meaning that Children's Trusts no longer have a duty to produce a children and young people's plan – the duty for schools to cooperate through Children's Trusts was removed as part of The Education Bill (introduced to the House of Commons in January 2011 and now in Lords Committee). For further information see <http://www.education.gov.uk/inthenews/inthenews/a0066362/more-freedom->

document embeds the approach of partner organisations to working together collectively to make a difference for children and young people.

The Plymouth 2020 partnership (the Local Strategic Partnership for Plymouth) has embraced the Children and Young People's Trust as a theme group, allowing it – and the priorities set out in the CYPP 2011-2014 – to be fully aligned with the city's vision and four shared priorities, which are:

- Deliver Growth;
- Raise Aspirations;
- Reduce Inequalities; and
- Provide Value for Communities.

The priorities included in the CYPP 2011-2014 have been linked to the Plymouth 2020 priorities described above but retain a focus on meeting the needs of children and young people within the city. These priorities also take into account the needs assessment undertaken to inform the CYPP and reflect the local circumstances of children and young people. The CYPP 2011-2014 priorities are:

- Equip young people with skills, knowledge and opportunities to make a successful transition to adulthood – linked to 'Deliver Growth';
- Improve levels of achievement for all children and young people – linked to 'Raise Aspirations';
- Tackle child poverty – linked to 'Reduce Inequalities';
- Provide all children with the best possible start to life – linked to 'Reduce Inequalities'; and
- Tackle risk taking behaviours through locality delivered services – linked to 'Provide Value for Communities'.

Recognising that delivery of the plan does not lie with any one person, department or agency, the Plymouth Children and Young People's Trust has been working to establish an implementation plan to describe the specific activities that will take place over the next three years to support achievement of both the CYPP 2011-2014 priorities and the Plymouth 2020 'link' priorities.

This strategy, and the service development plans described below in section four, recognises the specific activities identified in the Plymouth Children and Young People's Trust implementation plan as an important strand of the transformation of community based healthcare services for children and young people. More than that, Working Together Better for Children and Young People also accepts the role that the services for children and young people delivered by Plymouth Community Healthcare will play in securing improved outcomes for children and young people as a key partner in the implementation of those activities.

3.3.3 Locality based service delivery

Locality based service delivery, although only one of the five CYPP 2011-2014 priorities described above, must be considered separately as the context of moving to locality based provision reflects the transformation plans for services for adults described in Plymouth Community Healthcare's Integrated Business Plan, as well as the direction of travel for the wider children and young people's system.

In order to ensure that the adoption of the 'Think Family' principle becomes a reality of service delivery, as well as supporting specific issues that are recognised nationally as pressure points (e.g. the transition for young people to adult services), it is wholly appropriate for this strategy to make reference to the strategic plans for the development of locality based services for adults, many of whom are parents.

3.3.3.1 Locality based service delivery – services for adults

This section needs to be built upon with input from adult services once the current development process for the locality structures have taken place – some of the responses to the consultation to date have asked how links will be built and maintained between adult and children and young people's services.

3.3.3.2 Locality based service delivery – the wider children and young people's system

The wider children and young people's system, represented at a strategic level by the Plymouth Children and Young People's Trust, has recently reaffirmed its commitment to a locality based approach to the delivery of services for children and young people. As described above, in section 3.3.2, one of the five priorities described in the CYPP 2011-2014 relates specifically to the delivery of locality based services, with a corresponding link, Plymouth 2020 priority associated with providing value for communities.

However, the benefits of providing services for children and young people using a locality based model has long been recognised as the most likely approach to deliver improved outcomes, by facilitating a multiprofessional and multiagency approach and focusing on early intervention and prevention.

A locality map has been agreed by Plymouth 2020 and this has been adopted by the Plymouth Children and Young People's Trust; this locality map divides the 43 neighbourhoods of Plymouth into six localities:

- North West;
- South West;
- Central and North East;
- South East; and
- Plympton and Plymstock.

Each of the localities hosts a Children and Young People's Commissioning Group, which is made up of key stakeholders from the community and networks of practitioners from a range of agencies, including Plymouth City Council, health services, the police and the voluntary sector. Each group is led by school or Children's Centre leaders, reflecting the centrality of these services in communities across the city, and the groups have been in operation for each locality for approximately two years.

In terms of operational delivery, there is recognition by the wider children and young people's system that, although the benefits of locality based working are driven largely by integration of services and professionals, the needs of different age groups must also be addressed. The Plymouth Children and Young People's Trust describes these different age groups under the following headings:

- Early Years – to describe the 0-5 years age group;
- 5 – 11 years; and
- 11-19 years – this group fits into two distinct categories, those within mainstream education and those post 16 who are either not in education, employment or training (NEET) or are with other post 16 providers.

A recent report to the Plymouth Children and Young People's Trust described the principles of service delivery within an integrated, locality model as the following:

- *Collaboration at every level is at the heart of building a new architecture for children's services that will maximise shared expertise and shared resources;*
- *Integrated delivery cannot be a tokenistic exercise of allocating staff from singular services to localities, but needs to be a significant shift in service structure and culture that has a common assessment process at its heart;*
- *The process of integrating services cannot be viewed in isolation of strengthening key settings, such as the home and school, where children spend the majority of their time. The integrated services, working effectively together, must influence the settings' ability to maintain the engagement and promote the overall wellbeing of the child;*
- *Services need to be co-located in order to create such a shift that will facilitate both financial efficiency and service delivery improvement. The building of effective professional relationships are seen as fundamental to this improvement process, alongside the development of service infrastructure. Back office functions will need to be realigned to this new service model. (Plymouth Children and Young People's Trust, 2010; page 5-6)*

Plymouth City Council, in line with the principles described above, have already started a process to reorganise their services for children and young people into integrated locality based teams. To enable effective management,

and in line with recommendations arising from an analysis undertaken in April 2011 into deprivation and levels of vulnerability, the current six geographic localities will be grouped into four 'regional' areas:

- Region One – Central and North East and Plympton
- Region Two – South East and Plymstock
- Region Three – North West
- Region Four – South West

Each of the localities will have two integrated teams, based on age (0-11 and 11-19 years). A decision has been made that the significant work already underway for the 0-5 years age range within Children's Centres does not require the creation of separate localities teams solely for this age range, although there is an imperative to ensure smoother transitions between early years and primary school. The intention is to address this issue within the broader grouping of the 0-11 years age range.

Working Together Better for Children and Young People aims to describe how the planned transformation of community healthcare services for children and young people will enable strong links to be built with the wider children and young people's system as the other key service providers move towards a locality based model of delivery. Section four of this strategy describes the plans for locality based delivery of services in more detail, describing the preferred option to ensure optimal integrated working as part of the wider children and young people's system.

3.3.4 Multi-agency Children's Safeguarding Hub

It is important to note the proposals, which are under consideration by the Plymouth Local Safeguarding Children's Board, for the creation of a multi-agency Children's Safeguarding Hub (MASH) for the city of Plymouth.

The function of the Plymouth MASH will be to act as a central point for information sharing and intelligence gathering between children's social care, health, the police and other partner agencies. With the intention of ensuring that safeguarding decisions are made in a robust way, the Plymouth MASH will also work to facilitate early intervention and prevention, with the aim of reducing the escalation of emerging problems through the improved co-ordination of all relevant services.

Although the proposals have not yet been approved, and the requirement for involvement from health partners remains to be clarified, it is important for Working Together Better for Children and Young People to consider the potential impact that the creation of the Plymouth MASH could have on the new framework of services described in section four of this strategy. This will be particularly important given the plans to move towards a focus on early intervention and prevention through the creation of an early years service and as a result of the plans to introduce a SPOA.

If early intervention is intended to meet the needs of those children, young people and their families who do not meet the criteria for receiving children's social care input – described by Munro as “the provision of an ‘early help offer’” (DfE, 2011; page 78) – there will need to be co-ordination between community based healthcare provision in both the early years service, and potentially within the locality based teams, and other partner agencies across the city. For those children and young people accessing locality based provision, it will be particularly important to consider the role of their school in supporting a package of early intervention.

In addition, as the MASH is intended to collate full information that is already known within separate organisations into a coherent format, there may be a requirement for an interface with the SPOA.

3.4 Conclusion

This section of Working Together Better for Children and Young People has described the national and local policy context within which any transformation of community based healthcare services for children and young people will take place. Both the national and local direction of travel in relation to services for children and young people is clear; services must be provided holistically if they are to meet the needs of children and young people consistently, sustainably, and in a way that will have the most significant impact on outcomes and their future prospects.

The next section of this strategy describes the service development plans for community based healthcare services for children and young people. Drawing on the national and local context, the views of key stakeholders and on those offered by children and young people themselves, section four of Working Together Better for Children outlines a new framework for the delivery of services for children and young people.

4. Service Development Plans

4.1 Introduction

Working Together Better for Children and Young People describes the approach to the transformation of community based healthcare services for children and young people over the next three years. It is recognised that this transformation must take place within the wider context of national policy and with reference to local changes to other services within Plymouth Community Healthcare and the wider health and social care community.

This section of the strategy describes a new framework for service delivery, in line with emerging national policy and with reference to local developments in the wider children and young people's system. Importantly, the new framework adopts a holistic approach to delivering services to the child or young person and seeks to describe a common vision that is strong enough to *"bind all agencies together while taking account of different perspectives and different points of departure"* (DH, 2010; page 12), something that was recognised in the Kennedy Review as essential.

4.2 A new framework for service delivery

In his 2010 report, Kennedy described *"a gap between the rhetoric of the NHS and its reality, between how the NHS talks about services for children and young people and the priority awarded them, and what in fact it delivers"* (DH, 2010; 18). Working Together Better for Children and Young People seeks to close that gap by describing a new framework for the delivery of children and young people's services by Plymouth Community Healthcare that is, with the support and involvement of key partners, brought into reality.

Reflecting the plans for children and young people's services described in the Integrated Business Plan, arising from the initial scoping and engagement exercises that have taken place with staff, and taking into account the local and national policy context, the future framework for children and young people's services can be described in the following terms:

- Creation of an early years service, which brings together all those professionals focused on providing community based healthcare services to the 0-5 years age group;
- Establishment of locality based teams, co-located and jointly managed in line with the model adopted by Plymouth City Council, and bringing together professionals focused on providing community based healthcare services to school age children and young people; and
- The maintenance of specialist, city wide services to manage the low volume of children and young people who present with highly complex needs (e.g. Tier 4 Inpatient Child and Adolescent Mental Health Services) in an internally integrated team.

4.3 Early years service

“If I had the choice between a thousand extra health visitors and a thousand extra police officers I’d choose a thousand health visitors every time.”

Detective Chief Superintendant John Carnochan, Strathclyde Violence Reduction Unit
(Cabinet Office, 2011; page 23)

It is clear from both national policy and local drivers for change that increasing emphasis is being placed on support for children, and their parents, during the important first years of life. The Allen Report states:

“The rationale is simple: many of the costly and damaging social problems in society are created because we are not giving children the right type of support in their earliest years, when they should achieve their most rapid development. If we do not provide that help early enough, then it is often too late” (Cabinet Office, 2011; page xiii)

As described above, in section 4.2, the transformation of community based healthcare services for children and young people will include the establishment of an early years service. The early years service will bring together professionals currently working with children 0-5 years of age. The largest group of professionals working with this age range are health visitors. However, professionals from the Infant Mental Health Team (currently part of the Child and Adolescent Mental Health Service (CAMHS)), a small number of staff from the Children’s Speech and Language Therapy Service, and all staff in the Family Nurse Partnership will also be part of the early years service.

Moving out of the existing 0-19 Community Public Health Nursing Service, the intention is for health visitors to be aligned with the wider children and young people’s system for this age group, with health visiting teams operating in partnership with each of the Children’s Centres across the city. This reflects the intention, described in *A Call to Action*, to create a strong relationship between health visitors and Sure Start Children’s Centres. *A Call to Action* describes how health visitors will use their professional expertise, knowledge and skills to:

- *Deliver universal child and family health services through children’s centres (the Healthy Child Programme);*
- *Lead health improvement through children’s centres, on subjects such as healthy eating, accident prevention and emotional wellbeing;*
- *Help families stay in touch with wider sources of support through children’s centres, including from the community and other parents;*
- *Be leaders of child health locally, including fostering partnerships between GPs, midwives and children’s centres* (DH, 2011; page 9).

NHS South West Strategic Health Authority (SHA) has determined that 48 additional health visitors must be recruited to meet the needs of the early years age group, and their families, in Plymouth. This increase in capacity will

not only allow the health visitors, working as part of the early years service, to work directly with families at a universal level; where families have ongoing needs requiring multi-agency support, health visitors will be directly placed through their close links with Children's Centres to ensure that this is delivered (as part of delivering the Universal Partnership Plus element of the new health visiting model described in *A Call to Action* and set out above in section 3.2.3 of this strategy).

It is intended that all staff working in the early years service will adopt the approach described in *A Call to Action*, with services clustering around vulnerable families with identified additional needs and offering an intensive level of support until the difficulties within the family have been stabilised; at this point, the family would be returned to universal provision.

The early years service will also seek to facilitate closer working between health visitors and GPs. A recent review of health visiting services in Plymouth indicated that many health visitors felt that they had 'lost touch' with general practice and there is anecdotal evidence that GPs share this view. *A Call to Action* expects effective links between health visitors and primary healthcare services to be established. In order to foster closer working relationships and a partnership approach to the care of families, Working Together Better for Children and Families anticipates that 'feeder' GP practices will be aligned with every Children's Centre. With the Children's Centre acting as a natural hub for both the local community and the early years service, accessibility for families can be increased and signposting to services for adults can take place easily when required.

This strategy intends the creation of 'feeder' GP practices to operate much in the way that Kennedy envisaged when he described changing how services are configured in his report:

"The starting point [for changing current ways of working to improve services offered by the NHS for children and young people] must be a network of arrangements. This obvious candidate is the general practice...The general practice will take on a more positive role: not so much the 'gatekeeper' of the past, more the 'navigator' of the future" (DH, 2010; page 9-10).

This strategy cannot yet describe how 'feeder' GP practices will be drawn closer to the existing arrangements that are currently in place through Children's Centres; there needs to be a period of consultation with primary care providers across the city to ensure that the most robust and effective arrangements are put into place. These should facilitate effective links between primary care and the early years service, with information about children being shared across existing organisational boundaries in order to ensure that all those practitioners they come into contact with have an up-to-date and accurate picture of the child's needs.

It is the intention of this strategy that this arrangement of 'feeder' GP practices will also strengthen the ability of all services to identify parents who may require the support of the services for adults delivered by PCH. For example,

a GP who identifies postnatal depression in a mother visiting the surgery may make contact with their link Children's Centre and the parental and infant mental health team (see below for more details on this team). The link between the 'feeder' GP practice and this mother's local Children's Centre means that the early years service offered there can support the transition for this mother from accessing the specialist parental and infant mental health team back to those universal services provided for all families through the Children's Centre. The early years service can also ensure that the GP is kept informed about the progress of the mother and child.

It is important to recognise the role that the Family Nurse Partnership (FNP) will play in the early years service, as a strand of the service that works explicitly to improve the health and wellbeing of disadvantaged families and children to prevent their social exclusion. In line with the model for service delivery – which is imported from the Nurse Family Partnership in the United States of America⁸ – this strand of the early years service will work with pregnant teenagers of 18 years and under who are first time mothers. These young women will be allocated a family nurse, who will visit from early pregnancy through to the child reaching two years of age.

Initially established as a part of a national pilot programme, the strategic importance of the FNP has been recognised and it was included in 'The Operating Framework for the NHS in England 2011-12' as part of an expectation that commissioners should maintain existing service delivery, as well as considering how to expand the current level of service provision. Referenced in the Allen Report and Field Report as a programme with a rigorous evidence base demonstrating improvement in outcomes for children, the FNP encourages families enrolled on the programme to use the services provided by Children's Centres, particularly those who are coming towards the end of the two year programme. In this way, the FNP acts as a conduit to direct families with additional needs towards other professionals who can continue to offer support.

It should be noted that there remains a lack of clarity about the funding arrangements for the FNP in Plymouth and, although this strategy cannot address itself directly to resolving that problem, the inclusion of the FNP in the early years service demonstrates the vital link that it can establish between universal services and families with significant additional needs at the end of the home visiting programme.

The early years service will include a **parental and infant mental health team** as part of its core offer. Although it is often difficult to gather evidence on the impact of parental health, whether physical or mental, on the outcomes

⁸ The Nurse Family Partnership (NFP) is a licensed programme, developed in the US at the University of Colorado. Over 30 years of rigorous research has shown significant benefits for vulnerable young families in the short, medium and long term across a wide range of outcomes. In an international review by The Lancet in 2008, the NFP was named as one of only two programmes shown to prevent child maltreatment. Cost savings in the US are substantial, ranging from \$17,000 to \$34,000 per child by the time they reach 15, with a \$3-5 return for every \$1 invested.

of children and young people (as the NHS does not generally record information about which patients are also parents), there is a strong body of evidence that a large number of parents experience mental health problems, with particular recognition of the number of women who experience post-natal depression. For example, the impact of postnatal depression has been found to have an effect on a child's risk of displaying violent behaviour:

"What is clear...is that the mother's mental state after childbirth is an easily identifiable risk factor for her child's intellectual and social development" (C4EO, 2011; page 34).

In addition, postnatal depression in women *"can have an effect on fathers too, and has been found to have important implications for overall family health and wellbeing"* (C4EO, 2011; page 34). There is also consistent association between lone parenthood and increased risk of poor mental health.

A recent report by C4EO found that *"services which combine direct support for children but also work with their parents within a framework of flexible and tailored support are positively evaluated, both within the research-based literature and the validated local practice identified as part of this review"* (C4EO, 2011; page 39).

Taking this evidence into account, and building upon the existing success of the infant mental health team in CAMHS, the parental and infant mental health team will work to improve the mental health of children aged 0-5 and their parents. Established as a citywide, specialist team operating within the early years service, the parental and infant mental health team will draw together the existing, experienced CAMHS workers with a Community Psychiatric Nurse from mental health services provided for adults and a specialist health visitor, who will be recruited as part of the increase in health visitor capacity described in *A Call to Action*.

It is intended that the creation of the parent and infant mental health team as part of the early years service will create a significant cultural shift towards early identification and prevention of problems for both children and their parents; it is worth noting that some of these parents would already be accessing adult mental health services, whilst others may not meet the required threshold in spite of the fact that their mental health difficulties may lead to a significant impact on their child(ren), who could then go on to become users of services as young people or adults themselves. As Allen indicates in his independent report *"children who grow up in dysfunctional families are more likely to create such families themselves"* (Cabinet Office, 2011; page 8).

The final stage of development for the parental and infant mental health team will be the inclusion of non-health staff members. Allocating a social worker to the team has the potential to lead to significant benefits, particularly in relation to reducing the numbers of children placed in to the care of Plymouth City Council and improving the multiagency response to the most vulnerable families.

Specialist Speech and Language Therapy support for children in the 0-5 age range will also be included as part of the early years service. A great deal of work has been undertaken to develop the specialist elements of the existing Speech and Language service and to collaborate closely with other specialist service providers in the city. A good example of this is the close working relationship with the 'I CAN' Early Years Centre, which delivers the Early Talk learning programme⁹ at a specialist level for all early years professionals.

Working Together Better for Children and Young People intends the early years service to take a key role in working with partner organisations across the city, especially Children's Centres, in developing and supporting the ambitions of the Early Years Strategic Partnership.

The early years service will come under the operational management of a single manager, who will have responsibility for guiding and developing the practice of all professionals working as part of the early years service. As well as taking responsibility for ensuring that community based healthcare is appropriately prioritised as part of the work of the wider Early Years Strategic Forum and that there are effective processes in place to support close working between professionals in the early years service, this manager will also take responsibility for co-ordinating specific programmes of work that relate solely to the early years agenda.

An example of this is the HENRY programme. HENRY (Health Exercise Nutrition for the Really Young) aims to tackle childhood obesity by helping community and health practitioners enhance their knowledge, skills and confidence when working in the key lifestyle areas of parenting and relationship skills, healthy eating, eating patterns, physical activity and emotional wellbeing. The Children and Young People's Early Years Practice Manager will take responsibility for working with the clinical coordinators of the HENRY programme to ensure that training in the programme is being rolled out across the early years service.

Further information about the role of this manager within the new framework of services for children and young people is included in section five of this strategy, 'Resource Plans'.

4.4 Locality based teams

"Given that the problems that children and young people encounter are more often than not the product of the interaction of a variety of social forces, the response has to be equally multi-faceted"

Sir Ian Kennedy (DH, 2010; page 58)

⁹ The Early Talk programme is used to develop the skills of early years' practitioners in the vital area of children's speech, language and communication. Early Talk can be delivered to children's services or to individual nurseries or childcare providers working with children under five. It has been developed as an accredited programme by I CAN, a national charity that works with children and young people with speech, language and communication needs.

Working Together Better for Children and Young People recognises that in order to make the most significant impact on children and young people's outcomes, as well as investing in the delivery of services for the early years, there must be interventions for older children and young people that form part of what the Allen Report describes as a "*legitimate strategic target in a strategy of prevention*" (DH, 2011; page 6).

The establishment of locality based teams – co-located and jointly managed in line with the model adopted by Plymouth City Council, and bringing together professionals focused on providing community based healthcare services to school age children and young people – is how Working Better Together Better for Children and Young People aims to make community based healthcare interventions for children and young people part of that strategy of prevention.

Not only is this significant as it aligns the approach of community based healthcare services for children and young people with the wider children and young people's system, it also enables a real cultural shift to be made to the relationships between services for children and young people and services for adults. This is particularly important in two areas; for those users of adult services who are also parents and, on a very practical level, to improve the transition of those young people who do continue to require help and support as a user of services for adults.

The establishment of locality based teams will allow healthcare professionals who currently work with older children and young people to be drawn together with their colleagues from Plymouth City Council to provide robust interventions for 5-18 year olds. The largest group of professionals working with this age range are the speech and language therapists, who currently operate according to a locality model of provision. The new framework for service provision will also bring together school nurses, primary mental health workers from Mainstream CAMHS – including the Targeted Mental Health in Schools (TaMHS) – and elements of the 'skill mix' (Bands 2,3 and 4 support workers) based in the current 0-19 Community Public Health Nursing service.

Reflecting the arrangement of services in Plymouth City Council, the locality based teams will be managed under the new 'regional' clustering of four localities (with four teams under a single management structure) whilst continuing to meet the needs of all children and young people across the six, geographical localities of the city. The core team of social care professionals that will be working alongside the healthcare professionals described above are social care practitioners, educational psychology, family support workers, inclusion support workers, advisory support teachers, learning mentors, education welfare officers and parent support advisors.

In contrast with the Plymouth City Council arrangements, these locality based teams will not be differentiated by delivery to different age groups; the early years service will exist to meet the needs of children aged 0-5 and the alignment of the early years service with Children's Centre will support the

delivery of services on a locality based model alongside those interventions that are provided for this age group on a citywide basis.

The single management structure will see four Local Authority leads taking day-to-day operational responsibility for the provision of the integrated, locality based 'regional' team. The 'regional' teams will be co-located to enable co-ordinated and collaborative practice between professionals.

It is anticipated that one of the key benefits arising from the adoption of a locality based approach, with the co-location and integration of health and social care teams, will be the improved co-ordination of care across what are, at present, often 'artificial' organisational boundaries that are not recognised by the children and young people using the service. Put simply, the professionals working in the locality based teams will make an assessment of whether they possess the skills to work with the problem or issue for the child or young person that presents itself and will collaborate to respond to that need.

This approach will foster trust between the many professional working in the locality based teams, as well as avoiding the 'bouncing' of children and young people between teams and services that presently takes place all too often. However, it is worth noting that this joined up approach does not negate the need for professionals to undertake their own individual assessment of the needs of the child or young person; that specialist assessment should form part of the shared approach to meeting the identified additional needs.

There is recognition that the city uses, and will continue to use, the Common Assessment Framework (CAF) as a central tool in the identification of need. CAF will continue to be used in this context, ensuring that the approach taken is one where services wrap around the needs of a child, young person and their family, rather than identifying the range of services available across the city and attempting to shoehorn the need into provision that is neither responsive nor likely to reduce the requirement for further intervention in the future.

The limitations of the CAF, of course, must be taken into account and it is anticipated that part of the journey of moving towards integrated locality based teams is to enable the professional workforce to identify and start to tackle some of those limitations, with appropriate corporate support from PCH and Plymouth City Council.

This strategy recognises that the CAF process cannot be easily used to identify the needs of those children, young people and families who do not want to engage or have actively disengaged from accessing services. In these circumstances, practitioners often feel that they lack the skills or the knowledge to engage or re-engage with families who are often the most vulnerable and have the most challenging and complex needs.

It is anticipated that alternative arrangements will be put in place to facilitate engagement and, importantly, to support professionals from the locality based

teams who may be holding on to a high level of complexity and risk without the ability to formalise their requests for other professionals, including those outside of the locality based team, to provide their expertise and skill at responding to the presenting need through the CAF process.

This strategy understands that there will be a need for partners in the wider children's system to work together to determine the approach that will be taken when it is felt that the arrangements put in place to enable a multiagency response to the needs of children and young people through the CAF process are insufficient. Often, practitioners are left feeling that the limits of the multidisciplinary and multiagency response described through the CAF process need to be strengthened, perhaps through the allocation of additional resources or the 'unblocking' of obstacles that may be undermining the efforts of the professionals working with the child or young person in question.

Working Together Better for Children and Young People recognises the central importance of utilising the CAF arrangements already in place and working with partners from across the city to describe, and implement, an arrangement that supports escalation by practitioners who have exhausted all alternative avenues to meet the needs of the children and young people they are working with.

The practical benefits of operating as an integrated locality based team cannot be overlooked. As well as enabling more effective use of the existing CAF arrangements, it is expected that it will facilitate the establishment of joint care plans, with input from all practitioners, and lead to the creation of robust care pathways. This will be particularly important for those children and young people who may move between locality based provision and specialist city wide services (described below in more detail in section 4.5) as a result of their changing level of need.

Insert vignette of existing joint care pathway and describe success – need to agree

In order to maintain effective clinical governance arrangements and ensure compliance with Care Quality Commission (CQC) standards, there will be a Locality Services Practice Manager who will work on behalf of Plymouth Community Healthcare to ensure the work undertaken within the locality based teams continues to support the provision of safe and effective community based healthcare services within the operation of an integrated, locality based team.

An Interagency Governance Agreement (IGA) will be developed to describe the interaction between the Locality Services Practice Manager and the four operational managers that will sit within the management structure of the Local Authority. This IGA will also formalise the arrangements for the delivery of a range of training to universal services (the elements of this training are described in more detail below).

Although Working Together Better for Children and Young People recognises the importance of indicating the proposed structural arrangements to support service delivery, this strategy is intended to describe the model of service delivery for the locality based teams and how this will meet the needs of children and young people. The model of service delivery will build upon practice developed in the Multi Agency Support Team (MAST) by operating with a school as the hub around which the community will congregate. This model, although aimed at older children and young people, is much like the proposed arrangements for early years, where Children's Centres will operate in an equivalent role.

As well as developing strong working links with schools to support early identification and prevention of problems, this model will allow the continued delivery of TaMHS as part of a core vision for locality based services. The importance of TaMHS in supporting early intervention has been recognised within the primary care setting – as indicated by the continued investment of the Local Authority Early Intervention grant in maintaining the model – and it is intended that the focus on the delivery of TaMHS as part of the work within the locality based teams will extend its benefits into the secondary school system.

The aim of TaMHS is to build capacity in education to support children and young people in achieving and maintaining mental health. Developed from a package created by Educational Psychologists in Hampshire, Plymouth TaMHS has been adapted for delivery by primary mental health workers, with an Educational Psychologist working within the TaMHS team, and has had significant success in engaging primary schools in the city through a range of interventions. This includes targeted group work, mental health promotion groups and the delivery of triangular consultation.

Working Together Better for Children and Families supports the extension of the TaMHS model through the increased use of triangular consultation in secondary schools. Triangular consultation brings together a professional from the locality based team with a professional from the school and the parent of the child or young person who requires support. There is no requirement for a referral and the consultation is built around a goal based approach to improving outcomes for the child or young person, with a six week review process built in to determine whether progress with achieving the chosen goals is being made. It is intended that the professional from the locality based teams linking into schools as part of this triangular consultation will be a primary mental health worker.

As there will not be capacity within the locality based teams for each secondary school to be allocated an individual primary mental health worker to undertake direct work with children and young people, there is an expectation that the training of Emotional Literacy Support Assistants (ELSAs) will also be extended as part of the maintenance of the TaMHS model as an element of locality based provision. There are currently 43 ELSAs in the city; each has undertaken an intensive programme to enable them to provide brief,

solution focused interventions in response to a range of issues, for example anxiety, anger management, loss and bereavement.

The primary mental health workers in locality teams will work through their model of consultation and training to support schools, with the training of further ELSAs prioritised as part of the TaMHS work to be undertaken in 2011-12. The use of triangular consultation will also be central to the engagement of parents in supporting the improvement of their child or young person's mental health and, by extension, their ability to engage with their school work. The Field Report recognised the fundamental importance of engaging parents, which he described as *"the great driving force for deciding the future of their children"* (Cabinet Office, 2010; page 18); it quotes a study undertaken into the impact of parental involvement as offering the key to providing the best start in life for all children and young people:

"We seem to know as much in principle about parental involvement and its impact on pupil achievement as Newton knew about the motions of physics in the seventeenth century. What we seem to lack is the 'engineering science' that helps us put our knowledge into practice. By 1650 Newton knew in theory how to put a missile on the moon. It took more than 300 years to learn how to do this in practice. The scientists who did this used Newton's physics with modern engineering knowledge. We must not wait three hundred years to promote stellar advances in pupils' achievement. We need to urgently learn how to apply the knowledge we already have in the field" (Desforges, C. with Aboucher, A., (2003) The impact of parental involvement, parental support and family education on pupil achievement and adjustment, quoted in Cabinet Office, 2010; page 18).

The adoption of triangular consultation offers a real opportunity to apply the knowledge we already have, about the importance of engaging with parents, in practice. This will be critical if the delivery of locality based services is to make a significant contribution to achieving the CYPP 2011-2014 priorities – in particular to 'Improve levels of achievement for all children and young people' – and the 'link' Plymouth 2020 priorities. More than that, it will also allow the signposting of parents to services provided for adults by Plymouth Community Healthcare, again operationalising the application of the 'Think Family' principle ascribed to by the organisation.

Working Together Better for Children and Young People recognises that the proposed transformation of community based healthcare services for children and young people is taking place in a changing, and challenging, national context for all public services. This is particularly relevant to the model described above, with the adoption of triangular consultation as part of the key role undertaken by the primary mental health workers within the locality based teams. As the primary mental health workers are funded through the allocation of Local Authority grant money, consideration needs to be given to the longer term approach to 'building capacity' across the city if the early intervention approach offered by the triangular consultation model, and supported by the establishment of locality based teams, is to be maintained.

This is particularly relevant when considering the future of training to universal services and how this 'fits' with the locality based provision of services described above. Much of the training currently provided to universal services has focused on improving the mental health of children and young people across the city; this is in recognition of the fact that children who are mentally healthy are better able to:

- *Develop psychologically, emotionally, intellectually and spiritually;*
- *Initiate, develop and sustain mutually satisfying personal relationships;*
- *Use and enjoy solitude;*
- *Become aware of others and empathise with them;*
- *Play and learn;*
- *Develop a sense of right and wrong; and*
- *Resolve (face) problems and setbacks and learn from them* (Mental Health Foundation, 1999)

With this as a key driver, along with the need to build capacity at the level of early intervention and prevention, this strategy expects the Locality Services Practice Manager to take responsibility for maintaining the current delivery of training to universal services. This includes training further ELSAs through TaMHS, the two day CAMHS training, and continued delivery of the multiagency STORM¹⁰ training (skills based suicide risk assessment and management training).

It also means that the delivery of SHINE¹¹ (Self Help Independence Nutrition and Exercise) will be co-ordinated by the Locality Services Practice Manager. The opportunity to develop similar programmes for delivery to universal services by other professionals in the locality based teams (for example, the speech and language therapists are currently working on a framework for practitioners to use to respond to the communication needs of children and young people with Down's Syndrome) will also be explored as part of the establishment of the Locality Services Practice Manager post.

The Locality Services Practice Manager will also be responsible for working closely with the school nurses in order to support the delivery of the Healthy Child Programme for the school age population. The Healthy Child Programme (HCP) from 5 to 19 year olds sets out the recommended framework of universal and progressive services for children and young people to promote achievement of optimal health and wellbeing.

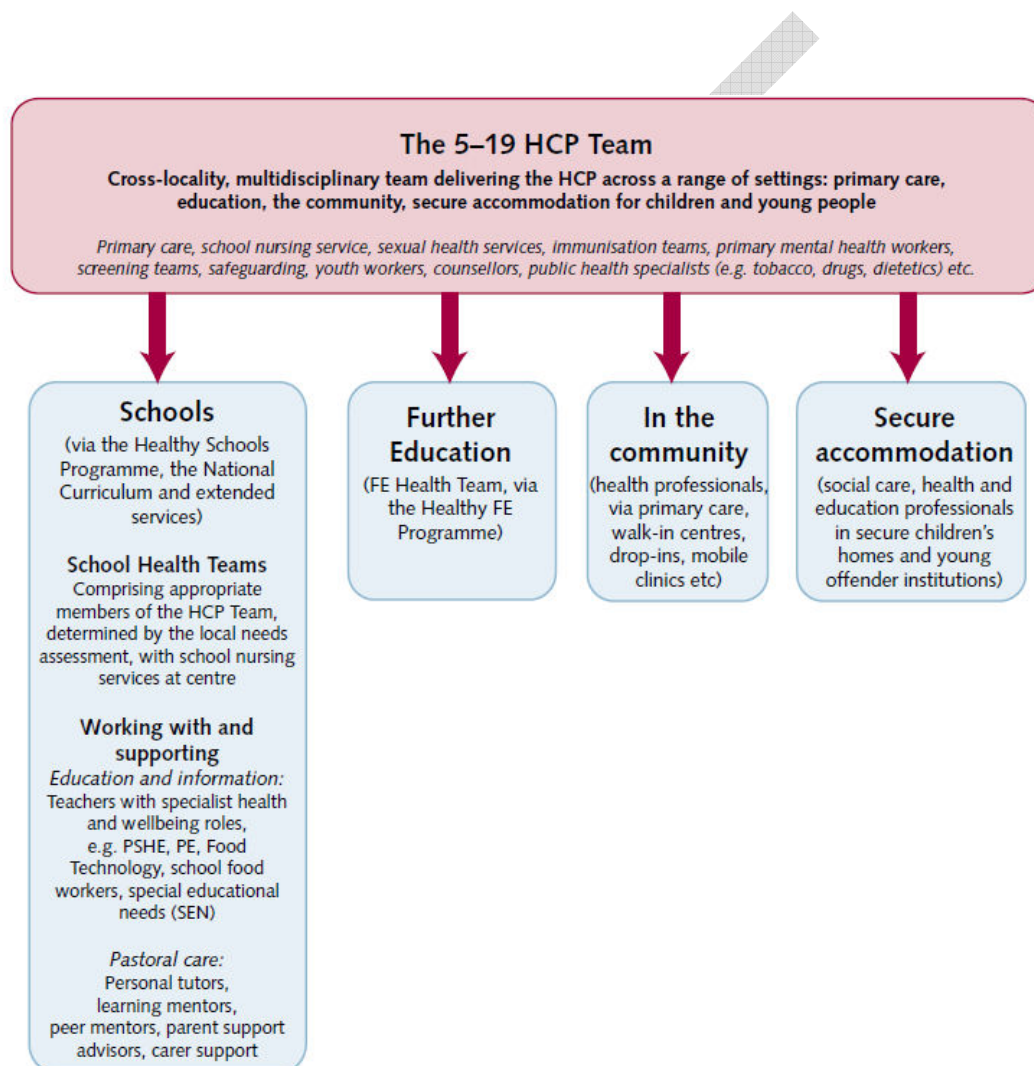
The establishment of the locality based teams will enable the active involvement of other professionals in developing and delivering elements of the programme – building on the concept of 'team around the child'. For

¹⁰ STORM training began as a research project in the mid-1990s; The content of the programme, based on what is known of suicide risk, its assessment and management, is delivered through a skills-based model of training underpinned by Adult Learning Theory.

¹¹ SHINE is a healthy lifestyle programme which helps obese young people aged 10 to 17 to not only lose weight but to also increase their self esteem and confidence and to like themselves as a person regardless of their size and shape. The aim of the programme is to help young people to understand their weight problem so that they can manage it more effectively in an independent way. This is achieved by not only concentrating on food and eating, but by promoting a complete attitudinal change to lifestyles.

example, youth services may be working with young people who are 'hard to reach' and may not be accessing mainstream education provision. It is through a multiprofessional approach to delivery that it will be possible to extend the benefits of the HCP for this age group to the widest number of older children and young people.

The HCP includes a useful diagrammatic representation of the approach that is required, across community and in spite of existing organisational and professional boundaries, to ensure effective delivery:



However, there are clearly some aspects of the HCP for 5-19 year olds that are distinctly the preserve of the school nurses. These include, for example, the delivery of immunisations and vaccinations and the weighing and measuring of children and young people as part of the National Child Measurement Programme. It is expected that the Locality Services Practice Manager will work with each locality based team to ensure there is sufficient capacity to enable these key pieces of work to take place without disrupting the ongoing, day-to-day functions of the team.

It is anticipated that Working Together Better for Children and Young People will be further developed, in partnership with heads of schools across the city, to describe how the school nurses in particular but also the wider locality based teams, can contribute to the achievement of optimal health and wellbeing for their pupils. For example, one potential area for development as part of the implementation of the strategy may be the establishment of annual or term based HCP action plans for each school; these will set out the key areas that the school wants to focus on to improve health and wellbeing and will be tied to the requirements of the HCP. It will also be important to consider how these plans could be tied to supporting the achievement of the CYPP 2011-2014 priorities.

There remain some elements of locality based provision that must be carefully considered during the implementation of this transformation strategy. The most significant of these are the establishment of a Single Point of Access (SPOA) and jointly held records.

The establishment of a SPOA was identified as one of the key themes through the scoping events that needed to be addressed as part of the transformation of community services. It was intended that SPOA was operate as more than a 'system control function' (monitoring demand for services) and would also function with the sharing of information and signposting to services (both for children and young people and their parents) as an integral feature.

Although this has not been expressly described by the commissioners as one of the outputs they expect to arise from the transformation of services for children and young people, there are references to an understanding of the demand for services – and how this links to identified levels of need – along with the requirement for services to respond in a timely way when an additional need has been identified, and for the system to address itself to the promotion of healthy development rather than simply treating ill health. All of these elements would fall within the scope of the SPOA as defined by the professionals who took part in the scoping event. How this SPOA is operationalised, particularly given the plans to develop locality based services in line with the approach being adopted by Plymouth City Council, needs further consideration as part of the implementation of this strategy.

In relation to the sharing of records, and information more generally, the Kennedy Report makes the point that not only is information sharing between NHS organisations a problem, it is mirrored in the interface between health and social care organisations. The report states *"Failure to share information, for whatever reason, can mean that organisations do not know of relevant information about children and young people's problems or their care"* (DH, 2010; page 41). Importantly, the report also makes the point that sharing information and jointly held records is not impossible, citing two examples of services where all professionals responsible for the care of children and young people could record information for the benefit of others, as well as checking on the input of others working with that child or young person.

If the implementation of this strategy, and the new framework of service provision, is to be successful then overcoming the difficulties in relation to information sharing and the use of jointly held records must take into account both the technical difficulties (arising from the multiple systems currently in use) and those arising from the requirement to maintain confidentiality.

4.5 Citywide, specialist services

In addition to the creation of an early years service and locality based teams, it is clear that the new framework must also describe an arrangement that encompasses the specialist, citywide services that are currently provided for children and young people by Plymouth Community Healthcare. Working Together Better for Children and Young People recognises that the maintenance of specialist, citywide services to manage the low volume of children and young people who present with highly complex needs in an internally integrated team will be necessary. These services are:

- Peninsula Tier 4 CAMHS Inpatient Unit;
- CAMHS Children's Day Programme;
- CAMHS Outreach Team;
- CAMHS Severe Learning Disability Team;
- Specialist elements of Speech and Language Therapy; and
- Children in Care Team.

There will be only limited changes to the citywide, specialist services described above. The teams where there will be immediate changes, in line with the establishment of the new framework, are the CAMHS Children's Day Programme and the Children in Care Team.

There are two options for the changes that may be made to the CAMHS Children's Day Programme, a specialist Tier 4 provision for children with complex neuropsychiatric or neurodevelopmental disorders. The changes that are being considered in the Plymouth Multidisciplinary Team (PMDT), described below in section 4.6.3, may result in the creation of a neuropsychiatric/neurodevelopmental team. This team could be aligned, to create seamless provision for children and young people with neuropsychiatric/neurodevelopmental disorders along a defined care pathway, with the Children's Day Programme. The alternative is that the Children's Day Programme is aligned in accordance with its specialist level of provision with the Tier 4 Inpatient Service, which operates at an equivalent level of complexity and low volume but with a different group of children and young people.

The Children in Care Team will be created from the current CAMHS Children in Care Team. The intention is to create a healthcare team for children and young people who are placed in the care of the Local Authority through the addition of a specialist health visitor and specialist school nurse working alongside the existing team from CAMHS. The team will be based in Midland House, maintaining the current co-location arrangements with children and young people's social care.

The distinct needs of children looked after by the Local Authority have been recognised at a national level and Working Together to Safeguard Children (DCSF, 2010) describes the role of the Designated Nurse and Designated Doctor for Children in Care. The creation of a Children in Care Team to meet these needs requires the incorporation of the Designated Nurse for Children in Care function within that team.

It is recognised that there are increasing numbers of referrals being received by children's social care over the last four years – the CYPP 2011-2014 identifies this as being a 90% increase in referral rates compared with the numbers received seven years ago. The CYPP 2011-2014 also makes it clear that the number of children in need in Plymouth is significantly higher than the national average – with 484 children in need in Plymouth per 10,000, compared with 276 per 10,000 nationally. A proportion of these children will be placed in the care of the Local Authority; a Children in Care Team, incorporating professionals with experience of working with the early years as well as older children and young people, will provide a targeted level of intervention to address the health and well-being needs of children and young people in care.

At the point of becoming looked after by Plymouth City Council, all children and young people would transfer to this specialist multidisciplinary team. Professional judgement would, of course, have to be exercised between the team and those staff who may have been working with children and young people prior to the decision to place them in the care of the Local Authority. An example of this could be that a child or young person has built a good working relationship with a school nurse from the locality team; there would need to be a sensitive judgement made about the point at which that child or young person should move to the Children in Care Team. Equally, it may be that the child or young person should be represented by the worker that they have built a rapport with and, to continue with the example, this could mean the school nurse operating as the lead professional.

It is proposed that the Designated Nurse for Children in Care would act as lead nurse for all those young people aged 16 years and older, with the nurse lead for the children aged 0-16 being the specialist health visitor or school nurse within the Children in Care team. This will need careful planning during the implementation phase, as it will be essential to ensure that the team has sufficient capacity to manage the number of children and young people (at the present time, approximately 280 under 16 years old and 75 over 16 years of age).

Children and young people placed in the care of Plymouth City Council may, after assessment and discussion about how best to meet their needs, be placed outside of the city boundary. Equally, there are some children and young people in the care of neighbouring Local Authorities who may be placed within Plymouth rather than in Devon or Cornwall. The intention would be for the Designated Nurse for Children in Care to have a responsibility for the overview of children and young people who are in the care of Plymouth

City Council but placed outside of the city and for those children and young people in the care of other Local Authorities who are living in Plymouth.

It will be essential for the Designated Nurse for Children in Care to build strong links with the health visitors working in the early years service and the school nurses working in the locality based teams to ensure the timely completion of review health assessments for all children and young people in the care of Plymouth City Council. Review health assessments take place on a six monthly basis for children under 5 years old and annually for the 5-16 year olds. Any children over 16 years of age or with specific needs will be managed by the Designated Nurse for Children in Care.

It is anticipated that there may, in the future, be changes to the CAMHS Severe Learning Disability Team. At the present time, this team is part of the Children's Integrated Disability Service (ChIDS); this 'virtual service' operates a Single Point of Contact, which is the main route of access for multiagency services, and has brought together acute and community based healthcare services for disabled children and young people with those delivered by Plymouth City Council. It is not yet clear how the new framework for community based healthcare services for children and young people, and the reorganisation of Plymouth City Council's services in the new localities arrangement, will impact on the future of ChIDS. This element of service provision will need to be carefully considered as part of the implementation planning to support the operationalisation of this strategy.

Although each of these citywide, specialist services will operate discretely, meeting the needs of a range of children and young people from across the city, the overarching management of specialist, citywide services will be undertaken by a single manager. Clear pathways between specialist, citywide services (for example, between the CAMHS Outreach Team and CAMHS Tier 4 Inpatient Unit) and into and out of specialist, citywide services to locality based teams or the early years service (for example, from locality based Speech and Language Therapy into specialist Speech and Language Therapy provision) will be developed as part of the implementation of the new framework of services.

It will be equally important to describe the process of transition for those young people accessing citywide, specialist services who will require continuing input from services for adults following their 18th birthday. The difficulties with transition are well known. The Kennedy Report makes repeated references to the needs of young people in relation to transition and the fact that they are not well served:

"Lack of co-ordination of services is particularly evident for young people whose care is passed from children's to adult services. The transition of a person's care between clinical teams is a phenomenon created by the system. It views care from the perspective of the organisations providing services, rather than the children and young people being cared for. The 'problem of transition' arises from the administrative divisions between different NHS services. A young person's needs, and the care they require to meet them,

evolve, yet the experience is that services change abruptly when they reach an arbitrary point (usually either their 16th or 18th birthday. 'Transition', in reality, often amounts to no more than 'transfer'" (DH, 2010; page 37)

Transition is often complex for young people receiving specialist services, where the thresholds for access in services for children and young people can be very different from those applied to gain access to services as an adult. This can add weight to the view, described by Kennedy, that *"young people, or adolescents, are a 'forgotten group', caught between child and adult and therefore also between bureaucratic barriers and professional spheres of influence"* (DH, 2010; page 38).

Importantly, in some of the citywide, specialist services (e.g. Tier 4 Inpatient CAMHS), good links with services for adults have already been established and a shared language has been fostered through the use of common paperwork and the early engagement of professionals working in services for adults as part of the care planning process for a young person who will be making a transition

It is expected that the development of a 'Think Family' strategy for use by all services in Plymouth Community Healthcare will support improved collaboration and co-ordination internally, as well as describing the approach that will be taken in cases where young people are receiving support from multiple agencies. 'A natural journey into adult life: Plymouth's multi-agency transition pathway for young people with additional needs' (Plymouth City Council, 2008) describes the key responsibilities of all agencies involved in the transition of young people with additional needs. This must be built upon, as part of the 'Think Family' strategy, to ensure that transitions are being managed effectively and are appropriately prioritised by professionals from both children and young people's services and those provided for adults regardless of organisational boundaries.

4.6 Individual service approaches – works in progress

There are several services that are currently part of the Children and Families Directorate that do not have a 'natural fit' with the new framework for service delivery described above or that are currently subject to an individual service review, the outcome of which is not yet known. The processes that have been put in place to manage the transition of these services to other service providers (e.g. the movement of the Peninsula Child Death Review Service towards incorporation as part of the Public Health Department) or the expectation about their eventual inclusion in the new framework for service delivery for each of these services is described below.

4.6.1 Peninsula Child Death Review Service

The Child Death Review Panel Service was established as a statutory service in April 2008, in line with The Children Act (2004). The service gathers data about the death of any child (0-18 years of age, excluding both those babies who are stillborn and planned terminations of pregnancy carried out within the

law) with a view to developing longitudinal learning about the causes of child death and mechanisms/approaches for future prevention of child death.

The Child Death Review Panel Service has two key functions:

- **Child Death Overview Panel (CDOP)** – a multi-agency panel, which reviews the deaths of all children under the age of 18 on behalf of the Local Safeguarding Children Board (LSCB); the CDOP make recommendations and report on the 'lessons learned'.
- **Rapid Response Team (RRT)** – this multi-agency team respond and investigate when there has been an unexpected child death. The RRT provide a report of their investigation for the Coroner.

The Child Death Review Panel Service has been established to cover the South West Peninsula, providing a service to Devon, Plymouth, Cornwall and Torbay. Both the CDOP and RRT functions cover this geographic area and operate on behalf of the four LSCBs in these areas.

It has been recognised that the functions undertaken by the Child Death Review Service do not have a 'natural fit' with the proposals for the transformation of services for children and young people set out in this strategy. There is also uncertainty about how the functions undertaken by the service will continue to be funded and in the 2011/12 financial year changes were made to the contract with the LSCBs to distinguish between the CDOP and RRT functions, with the cost of providing each of these functions also being described separately.

It is, therefore, intended to separate this service from the community based healthcare services that are expected to transform in line with the proposals laid out in this strategy. It is most likely that the CDOP function will be aligned with the Public Health Department, although the details of this transition remain to be agreed. There is uncertainty about which organisation the RRT function would be most appropriately placed within and this also needs to be resolved before the transition takes place.

A formal review of the existing functions and a process to agree the transition of both the CDOP and RRT functions will be commenced in September 2011; the aim is to ensure a transfer of the Child Death Review Panel Service prior to the beginning of the next financial year.

4.6.2 Community Contraception and Sexual Health Services (C-CASH)

The Community Contraception and Sexual Health (C-CASH) service is a specialist service offering advanced contraceptive provision and advice about family planning. The service also undertakes a limited range of sexual health screening, including Chlamydia screening.

C-CASH operates a flexible model of delivery aligned with the needs of young people and adults accessing their services. C-CASH has been established to provide two types of clinics:

- **4YP** – clinics for young people, provided on a drop in basis from young people friendly settings;
- **General family planning clinics** – these are booked appointment clinics but emergencies can be accommodated.

A service specification is currently being developed by the commissioning lead for contraception and sexual health services and there are plans being put in place to centralise the delivery of C-CASH services for young people, offering them over a wider range of days and times and at a young person friendly location in the city centre in order to improve access.

However, after extension consideration it has been determined that there is no natural fit between the work undertaken within the C-CASH service and the transformation proposals described in this strategy. The establishment of the C-CASH service is too small for the staff to be included in the locality based provision of services and this would also contradict the commissioning intention to centralise service provision for young people.

Although it would appear that C-CASH would fit in the development of the internally integrated team delivering citywide, specialist services, adults are the predominant users of the C-CASH service. Whilst this strategy recognises that adult service users are also often parents, there is a lack of evidence to suggest that integrated delivery of C-CASH services for young people and those for adults will lead to improved outcomes for children and young people or their families. This stands in stark contrast to those areas described as part of the transformation of children and young people's services that are intended to operate to deliver a wider public health agenda, impacting on parents as well as their child(ren) through early intervention and prevention, and to reduce the future burden on adult services; the parental and infant mental health team is an excellent example.

There are several services for adults that are going to be grouped together as part of the establishment of locality based provision by Plymouth Community Healthcare; these are services that it will not be easy to deliver on a locality basis and could be described under the banner that has been applied to comparable services for children and young people, namely specialist, citywide provision. These services include podiatry and dentistry.

This strategy recommends that the provision of C-CASH services is included in this grouping of other, comparable, adult services. There is recognition that the current provision of services for young people, and its sustainability within a predominantly adult service grouping, needs to be carefully considered. A process similar to that being applied to support the transition of the Child Death Review Panel Service will be established, working in partnership with the service staff, commissioners, and young people to arrive at the best solution. Again, the intention is for this transition to take place prior to the start of the 2012/13 financial year.

4.6.3 Mainstream Child and Adolescent Mental Health Services (CAMHS) – Plymouth Multidisciplinary Team

Mainstream CAMHS provide high quality multi-professional services to children and young people aged 0-18 presenting with a mental health need that requires early intervention or a specialist intervention. The following teams make up the current service provision:

- **Plymouth Multidisciplinary Team** – working with children and young people (5-18) within Plymouth using the CAPA model (see below).
- **CAMHS Outreach Team (COT)** – a specialist, citywide team providing emergency assessment and intervention in an outreach model.
- **CAMHS SLD** – a specialist, citywide CAMHS team working with children and young people with Severe and Profound Learning Disabilities.
- **Infant Mental Health Team** – a specialist, citywide CAMHS team working with children 0-5 years old across Plymouth
- **Children in Care CAMHS Team** – a targeted CAMHS team focusing on children and young people who have been taken into the care of the Local Authority in Plymouth.
- **Children's Day Programme** – a specialist CAMHS team providing assessment and intervention for children with neuropsychiatric disorders (e.g. ASD)

This strategy describes how each of the teams described above will be aligned within the new framework for service provision, for example the infant mental health team will be revised to form a parent and infant mental health team as part of the early years service.

However, there is one team within Mainstream CAMHS that it has not been possible to describe within the context of the new framework for service provision. The Plymouth Multidisciplinary Team (PMDT) is currently undergoing a stand alone review process, with significant direction and input from the commissioners, in response to the capacity and demand problems that have arisen within this team. It is not yet clear what the recommendations arising from this review process, particularly in relation to the potential reconfiguration of the PMDT, may be or how they would align with the new framework for children and young people's services described above.

In contrast with some of the other services described in this section of the strategy, the expectation is that once this stand alone process has been completed, there will be a period of transition to align the PMDT with the new framework of services for children and young people. The urgent nature of the review process taking place within the PMDT suggests that this transition will not take place significantly outside of the timeframes for the establishment of the new framework.

4.6.4 Safeguarding Children Services

The purpose of the Safeguarding Children Service is to support all health professionals working directly with children and young people to ensure that safeguarding and promoting their welfare forms an integral part of the care they offer. The service is also responsible for ensuring that all health professionals, including those who do not work directly with children, understand their responsibility in relation to safeguarding and promoting the welfare of children.

The publication of Every Child Matters Green Paper in 2003, alongside the formal response to the Inquiry into the death of Victoria Climbié, and followed by the Children Act (2004), set out 'being safe' as one of the five key outcomes for children and young people. This led to three provisions being made:

- The creation of Children's Trusts;
- The establishment of Local Safeguarding Children's Boards;
- The duty on all agencies to make arrangements to safeguard and promote the welfare of children and young people.

The service operates in line with the Children Act (2004) and 'Working Together to Safeguard Children' (2010), a guide to inter-agency working to safeguard and promote the welfare of children.

It has been determined, as part of the process of separating the services that form part of Plymouth Community Healthcare and those that remain part of NHS Plymouth, that the Safeguarding Children service should be retained by NHS Plymouth as part of the commissioner function. As a result, this strategy does not describe the relationship between the new framework for services and the Safeguarding Children service.

The Designated Nurse for Safeguarding Children is currently developing a paper to describe the safeguarding requirements that must be fulfilled by Plymouth Community Healthcare and to determine how the Safeguarding Children service will maintain a relationship with the whole of the new provider organisation, not simply those services that are provided for children and young people, from October 2011 onwards. Working Together Better for Children and Young People will be amended in the future to reflect the new arrangements for safeguarding children following their formal agreement and adoption at the PCH Board.

4.7 Conclusion

The new framework of services for children and young people has been developed in line with best practice, existing and emerging evidence about how best to meet the needs of children and young people, and with a determination to close the gap between policy rhetoric and the reality of service provision for children and young people.

As this section of Working Together Better for Children and Young People makes clear, it will not be possible for a significant improvement to be made in the outcomes of children and young people unless all those agencies and organisations involved in their care are drawn together in an integrated and seamless service provision. Importantly, services for adults – many of whom are parents – cannot be left out of this process.

The next section of Working Together Better for Children and Young People outlines the approach that must be taken to reconfiguring the existing workforce into one that is able, and enabled, to deliver the new framework of services for children and young people.

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5. Resource Plans

5.1 Introduction

This section of Working Together Better for Children and Young People concerns itself with the children's workforce. If this strategy is to be successfully implemented over the next three years, then it will be essential to engage the workforce, many of whom are vastly experienced in delivering services for children and young people, in making the move from policy rhetoric to service delivery reality.

The Kennedy Report recognised that how the professionals on the ground are encouraged and empowered to adapt to a change in existing service delivery culture will 'make or break' the establishment and implementation of any new framework for service provision. The report states:

"Thus, perhaps, the most important agents for change to advance the interests of children and young people are the professional commitment and ethos of those who serve them. Many professionals feel beleaguered or beaten down, frustrated that they cannot achieve what they signed up to do and what they have spent their professional lives trying to accomplish. Many professionals have turned inwards, seeing the outside world of 'the system' as somehow hostile and designed to frustrate them. Many do the best they can and settle for that, in the knowledge that it is not what they would wish. The system must reconnect with its professionals" (DH, 2010; page 100).

As a result, whilst this section of Working Together Better for Children and Young People describes the requirement for a remodelled workforce in order to deliver in line with the new framework of services, it also draws on the evidence from the Kennedy Report and the recently issued 'The children and young people's workforce: The common core of skills and knowledge' (Children's Workforce and Development Council (CWDC), 2010) to describe how Plymouth Community Healthcare will need to support the children and young people's workforce in implementing this strategy.

Further details about the governance, leadership and management arrangements that will need to be put into place to support the operationalisation of this strategy are included in section seven, 'Governance, Leadership and Management'.

5.2 Remodelling the existing workforce

The current arrangements for the delivery of services to children and young people have arisen in part 'organically', as services have grown to meet the demands placed on them, and in part in response to national or local initiatives, particularly those with funding attached. This has led to a situation, mirrored on the national stage, where *"the way in which professionals within the NHS interact with each other and professionals in other organisations*

does not always best serve the interests and needs of children and young people" (DH, 2010; page 94).

Kennedy believes that in order to produce a holistic approach to delivery of services for children and young people, where rather than *"professions [becoming] 'tribes' which both jealously guard the tasks and the information within their unique domain and, simultaneously, reject involvement with other tasks which are seen as not for them"* (DH, 2010; page 96) professionals work together collaboratively, there needs to be both professional leadership and a vision that reinforce that all the staff are there together, working for one common purpose: the good of children and young people.

Importantly, the Kennedy Report also makes it clear that *"training lies at the heart of making a better future for children and young people"* (DH, 2010; page 96). This aspect is addressed in more detail in section 5.3 below and in section seven of this strategy.

The new framework of service provision described in Working Together Better for Children and Young People will require staff to move away from a 'silo' model into one where integration – both **of** healthcare services and **with** other agencies – is central to the delivery of services for children and young people. It will also lead to a reconfiguration of the existing workforce, in part driven by the service development plans described above in section four but also by specific areas of investment, such as the increase in health visitor numbers mandated by *A Call to Action* and *The Operating Framework*.

The precise detail of the remodelled workforce arising from the service development plans, described above in section four of this strategy, and the establishment of a new framework for the delivery of children and young people's services, is not yet clear. It is intended that workforce plans to describe the impact of the remodelled services will be developed, with support from the Workforce Development Directorate of Plymouth Community Healthcare.

However, what is clear is that the service development plans described in this strategy will impact on the workforce at all levels, requiring a change in the management arrangements that are in place to support the current delivery of individual service lines within the existing Children and Families Directorate. The new management structure is described in more detail in section seven of this strategy.

It should also be noted that in some areas, a review of service delivery models and the alignment of the workforce to those models has already taken place or is in the process of being completed; the recommendations arising from these reviews must be taken into consideration as part of the wider process of reconfiguring the workforce.

5.3 Supporting the workforce through change

As the Kennedy Report recognises, it will be important to support the workforce through this change by demonstrating *"how working with others will*

in fact make their job easier and, by extension, more rewarding as they can achieve more for the children and young people whom they serve” (DH, 2010; page 97).

Working Together Better for Children and Young People seeks to describe how a focus on professional leadership and training can support the workforce in making the transition from the existing arrangements of services to the early years service, locality based teams, and delivery of citywide, specialist services for children and young people. It would be foolish to believe that the workforce will be able to make such a transition without sustained engagement and support from the senior leaders and managers within the children and young people’s workforce; equally, professionals should not be expected to take on new roles or responsibilities without receiving the appropriate training.

As part of the implementation of the new framework for service delivery described in this strategy, the common core of skills and knowledge that everyone who works with children and young people is expected to have will be embedded to underpin multiagency and integrated working, professional standards, training and qualifications across the whole of the workforce. Importantly, the common core acknowledges the rights of children and young people as well as recognising the role that parents, carers and families play ; this is particularly important given the emphasis on the adoption of the ‘Think Family’ by Plymouth Community Healthcare.

The common core of skills and knowledge can be described under the following six headings:

- Effective communication and engagement with children, young people and families;
- Child and young person development;
- Safeguarding and promoting the welfare of the child or young person;
- Supporting transitions;
- Multiagency and integrated working; and
- Information sharing (DCSF, 2010; page 1).

In building workforce delivery in the new arrangement of services around the common core, it will be necessary to engage the professionals working in services for children and young people in thinking about the *“most appropriate way of giving expression to all six areas of expertise”* (CWDC, 2010; page 3). This strategy recognises that bringing together professionals from different disciplines in the new framework for service delivery will not mean applying the common core with the same emphasis on the different skills described under each heading, nor will it mean a blanket requirement for all staff to demonstrate that they utilise all of the skills all of the time and at the same level as one another.

Therefore, as part of the iterative change process that commenced with the engagement events and will be continued in the implementation of this strategy, all of the workforce will be invited to comment on the application of

the common core, both to individual roles and on a wider basis within the early years service, locality based teams, and citywide, specialist service provision. Given that locality based teams will be developed as part of an integrated approach aligned with the model of provision adopted by Plymouth City Council, it will be natural to engage this organisation in thinking about the application of the common core in relation to their existing workforce.

5.4 Conclusion

This section of Working Together Better for Children and Young People has considered the impact on the resources required to deliver the new framework for services. The Kennedy Report describes the need to *“shift the focus away from single professional units and identities with particular goals, to a single-minded concern only for the outcomes which are needed for children and young people: that is, work backwards and start with the child or young person, ‘I exist to provide for you’, rather than forwards from ‘This is what I, as a professional do’”* (DH, 2010; page 102).

The engagement of the workforce in the application of the common core of skills and knowledge, alongside their continuing involvement in the implementation of the plans described in this strategy, will support the transformation of services for children and young people. It will also represent an opportunity for the children and young people’s workforce to strike back at ‘the system’ that has made them feel beleaguered and beaten down; through shaping the delivery of the new framework of services for children and young people, all professionals will be able to reconnect with what they trained to do.

The next section of Working Together Better for Children and Young People considers the financial plans that will need to be put in place to ensure that the service development plans described in section four are sustainable over the long-term, particularly given the increasing emphasis on efficiency and productivity of publically-paid-for healthcare services.

6. Financial Plans

6.1 Introduction

Although Working Together Better for Children and Young People is a strategy to describe the transformation of community based healthcare services for children and young people, it will only be effective if the resources allocated for the provision of these services are protected by sound financial management and an understanding of the requirement placed on services for children and families, in common with services for adults, to identify efficiency savings.

This section of Working Together Better for Children and Young People seeks to provide an overview of the financial health of services for children and young people, describing the income received for the delivery of services and the financial arrangements that will be put in place to support the delivery of the new framework of services.

It should be recognised that as clinical commissioning groups become operational and as joint commissioning of health and social care services is further embedded, the manner in which services for children and young people are funded may move away from a traditional focus on 'contacts' with children and young people to a system where improvements in outcomes are rewarded.

6.2 Financial overview

The historical financial performance of the Children and Families Directorate has been sound, with the majority of budget holders delivering a break even position and a small number delivering an underspend at financial year end. A table detailing the absorbed costs of delivering the services contained within the Children and Families Directorate, drawn directly from the financial section of the Integrated Business Plan, has been included below:

Figure 6.1
Provider Clinical Services Absorbed Costs – Children's and Families Services

Service	£000 2009/10			
	Direct	Indirect	Overheads	Total
Child Protection	270	119	30	418
Speech & Lang ITA	229	-305	20	-56
Children's Speech & Language Commiss Serv	1	0	12	13
Speech & Lang Adult	41	-7	50	84
Speech & Lang Children	1,423	45	168	1,636
Family Planning	597	104	37	738
CAMHS Tier 2	121	9	60	190
CFS HV's	2,645	173	347	3,165
School Nursing Service	624	26	75	724
Child Death Review	36	16	9	61

Figure 6.1
Provider Clinical Services Absorbed Costs – Children's and Families Services

	£000 2009/10			
CAMHS DRC	0	0	4	5
CAMHS TIER 3	2,562	127	214	2,903
CAMHS TIER 4	1,612	355	163	2,130
Family Nurse Partnership	252	6	11	269
Malezi	31	2	17	50
4YPPProject	44	1	5	50
TaMHS	-6	15	3	12
Domestic Abuse	30	1	0	31
TOTAL	10,512	688	1,226	12,426

6.3 Efficiency savings programme

Plymouth Community Healthcare's Integrated Business Plan indicates that the organisation will be expected to deliver significant financial savings based upon its current position, future funding flows and its required contribution to QIPP efficiencies. It is recognised that this requires a comprehensive assessment of the cost base of the organisation, including services for children and young people, to determine potential efficiency savings and to develop plans for the delivery of these savings.

Working Together Better for Children and Young People sets out the efficiency savings that have been identified across the individual service lines within the current Children and Families Directorate. These efficiency savings have been identified following a review of each of the budgets and taking into account the high level analysis undertaken to support the Integrated Business Plan, which identified potential areas where the required efficiencies may be found (e.g. delivery of non-clinical savings, rationalisation of estates, or reduction in temporary staffing).

The existing Children and Families Directorate has been set a CRES target of £570,183 for 2011-12. The intention is for the individual service lines within the Directorate to deliver a proportion of the total savings target and the amount required has been identified by the Finance Department as a percentage of the pay budget for each cost centre. There is work ongoing within the Directorate to ensure it is able to meet its contribution towards efficiency savings within the 2011-12 financial year.

It is anticipated that the workforce redesign process associated with the adoption of the new framework of services will also realise efficiency savings, although the effect of these may not be seen until 2012-13. The planning for 2012-13 and 2013-14 efficiency savings will need to take into account the move towards integrated delivery of services in a locality based setting; if these operational arrangements are reflected in a joint commissioning process and through the operation of a pooled budget, efficiency savings have the potential to be realised across both health and social care.

6.4 Conclusion

This section of Working Together Better for Children and Young People has described the requirement for the transformation of services for children and young people to support the long term financial stability of service delivery through the identification of efficiency savings.

The next section of this strategy is concerned with the governance, leadership and management arrangements that are being developed or already exist to support the proposed service developments.

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7. Governance, leadership and management

7.1 Introduction

This section of Working Together Better for Children and Young People describes the governance, leadership and management arrangements that will be put into place to support the establishment of the new framework of service provision.

As well as considering, for example, the governance arrangements that will be put into place to support the process of transition to the new framework, this section also reflects the governance arrangements for Plymouth Community Healthcare, as detailed in the Integrated Business Plan.

7.2 Governance arrangements

In order to ensure that effective governance arrangements have been put into place, this strategy – and the associated implementation plans that will arise from it – will need to demonstrate the following qualities (described in the Integrated Business Plan as qualities that the whole organisation must demonstrate and adapted to relate to the specific needs of children and young people):

- **Clinically coherent** – providing a comprehensive range of services, which are most appropriately delivered through an integrated model and with a clear focus on the delivery of care at, or as near to, the hub of a child or young person's community (this could be their home, school or Children's Centre);
- **Transformative** – possessing the necessary skills and capacity to transform existing models of care that are characterised by effectiveness, efficiency and service user focus.

This transformation will reflect the requirements of the QIPP plans for the local health economy (currently, only one of the Strategic Improvement Priorities relates directly to children and young people's services) and include the adoption of the 'Think Family' philosophy as a core deliverable;

- **Well managed** – enabling children and young people's services to face a range of challenges relating to the operation and maintenance of delivery and supporting the transformational change process.

Managers, clinicians and teams will be fully accountable within an overarching governance and performance framework and will be included in the change process; and

- **Effective interfaces with primary care, acute care and social care** – delivering high quality community care requires close co-ordination with social care, acute care providers and primary care providers.

The transition process to support children and young people's services moving to the new framework of services will enable this co-ordination, as well as fostering a culture which supports co-operation, empowerment, freedom for clinical innovation, and integration of service provision across traditional organisational boundaries.

The governance arrangements of Plymouth Community Healthcare have been modelled on those in existence during the period of time that provider services sat within NHS Plymouth. Services for children and young people, although operating in a new framework of services, will maintain the existing links with the wider organisation to ensure compliance with governance standards.

During the development of implementation plans to support the operationalisation of this strategy, careful thought will have to be given to how the governance standards that Plymouth Community Healthcare is required to meet can be reflected as part of the leadership and management arrangements put in place to support the new framework for service delivery.

For example, it will be vital for the Director of Governance to support the development of an Interagency Governance Agreement that can be successfully applied to describe the arrangements that will need to exist between Plymouth Community Healthcare and Plymouth City Council in the establishment of the integrated locality based teams. If the Locality Services Practice Manager is to take responsibility and accountability for the governance of those professionals placed into the locality arrangements described in section four of this strategy, there must be a robust governance framework and reporting arrangements in place.

7.3 Leadership arrangements

Leadership arrangements for children and young people's services have two elements; executive leadership and professional leadership. This strategy is concerned with the operation of both elements, particularly in relation to the proposed transformation of services for children and young people, and the arrangements in place for both elements are described below.

7.3.1 Executive leadership

The executive responsibility for the leadership of services for children and young people resides with the Director of Operations for Plymouth Community Healthcare. The Director of Operations represents the needs of children and young people, and the approach to the delivery of services to meet those needs, as a member of the executive Board of the organisation.

This strategy anticipates that the Director of Operations will take a central role in the development of implementation plans to support the operationalisation

of the new framework of services described in Working Together Better for Children and Young People. Working closely with the Head of Children's Services, the Director of Operations will take the lead in communicating the intended direction of travel for community based healthcare services for children and young people to a wide range of stakeholders.

7.3.2 Professional leadership

At the present time, professional leadership arrangements in Plymouth Community Healthcare are under review, and this includes the professional leadership arrangements within services for children and young people.

Although the future arrangements for professional leadership have not been finalised, the model proposed will centralise the delivery of professional leadership functions. These professional leads will relate to clinical leads or clinical experts within the locality structure described in services for adults and it is anticipated that they will relate to the three managers described as part of the new framework of services for children and young people.

At the current time, it has not been determined whether the centralisation of the professional lead functions will lead to the creation of a single professional lead with responsibility for supporting services for children and young people. Once the professional leadership structure has been finalised, this strategy will be updated to describe the new arrangements that have been put in place for the organisation and how these link to the proposed transformation of services for children and young people.

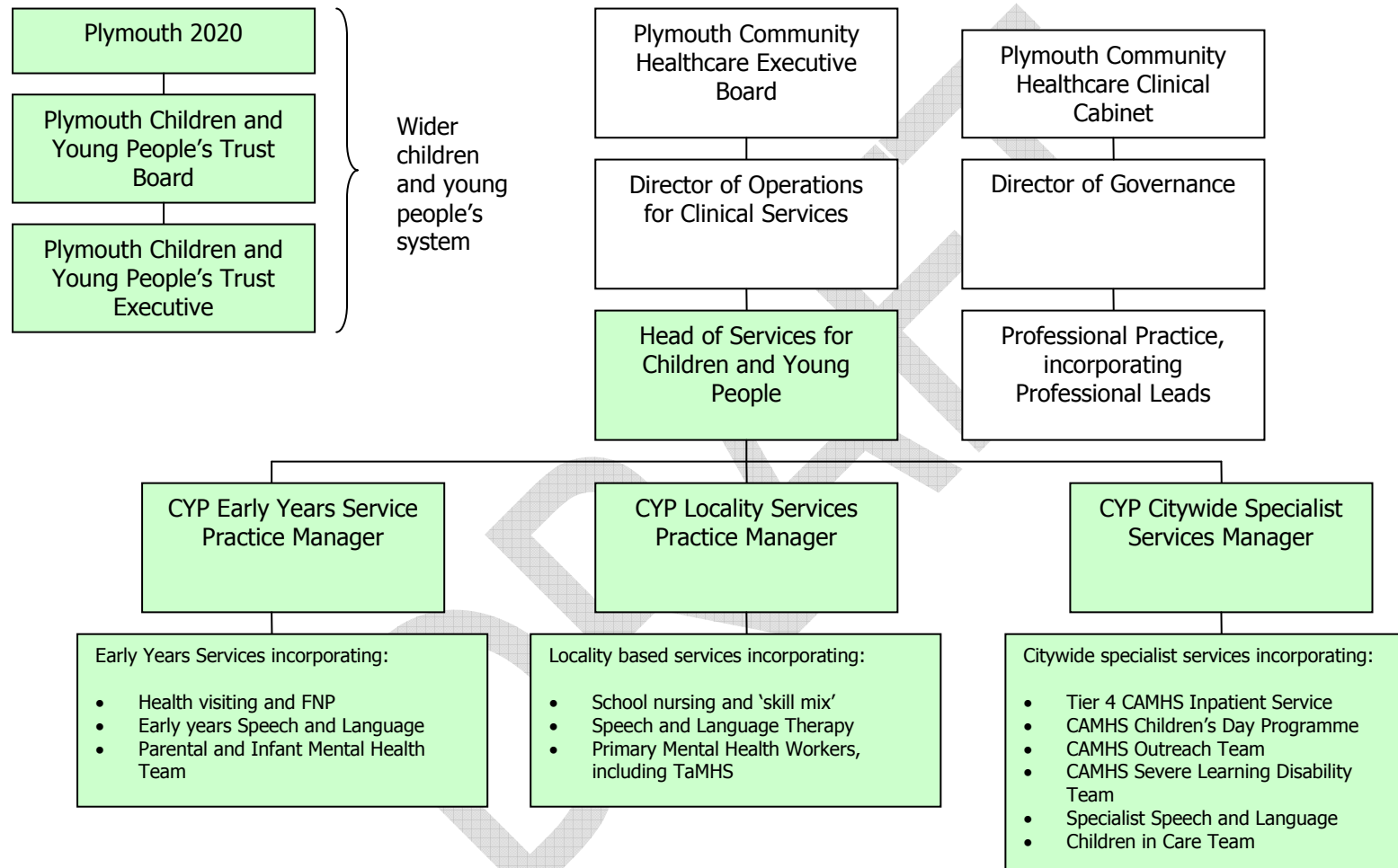
7.3.3 The role of the Clinical Cabinet in relation to services for children and young people

Awaiting further information to enable completion of this section – initial feedback suggests there will be a role for children and young people's services in respect of the Clinical Cabinet. Has the structure of the Clinical Cabinet been determined?

7.4 Management arrangements

The management arrangements for services for children and young people are expected to undergo significant change from their current format as part of the adoption of the new framework for service delivery.

An organisational chart setting out the new management structure has been included below. This chart describes the interaction between the new management structure and the leadership and governance arrangements – including the potential arrangements for professional leadership – within Plymouth Community Healthcare, as well as indicating the links with the wider children and young people's system.



It is anticipated that the Head of Services for Children and Young People will take a lead in building partnership working arrangements both internally and externally. Internally, the focus will be on building strong working links with specialist services, such as dentistry or podiatry, which are predominantly arranged to deliver services to adult patients but also come into contact with children and young people. Of course, there will be a requirement to consider how the 'Think Family' principle is embedded across the wider organisation and the Head of Services for Children and Young People will also take a lead in relation to this.

7.5 Supervision arrangements

The CQC expects all registering organisations to be compliant with their supervision standards. These are explicitly captured under Outcome 14 (Regulation 23) 'Supporting Workers'.

In order to ensure that the supervision model in use in the new organisation is both fit for purpose from a practical, on the ground perspective, and meets the regulatory requirements, the Safeguarding Children Team have been asked to propose a new supervision model for the organisation, including services for children and young people. This model will be based on statutory requirements, national and local guidance and any local reviews that have taken place which have given rise to recommendations on which models of 'best practice' should be implemented/

The supervision standards for the whole organisation, including those specifically related to child protection concerns, will be considered by PCH's Executive Management Team and Board. Once there is clarity about the model that is proposed, this strategy will be revised to ensure that new framework for services for children and young people supports the introduction of robust, evidence based supervision practices.

It is anticipated that there may, in the future and particularly as a result of the integrated approach to the delivery of locality based teams, be further revisions made to the supervision structure in light of the close working relationships with social care and other elements of Plymouth City Council's children's workforce. These will be discussed and approved by all partners through the Plymouth Children and Young People's Trust Board.

7.6 Conclusion

This section of Working Together Better for Children and Young People has described the governance, leadership and management arrangements that will operate to support the operationalisation of this strategy.

It should be noted that elements of the governance structure – particularly the role of professional leads and their relationship with services for children and families – remain unknown at this time. It is expected that further iterations of this strategy will include these arrangements once they have been finalised through extensive consultation and approved at Board level.

It is also worth noting that the alignment of community based healthcare services for children and families with the wider children and young people's system will require new governance and monitoring arrangements to be put into place.

The next section of this strategy seeks to describe the first steps on the pathway of transition from the existing single service lines to implementation of the new framework of delivery for children and young people's services.

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8. Transition arrangements

8.1 Introduction

This section of Working Together Better for Children and Young People offers a broad overview of the next steps that need to be taken in order to move the proposals for the transformation of community based services for children and young people forward as part of a well managed transition to the new framework of services described in section four of this strategy.

8.2 Taking the proposals forward

8.2.1 Endorsement

The first step that must be taken in the journey towards operationalising the proposals set out in this strategy is to secure the endorsement of Plymouth Community Healthcare's Executive Board. This must be supplemented with the endorsement of the Sentinel Clinical Commissioning Executive and by the wider children and young people's system; this is particularly true of the Plymouth Children and Young People's Trust Board given the focus on supporting the CYPP 2011-12 priorities.

Importantly, a parallel process will need to be established to take the proposals to the workforce, in order to check that they accurately represent the feedback and key themes of the initial engagement and scoping events that were held to test out the service development plans included in Plymouth Community Healthcare's Integrated Business Plan.

Finally, the service development plans set out in Working Together Better for Children and Young People must be endorsed by those that the services will be delivered for: children and young people. Children and young people will be engaged through our existing participation networks to ensure that the plans that are represented in this strategy are going to truly meet their needs.

8.2.2 Governance arrangements

The governance arrangements to support the development and application of detailed implementation plans must also be agreed and finalised. These must take into account other pieces of work that are ongoing within services at the current time (for example, the expansion of health visitor numbers) and accommodate them within a broad governance framework.

The realignment of existing partnership arrangements, particularly in response to the development of locality based teams in line with the reorganisation of services in Plymouth City Council, will require robust, joint governance arrangements in order to ensure all standards and duties placed on both organisations are complied with.

8.2.3 Commissioning intentions

Working Together Better for Children and Young People anticipates that alongside the development and application of the implementation plans to support the proposals outlined in this strategy, a set of delivery plans outlining commissioning intentions for services for children and young people will be published.

These will be published alongside the development of robust service specifications, describing the payment and contracting mechanisms for children and young people's services, as well as the outcomes that the new framework of services is expected to support the achievement of.

Early work has begun with commissioning colleagues on this aspect of implementation, in recognition of the discussions that have already taken place about the planned transformation of services for children and young people and in order to ensure that the pieces of work currently being undertaken in certain services, and their likely impact, can be incorporated as part of this service specification process.

8.3 Overarching timeline

An overarching timeline for the next steps of the transformation of services for children and families has been included below. This timeline will become increasingly detailed in future iterations of this strategy, reflecting the progress that will be expected to be achieved in the implementation plans.

1.	Commissioners to feed back comments on: i) Business case for investment in the 0-19 Community Public Health Nursing Service ii) Working Together Better for Children and Young People	Friday 16 September 2011
2.	Plymouth Community Healthcare Internal Meeting to agree documents	Thursday 22 September 2011
3.	Draft business case and strategy to Children and Young People's Clinical Commissioning Group (CYP CCG) meeting	Wednesday 26 October 2011
4.	Draft business case and strategy to Children's Trust Executive for first consultation	Wednesday 2 November 2011
**	<i>Inclusion of draft documents in Sentinel Clinical Commissioning Executive (SCEE) seminar</i>	<i>Wednesday 9 November 2011</i>
5.	Agree final drafts at Children's Trust Executive	Wednesday 7 December 2011
6.	Approval at Children's Trust Board with final amendments to be tabled	Friday 9 December 2011
7.	Approval at SCEE	Wednesday 11 January 2011

8.4 Conclusion

This section of Working Together Better for Children and Young People has considered, briefly, the next steps in taking forward the service development plans described in this strategy.

As the first draft of the strategy designed to describe the establishment of a new framework for service delivery for children and young people's services, it is expected that the strategy will be subject to further revisions and additions as it progresses through the review process prior to being recommended for endorsement at Plymouth Community Healthcare's Executive Board and Sentinel Clinical Commissioning Executive.

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Our Ref: POS/AS/sca
20 July 2011

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Dear Cate,

Re: "Working Together Better for Children and Families"

We are writing to you to summarise the content and outcome of the meeting that took place on 2nd June 2011 between members of the Children and Families Directorate management team and the Children and Young People's Clinical Commissioning Group. The purpose of this letter is not to provide a detailed record of our meeting, but rather to reflect the broad content of the discussions, to outline at a high level commissioning intentions for services alongside some key cross cutting support issues. The latter will also provide a response to the key themes identified through the staff scoping events and recorded in your letter from April, including what is being done to progress each of these.

Firstly we would like to thank you and members of your team for attending and participating in a thorough discussion ranging from detailed operational challenges to future vision for service delivery. Apologies for the time it has taken to formalise this in writing. Please be assured that this is purely a reflection of the current workload and the moving context in which we are working (as set out below) rather than any lack of priority in respect of services for children and families in Plymouth.

1. Context

At the outset we discussed the context in which we are working and specifically the current structural changes taking place across the NHS that affect arrangements for both commissioning and provision of services. This included:

- For commissioning:-

- The development of clinical commissioning groups (previously consortia) and specifically for Plymouth the establishment of the Sentinel Clinical Commissioning Executive, approved by NHS Plymouth Board at its meeting in May.
 - The creation of PCT clusters and the inclusion of NHS Plymouth in a cluster with Devon and Torbay under a single executive team
 - The remaining uncertainty regarding further changes arising from the Health & Social Care Bill, particularly for Public Health which has a significant bearing on commissioning services for children.
- For service provision:-
 - The separation of provided services from PCT's through implementation of the TCS policy and how the developing structure of the proposed new organisation for community healthcare in Plymouth could potentially impact on the delivery of services for children, young people and families in cooperation with key partners.

Since our meeting the Board of NHS Plymouth has approved the plan to continue with the establishment of a social enterprise to provide community health care services. Also the coalition government have responded following the "pause and listen" exercise and are in the process of making amendments to the Health and Social Care Bill. Further changes to the roles of PCT clusters continue to be announced, whilst further guidance on arrangements for public health are awaited.

The purpose of setting this context out is, as discussed at our meeting, for us to bear in mind:

- That for all those involved in managing significant organisational change at the same time as continuing with the work of providing or commissioning services inevitably means increased pressure on time and a delay in some aspects of any transformation programme either because of changes in decision making processes and structures or simply because of capacity.
- That we continue to be in an evolving situation with uncertainties remaining for both structural arrangements and policy. For example, we discussed that there was greater reference within the Public Health White paper regarding services for children than in the Health and Social Care Bill, yet at our time of meeting the government had not published any further guidance or response that clarifies future commissioning responsibility or policy.

Consequently there are potential risks during this time that planning for the future delivery of services for children, young people and families may not be able to build upon the achievements that have been secured over recent years. Equally it was agreed that this increased the importance of maintaining a productive dialogue between those responsible for commissioning and provision whilst supporting an iterative process of improving services together.

2. Current Risks

The evidence that has informed both the National Service Framework (2004 – 2014) and Every Child Matters policy demonstrates 2 key principles:

- a. There is a need to address the specific needs of children, young people and their parents in the commissioning and in the provision of services (e.g. learning from the Bristol Inquiry, Victoria Climbié Inquiry and many other serious case reviews).
- b. Professionals working effectively between different organisations and agencies is essential in order to address the multiple aspects of children's lives and therefore to properly safeguard and promote their welfare and to fully achieve improved outcomes.

This is reflected in local experience where the development of dedicated services for children, young people and families along with increased cooperation between agencies in Plymouth has been assessed as improving the quality of services by successive external joint inspections by OFSTED and CQC over recent years.

However we spent some time at our meeting discussing how the current context of organisational change and focus on achieving efficiency savings presents a number of potential risks to sustaining these principles including:

- 2.1 An internal focus within each organisation providing healthcare to achieve significant efficiencies at a corporate level leading to:
 - a. dedicated clinical and management time to address the specific needs of children, young people and families being reduced
 - b. consequent reduction in profile and awareness at corporate and strategic level within each organisation
 - c. reduced capacity and/or importance given to inter-organisational or inter-agency work.

This poses risks for each organisation in sustaining the required standards of care stipulated in the NSF as well as risks to effective co-operation between partner organisations. This is a particular risk in healthcare organisations where services for children and young people represent a relatively small part of each individual organisation but make up 25% of the overall population, with unique healthcare needs.

- 2.2 Effective clinical / professional engagement to both improving the quality of care provided by individual organisations as well as cooperating across organisational boundaries may be diminished either as a result of a reduction in clinical time or as a result of focus on organisational change. The latter is relevant to hospital and community services providers as well as in structures for commissioning. This risk may be exacerbated without a mechanism for bringing clinicians / professionals together from different parts of the health community to engage with colleagues in partner agencies.

2.3 The relationship to adult / generic services is critical to securing collaborative advantage, e.g. in identifying vulnerable children at an early stage when responding to domestic abuse between adults or providing adult mental health services for adults who are parents. Equally effective collaboration is essential for securing smooth and successful transition to adulthood and adult services that provide for both a good experience and outcomes. However in seeking closer collaboration between services for children and young people and adult / generic services, there is equally a risk that:

- a. dedicated children and young people's services are incorporated / absorbed within services for adults for the purposes of efficiency.
- b. the focus shifts away from being child centred to the greater volume and issues associated with adult services.

2.4 In summary it is necessary to consider and set out how best to:

- i. Sustain achievements and continue to improve the quality of care for children, young people and their families.
- ii. Refresh where necessary and continue to improve cooperation between organisations providing services for children, young people and families.
- iii. Maintain or, in some areas, increase clinical engagement
- iv. Secure appropriate collaboration between children's services and adult / generic services in order to maximise the potential to identify and address vulnerability, improve outcomes and support transition in a 'family centric' approach

All of these taken together are necessary for securing ongoing improvements in both quality and efficiency. Indeed efficiency gains across the health and social care community have the potential to be realised in the interactions that take place between services for children rather than simply through the management of resources within each individual organisation. Consequently inter agency cooperation will be essential to manage demand, identify and meet needs early to avoid escalation and to provide efficient and effective pathways of access to services in order to improve quality in a sustainable form.

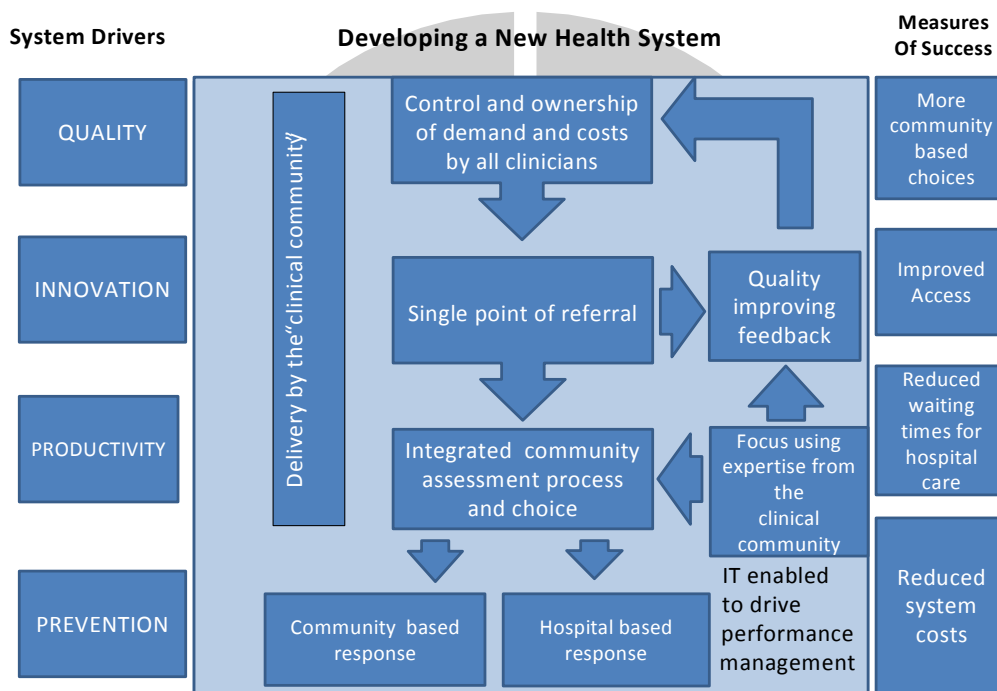
3. Commissioning Plans and Priorities

During our meeting we referred to two key documents that have most recently set out the key commissioning plans and priorities for services for children, young people and families in Plymouth:

- 1. The Children and Young People's Plan (CYPP) 2011/14 which sets out joint priorities for all partners of Plymouth's Children and Young People's Trust. This plan has been endorsed by all partners including NHS Plymouth.

2. NHS Plymouth's Annual Operating Plan and specifically the section on services for Children and Young People complemented by the section on Public Health. These describe NHS Plymouth's commissioning priorities for healthcare services that will support the delivery of the CYPP particularly enabling children to have best start to life and to reduce risk taking behaviour.

Included within NHS Plymouth's Operating Plan 2011/12 is a description of the "Healthy System" model for the local health and social care community, features of which are summarised in the diagram below. We referred to this in our meeting as it provides a joint vision that is guiding the development of commissioning plans as well as the behaviours and interactions needed between clinicians / professionals of partner organisations to achieve sustainable improvement in the quality of services. The aim for these professionals to cooperate in understanding demand, providing timely and effective responses at an early stage, reducing avoidable activity in more specialised services and releasing resources (including clinical expertise) to support prevention has clear synergies with the CYPP and Healthy Child Programme.



We acknowledged during our discussion that there is more to do to describe how the "Healthy System" model will apply in the delivery of services for children, young people and families. Below is an initial description of some of the key features:

- The system should promote healthy development, including safeguarding the welfare of children, in physical, mental and sexual health – rather than simply treat ill health.

- Therefore the system should provide universal screen or checks at key points in order to identify concerns at an early stage, offer support and prevent escalation. The Healthy Child Programme provides a framework for this involving all key partner agencies with whom there needs to be effective cooperation, for example primary and community health care, children's centres, schools, etc.
- When an additional need has been identified that indicates a requirement for healthcare services the system should ensure that this is done in a timely and accessible way that is appropriate to the developmental needs of children and young people and provided by staff with the appropriate skills, as described in the standards set out in the National Service Framework.
- To be effective the healthcare service(s) response should be integrated in its delivery with related health care services and partner agencies in order that it addresses the multiple factors affecting children's lives without additional barriers or handoffs. This feature should be integral to services provided at an early stage in localities as well as in more specialised provision and can be enabled through use of the common assessment framework and joint plan, supported by a lead professional where appropriate.
- Any healthcare intervention provided should seek achieve more than just treatment of the presenting symptom, but actively look to address factors that may result in recurrence where necessary by engaging support to change lifestyle factors and promote improved future health. For example improved cooperation between acute and community services to address issues leading to repeat admissions or attendances at hospital.
- A full understanding of demand so targeted support can be provided to those groups who are known to be more vulnerable and less likely to access services that support their health e.g. Children in Care.
- Meaningful engagement and participation of children, young people and their families in decisions about their own health care as well as in the planning and evaluation of services. In turn this should support reporting of patient reported outcomes, experience and delivery mechanisms that are informed by service users.
- Appropriate collaboration with generic / adult services using a 'family centric' approach in order to improve the capability and capacity for:
 - early detection / identification of vulnerability and provision of services at an early stage
 - support to family unit as a whole
 - effective transitions from children and young people's services to adult services

4. Summary of Commissioning Intentions

Whilst the above features will continue to be refined in parallel with ongoing work to support delivery of the healthy system, the key elements that underpin our commissioning intentions are set out, namely:

- Cooperation between clinicians / professionals across the health and social care community and between partner agencies.
- Provision of dedicated services to meet the specific needs of children and young people that work effectively with children's services in related partner agencies.
- Engagement of children, young people and their families in the planning and evaluation of services at an individual and whole service level.
- Appropriate collaboration with generic / adult services.

5. Specific Service Priorities

Our meeting also covered the need to stabilise and strengthen current performance in key services in order to provide a strong platform for transformation. This included:

- The development of a Plymouth Health Visiting Implementation Plan jointly between provider and commissioner that will enable local implementation of the national plan and support improvements in quality.
- Arrangements to sustain the Family Nurse Partnership
- Recovery of referral to treatment time compliance in CAMHS and review of capacity issues.
- Achievement and sustaining referral to treatment time for Speech & Language Therapy
- The development of an integrated team for Children in Care to address physical and mental health needs.
- The need for gaining clarity on the future commissioning of the Child Death Review function and the Rapid Response Team, including issues of capacity.

Each of these areas will require a specific action / improvement plan that needs to be agreed between the commissioner and provider in the forthcoming months and prior to transferring services to the social enterprise on 1st October.

6. Cross Cutting Themes / Priorities

Through your engagement / scoping events, staff identified a number of key themes that need to be considered in order to support progress toward seamless service provision for children, young people and their families. There was a broad consensus to these and each was subject to discussion with some actions identified as follows:

1. Joint commissioning of services for children, young people and their families.

As indicated in the Context above, commissioning structures have been and continue to be subject to change and therefore this has an impact on developing joint commissioning. Nevertheless we described at the meeting the establishment of the Sentinel Clinical Commissioning Executive, the commissioning functions that had been delegated to this new clinically led committee and that it now holds the responsibility for working in partnership. As a consequence we are now representing this

Commissioning Executive at the Plymouth Children & Young People's Trust Board in order to maintain the commitment to joint strategic planning and overseeing the delivery of the CYPP.

In addition the Children & Young Peoples Clinical Commissioning Group has a shared membership with the children's trust executive. Since our meeting further discussions have taken place to invite both commissioning staff from Plymouth City Council and representative Head teachers to join this group on a regular basis, as well as providers where appropriate. This provides a solid platform for progressing joint commissioning in future.

2. Establishment of a single point of access

Bringing demand through a single point in order to coordinate an appropriate response and to inform the planning of services is a feature of the healthy system model. At the meeting we agreed that further discussion was required to consider how this might best be applied in services for children and families, firstly in healthcare and in time taking account of integrated services with partners. Provider leads were to meet with Neil Parsons; a further dialogue with Neil and Dr Andy Sant would be necessary to take this forward.

3. Adoption of locality based, multi-professional approach to delivery

This development offers potential to support implementation and cross agency ownership of the Healthy Child Programme. The public health consultants offered to be involved in the development of proposals for this initiative. In addition it was agreed that Paul O'Sullivan would convene a meeting to bring together key staff leading the parallel proposals for locality working in Plymouth's children's services and in adult community healthcare services. We support using localities as a means to deliver our higher level commissioning intention.

4. Contracting and payment process

We indicated that we are keen to explore alternative contractual mechanisms that would enable improved coordination in the delivery of services between different organisations, for example with PHNT community services. This will be considered in conjunction with similar cross community service lines over the forthcoming months. In addition you were invited to propose key performance indicators that could best demonstrate the quality of services and their impact on outcomes and experience that could be incorporated into the contract monitoring process in future.

5. Single electronic record

We agreed with the issues identified by practitioners and confirmed that this proposal is included in the 10 Transformation Priorities that NHS Plymouth Board had approved as being necessary to support the development of the Health System.

In addition to this we know that improving access to services by children and young people along with improving coordination between professionals can be supported through appropriate facilities. Therefore I have included as an appendix an extract from the Estates Strategy relating to health services for children, young people and families that was

approved by NHS Plymouth Trust Board on 30 June 2011. A pilot has been approved by the Sentinel Clinical Commissioning Executive

7. Next Steps

In concluding our meeting we reiterated our commitment to an iterative process between commissioner and provider that should also support staff to be involved in the design of services to improve quality for children, young people and their families. In order to support this we agreed to a regular "transformation meeting" to facilitate a dialogue and overview of progress. This would be complemented by work on specific issues outside of this for example the specific improvement plans in paragraph 4 above. Where possible we would seek to arrange this every two months. A date for our next meeting will be circulated as soon as possible.

The commissioner will also undertake a revision of the existing service specifications for the contract with Plymouth Community Healthcare for all services for children and families, but with a priority for Health Visiting and School Nursing in the first instance prior to 1st October 2011.

Finally we will seek assurance from the executive of Plymouth Community Healthcare that appropriate arrangements will be put in place that enable the provision of dedicated services for children and young people working in an integrated partnership approach with key agencies under the Children & Young People's Trust whilst also achieving appropriate collaborative advantage with generic / adult services as part of its proposals for developing effective support for families. This will include working strategically at Childrens Trust Board level and operationally at the front line of service delivery.

Yours sincerely



Paul O'Sullivan
Director of Joint Commissioning



Dr Andrew Sant
Sentinel Board Director

cc: Steve Waite, Chief Executive (Designate)
Duncan Currall, Chair (Designate)

Appendix

Estates Strategy – extract for C&YP as ratified by NHS Trust Board on 30/06/11

5.5 Health services for children and families

5.5.1 Currently children's services are delivered from a number of properties such as Derriford Hospital, clinics, church halls, schools and children's centres. A redesign of children's and families community services following the commissioner Case for Change document is being developed, and from this the estate requirements of the service will be realised. As an overview, the main focus will be to provide multi-professional teams within locality/community settings to offer a single point of access.

5.5.2 A recent external inspection of children's services in Plymouth by OFSTED and CQC has reported how agencies are working effectively together to safeguard and improve the well being of children and young people in Plymouth under the leadership of the Children & Young People's Trust. The children and young people's plan has provided a focus for the shared strategic development of joint priorities and alignment of resources across the individual partner organisation. Nevertheless, there continue to be significant health needs in Plymouth and variation in health and access to patterns of healthcare associated with inequalities. Ongoing needs are shown below⁷:

- ◆ Promoting the health of parents and ensuring that young children receive a healthy start to life as measured for example in reduced rates of smoking in pregnancy, increased rates of breastfeeding and reduction in obesity
- ◆ Promoting good mental health and reducing stigma
- ◆ Improving the transition to adult services
- ◆ Reducing risk taking behaviour in young people as indicated by levels of alcohol and substance misuse, smoking and unprotected sex with consequent levels of sexually transmitted infections and under 18 conceptions

5.5.3 The National Service Framework for Children, Young People and Maternity Services set out a range of standards to be achieved by 2014. These standards need to inform service and estate planning on how best to provide services to meet these local needs as they have been developed specifically to improve the quality of healthcare

7 Commissioner Case for Change – August 2010

and promote healthy outcomes. Key elements of these standards that are pertinent to the estate strategy are:

- ◆ Improving access to services by providing them in a range of community settings, for example children's centres, schools and youth venues
- ◆ Facilitating the co-location of services in order to enable the delivery of integrated care by health, social care and education professionals
- ◆ Providing care in environments that are safe and appropriate to the age and development of the child and young person

5.5.4 Plymouth has made progress toward these standards in two key domains:

- ◆ Developing services that are provided in a range of community settings including schools and children's centres
- ◆ Developing purpose built or dedicated environments for the provision of services for children and young people with additional or complex needs including:
 - Paediatric emergency department, theatres and inpatient facilities
 - CAMHS Tier 4 inpatient mental health service facility for young people from Devon and Cornwall
 - Child development centre and CAMHS day and outpatient facilities

5.5.5 A redesign of children's and families community services following the commissioner case for change document is being developed, and from this the estate requirements will be realised. As an overview, the main focus will be to provide multi-professional teams within a locality-community setting to offer a single point of access and offer more accessible and integrated service provision. This is intended to build on the progress to date and support continued progress toward achievement of the NSF standards and delivery of the Plymouth children and young people's plan (CYPP).

5.5.6 Early intervention, increased access to services for vulnerable groups and avoiding the use of specialist services where appropriate is a common aim shared by all children's trust partners. The estates strategy will support the CYPP aims by continuing to support the delivery of community healthcare services in local facilities. This principle applies across physical, mental and sexual health outcomes where the right 'front door' to an appropriate health professional may enable the child, young person or professional from another agency to identify a health need and gain access to the relevant service at an early stage thus preventing escalation. Some examples are offered below.

- ◆ Learning from the experience of targeted mental health service in schools (TAMHS), NHS Plymouth would like to increase the number of 'talking rooms' available around the city so that

these can be accessed by young people and families to provide advice and promote health

- ◆ The CAMHS (child and adolescent mental health services) community services are currently based over a number of localities and co-location options will be investigated once the review has been completed
- ◆ Access to community contraceptive and sexual health services are a core priority in promoting sexual health and reducing teenage pregnancy. Providing this service through community based venues as directed by young people themselves will support a continued increase in take up of these services
- ◆ Work is currently under way to review the pattern and causes of attendance and admission for children to hospital. This information will be used to inform how services can be provided in the community in order to reduce avoidable and repeat admissions in future

- 5.5.7 The strategy to increase the range of services provided in community settings will also mean that planning of estates for this client group will need to be done in co-ordination with partners including primary health care, early years and school education and the voluntary and community sector. In addition, quality standards such as provided in the DH guidance 'You're Welcome' can be used to ensure that the facilities and services are designed and delivered in a way that can best meet the needs of children, young people and their parents.

	
Meeting	Plymouth Children and Young People's Trust Board
Date	9 December 2011
Title	Health Visitor Implementation Plan
Responsible Officer	Emily Street, Commissioning Manager, Children's & Young People's Health, NHS Plymouth
Purpose of Item	The Children and Young People's Trust Board are requested to receive a verbal update and to discuss the local plans for delivery of the National Health Visitor Implementation Plan – A Call to Action
Recommendations	For the Board to ensure that as the local proposals and projects are finalised that there is coherence between the local Health Visitor Implementation Plan and related plans for Children's Centres, Early Years, etc.
Consultation Record	
Meeting Notes:	

The National Plan can be accessed via the link below.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124202

The attached diagram provides a summary of the range of workstreams involved in the Health Visitor Implementation Plan.



Health_visitor
Implementation

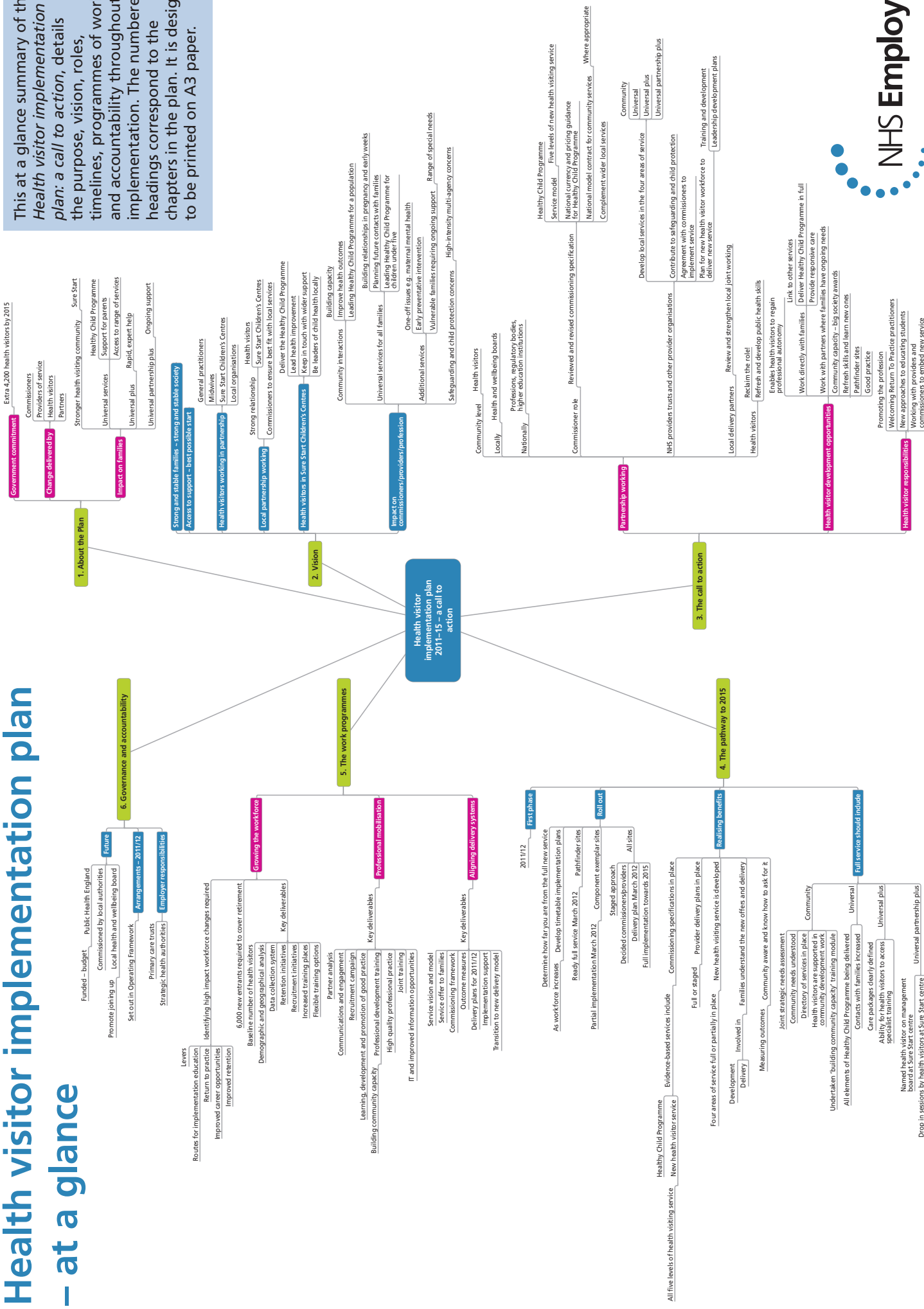
It is clear that a number of aspects to the plan will need to be led or co-ordinated at a PCT Cluster level (if not over a wider area) eg. recruitment and return to work campaigns.

A verbal update on the outcome of the most recent PCT Cluster HV Implementation Plan Meeting will be provided at the meeting.

Health visitor implementation plan

– at a glance

This at a glance summary of the *Health visitor implementation plan: a call to action*, details the purpose, vision, roles, timelines, programmes of work and accountability throughout implementation. The numbered headings correspond to the chapters in the plan. It is designed to be printed on A3 paper.



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Meeting	Plymouth Children and Young People's Trust Board
Date	9 December 2011
Title	Reducing children and young people's attendance and admissions to hospital: A Progress Report
Responsible Officer	Paul O'Sullivan, Joint Director of Commissioning, NHS Plymouth
Purpose of Item	The Children and Young People's Trust Board are requested to receive the progress report.
Recommendations	To provide an update on the work being undertaken to reduce avoidable attendance and admissions to hospital.
Consultation Record	
Meeting Notes:	

1.0 Introduction

The key to both reducing and delivering effective emergency and urgent care is ensuring that the whole system supports:

- a reduction of need through prevention
- care in the community including self-care, community care including pharmacies, primary care, Minor Injury Units (MIUs)
- appropriate routing of cases at the community / secondary care interface by suitably trained & supported staff
- provision of assessment and immediate management that reduces necessity for admission
- timely and safe early discharges

This highlights the breadth of scope of the project and the large number of stakeholders across the partnership who will contribute to making an impact upon admission levels. Given this, particular parts of the project will progress at different phases. Whilst this paper focuses on the 0-5 age group as the cohort who have the highest rates of admissions, it acknowledges that future work phases will address the needs of older children and young people particularly within the 15-19 year age group. It is also noted that there is already ongoing work targeted at 15-19 year olds within the City, for example, the work to reduce attendances and admissions relating to alcohol.

On reviewing the data, it has become apparent that there are two different approaches to achieving the overall 30% reduction in avoidable use of hospital services for urgent care.

Broadly speaking, children and young people attend secondary care services for the following reasons:

1. **Scheduled care** which results from planned events such as outpatient attendances, planned admissions for therapeutic investigations, interventions, procedures and treatment.
2. **Unscheduled care** usually for acute episodes of illness and injury.

This paper will focus on the unscheduled care group.

The initial phase of the work has been to develop an understanding of the nature of the admissions and attendances to hospital by:

- Identifying the conditions/illness category that necessitate attendance and/or admission
- Analysing the above for factors that might contribute to the attendance/admission
- Developing a work plan to address these factors.

The findings, presented previously, showed that:

- the majority of admissions to acute care were for the under 5's with a second rise in numbers in 15-19 years olds

- the main diagnostic conditions were respiratory, gastrointestinal, accidents and injuries and infection
- significant numbers were discharged within 4 hours and only 25% of children seen at the Children's Assessment Unit (CAU) went on to admission

This information forms part of NHS Plymouth's 'evidence bank' that is refreshed as part of the annual planning cycle and is used to determine commissioning or service improvement priorities (known as SIPs).

2.0 Project Management

A project plan is being finalised for SIP 3 (the project which specifically relates to children which sit alongside similar projects intended to reduce avoidable acute care for adults). The plan incorporates Prevention (Public Health), Self Care/Community Care (Primary Care) and the interface into Secondary Care and Single Point of Entry (Acute Care).

An advertisement has been placed for a GP lead who it is envisaged will become the Chair of the group and whose objectives will be to facilitate delivery of SIP 3. Membership of the group includes representatives from Public Health, NHS Plymouth, Plymouth Hospitals NHS Trust and Children's Centres. The group will meet every two months from the end January 2012 and in the meantime work continues on progressing aspects of SIP3.

Reporting arrangements will be to the Clinical Commissioning Group as well as the Children's Trust Executive and regular updates will be provided to the Children & Young People's Trust Board. With the changes within the health and social care systems currently, this will need to be reviewed and leadership and governance arrangements adjusted accordingly during the course of the project.

NHS Plymouth has identified ongoing part-time project management who will support the clinical staff and liaise with partner organisations.

3.0 Reducing the need for attendance and admission care through prevention

A review of the main age and diagnostic groups enabled us to identify the key areas of prevention that impact on admissions. These areas are:

3.1 Breastfeeding

There is a Plymouth Breastfeeding Strategy in place which is overseen by the multi-agency Strategic Breastfeeding Group. The strategy has nine objectives around which work is planned, delivered, monitored and evaluated. A designated breastfeeding coordinator is in place to support the strategy delivery. The strategy is to be revised to reflect the progress made and changes in national policy and evidence base. Further partnership work will be needed to progress a number of strategy objectives including continued activity to achieve and maintain BFI accreditation by NHS Plymouth and PHNT and University of Plymouth, and for breastfeeding awareness to be embedded in the school curricula and improved mother and baby signage across the City.

In addition the City's Children's Centres have successfully bid to be a Payment by Results (PBR) pilot and have selected one of the focus areas to be breastfeeding.

3.2 Smoking during pregnancy and exposure to second hand smoke (SHS):

This year "A Tobacco Plan for Plymouth" has been developed, agreed and ratified. A number of key outcomes contribute specifically to reducing attendance and admissions to acute care in children.

- Reducing the percentage of pregnant women who are smoking at delivery
- Reducing the percentage of families with children under 5 years where 1 or more parents smoke
- Reducing the prevalence of smoking in 15 year olds

The delivery plan includes tackling smoking in cars, smoke free homes, peer education and peer advocacy in school via the peer DECIPHER ASSIST programme and plain packaging. Further work will be ongoing to develop high impact actions across partners to deliver on these outcomes.

An additional area that the City's Children's Centres PBR pilot have decided to focus on is measuring the effectiveness of our interventions around second hand smoking and smoking during pregnancy.

3.3 Immunisation

Public Health takes a lead role in ensuring that there is universal provision, quality in access and good compliance for established routine and targeted immunisation programmes. Public Health leads the City-wide Immunisation Group which monitors uptake for the immunisation programmes and emergence of vaccine preventable disease. It works in partnership with primary care and colleagues in neighbouring organisations to enable a population approach to health protection and specifically to improve immunisation uptake.

The COVER programme (cover of vaccination evaluated rapidly) monitors immunisation coverage data for children in the United Kingdom who reach their first, second or fifth birthday during each evaluation quarter. This information is promptly fed back to Plymouth, creating the opportunity to improve coverage and to detect changes in vaccine coverage.

3.4 Prevention of gastrointestinal infection

All schools and other child care settings are able liaise with the Health Protection Agency to discuss the management for gastrointestinal infections/ outbreaks. They also receive "The Spotty Book" which is an A-Z on infectious diseases, exclusion criteria and hand hygiene measures.

For food borne infections Public Health colleagues within the Local Authority Public Protection Team ensure that through a programme of risk assessment, inspection, education, monitoring and testing, that commercially available food

is safe for human consumption. Public Health collaborates with the Public Protection Team and the Health Protection Agency in protecting the health of Plymouth residents when an unusual number of cases of a particular infection or outbreak occurs.

3.5 Accident prevention

Previously established as priority group 5 under the last Children and Young People's Plan, a multiagency group has been progressing work on accident prevention. This group has undertaken a needs assessment which identified the under 5's as the major contributor to admissions primarily through accidents in the home, falls and poisonings. As a result, a ROSPA funded project supported the development of the "Safe at Home" scheme. This scheme enabled families to have home safety assessments and if eligible (targeted at the most deprived families) free installation of equipment and follow up. Following cessation of the ROSPA funding, the project has been mainstreamed this year through the Children Centre contracts and all families are able to, upon request, access a home safety assessment visit and, where eligible, access to free installation. In addition, this year partner agencies also joined together during the Child Accident Prevention week in June to undertake a bus tour of children's centres providing a one stop shop opportunity for young families to consider their safety needs. Further work, over the coming year, will include the mapping of the current position within the City against NICE guidance on accident prevention. The subsequent gap analysis will be used to inform future actions.

Given the range of partners that contribute to accident prevention, the recommendation from the local needs assessment undertaken, and now included in the NICE guidance, it is likely that the mapping exercise will highlight the need for a Plymouth accident prevention coordinator. The development of a business case will be required following confirmation of this.

The NICE guidance is for commissioners and providers of health services, environmental health services, housing services and associations, local authority children's services, local authority health and wellbeing boards, local authorities and their strategic partnerships, local safeguarding children boards, police, fire and rescue services, Sure Start and children's centres and can be found at www.nice.org.uk

3.6 Cold Homes and Fuel poverty

Child poverty is a level 1 indicator for the City and is one of the 5 priority areas to be addressed under the new Children and Young People's Plan 2011-14.

Work is currently ongoing within the City to develop the strategic approach to tackling child poverty and ensuring this becomes everyone's business. The child poverty action plan being developed references the link to the need for high quality homes for families and children. The upcoming Housing Plan (2012-2017) for the City will be out for consultation in the New Year and it will be important that the link to housing quality for children and families is made and actions developed accordingly.

4.0 Care in the community

4.1 Self Care

Children's Centres are working with families to support first aid skills through one to one work and accredited courses with the outcome of increasing parental skills and confidence to prevent where possible and respond where required to children's minor accidents and injuries within the home and community.

The national drive and implementation of the Health Visitor Implementation Plan to increase the number of Health Visitors (48 additional by 2015 in Plymouth) detailed in the Government's document 'A Call to Action' will also increase the citywide capacity to support families in the community.

4.2 Primary Care

NHS Plymouth has recently implemented the use of a risk stratification tool which can be used in each primary care practice to identify patients at high risk of admission. This went live in September of this year. Whilst primarily designed to examine long term conditions in adults, there is opportunity to explore the data by age group and to look at particular conditions including asthma. Further work will be undertaken to examine this tool's potential to indicate areas for focussed work in primary care and to influence the tool design to incorporate or extract the data to support preventing admission for children and young people.

Further work with primary care will be progressed following the appointment of a GP lead for Children and Young People.

5.0 Secondary Care

5.1 Background

The single point of entry for unscheduled paediatric care has been the result of collaborative SIP 3 proposals between PHNT and the PCT. In January 2011, a detailed C&YP business plan, 'Reduction in avoidable use of hospital services for Urgent & Elective care for Children & Young People' was endorsed by both the PCT and PHNT. Various internal reconfiguration options have been explored. The end result determined the existing Emergency Department (ED) and Level 6 footprint is inadequate for a combined ED/Children's Assessment Unit (CAU) Short Stay Unit.

5.2 Moving Forward

Following a joint PCT and PHNT meeting in July, the planning department was given approval to proceed with developing options to provide an increased footprint with a facility which integrates the Emergency Department (ED) and Children's Assessment Unit (CAU) – Short Stay model of care. The facility will support an efficient children and young people's pathway for unscheduled care.

Two options are currently being explored and are being considered as a part of the overarching development control plan for the Emergency Department.

Detailed data and pareto analysis for both ED and CAU based on admissions, minors, majors, age, time of day, day of week was completed by Service Improvement in January 2011. This data will be refreshed in January 2012.

The timescale is dependant on the preferred option, enabling works required, phased developments, planning permission, traffic management, communication, consultation and the construction procurement methodology. An indicative capital project completion date is 2013.

A Strategic Outline Case to the Investment Committee target date is February 2012.

5.3 Service and operational changes to date

The GP to hospital registrar telephone hotline was established in October for direct and immediate advice from senior medical staff to primary care. The initial feedback is favourable and will be subject to formal analysis in January 2012.

6.0 Challenges for SIP 3

This paper has outlined progress to date along the care pathway from prevention, through self and community care to secondary care to reduce admissions and attendances at hospital. Whilst much has been achieved or is in progress, it is clear that the SIP 3 is large, wider ranging project and as such will require significant ongoing multiagency commitment.

The project has been influenced by a number of challenges that exist at each stage of the care pathway.

Maintaining the integration of the whole system method, so that there is a seamless approach to both prevention, enablement of self care and management of acute episodes of care, whilst also progressing specific parts of the pathway poses a logistical challenge.

The loss of a dedicated operational project manager/lead and more recently of a GP lead has also hindered the progression of the multitude of work streams.

Parallel work for specific adult pathways is beginning to show positive signs. There are benefits to be gained by integrating certain aspects of the children and young people's admissions into the wider system work that has been implemented to reduce adult admissions rather than as a stand alone project.

The progress made to date has provided a clear understanding and strong basis for further work to follow.

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Meeting	Plymouth Children and Young People's Trust Board
Date	9 December 2011
Title	Emotional Wellbeing and Mental Health of Children and Young People in Plymouth
Responsible Officer	Paul O'Sullivan
Purpose of Item	The Children and Young People's Trust Board are requested to receive : i. the report of the OSC Task and Finish Group and the action plan developed in response. ii. an update from PCH on actions being taken to improve the waiting times for planned referrals for CAMHS PMDT
Recommendations	The Children and Young People's Trust Board are requested to note the content of the report and request that the Children & Young People's Trust Executive monitor and review progress on the proposed action plan.
Consultation Record	
Meeting Notes:	

CHILDREN'S EMOTIONAL WELL BEING AND MENTAL HEALTH

Children and Young People Overview and Scrutiny
Panel Task and Finish Group



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2. Executive Summary
3. Recommendations
4. Scrutiny Approach
5. Key Issues Arising from the Evidence
6. Findings:
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 - 6d Specialist Services

I INTRODUCTION

The Children and Young People's Overview and Scrutiny Panel scrutinises matters relating to the health and well being of children and young people living and learning in the city. The Panel reviews the impact of services provided by agencies ranging from the Council, Health, Police, schools and colleges and the Voluntary and Community Sector. The panel also considers the impact of partnerships such as the Children and Young People's Trust, the Plymouth Safeguarding Children Board and Plymouth 2020 Wise Theme Group.

One of the issues considered by the panel is the emotional wellbeing and mental health of children and young people. This has been prioritised because of concerns about the emotional health of children as reported through the Tellus 4 survey and through campaigning in Youth Parliament elections. The Children and Young People's Overview and Scrutiny Panel convened a task and finish group in October 2011 to hear evidence from professionals from across the city to understand the prevalence of mental health needs among children and young people and to review the Children and Young People's Emotional Wellbeing and Mental Health strategy and its development.

This report summarises the findings of that review and makes recommendations for improvements to key services.

2 EXECUTIVE SUMMARY

The scope of this review encompasses the broad range of mental health needs among children and young people across Plymouth, and the extent to which they are being effectively met. Around 15% of the the under 18 population, or 7800 individuals need some form of support in relation to their emotional wellbeing and mental health. The panel found that, although there is a broad range of services in place to provide preventative or early interventions, there does not appear to be a coherent framework in place providing appropriate access to these services for young people and their families. Schools do not feel fully supported by professional services in addressing emotional wellbeing issues once identified, and there is a perceived lack of direct intervention services, including counselling and family therapy.

Crucially, the review identified performance issues relating to the Child and Adolescent Service Multi-Disciplinary Team provided by Plymouth Community Healthcare, resulting in a backlog of over 250 children awaiting treatment, some for several months. The Panel are concerned about performance management arrangements relating to this service, and the resulting impact on the affected children and young people.

3 RECOMMENDATIONS

R1	The Panel extends its congratulations to members of the Youth Cabinet for their work in carrying out the survey of attitudes towards mental health that is referenced in this report
R2	Representatives of Children and Young People Overview and Scrutiny Panel attend the Youth Cabinet to feed back on the report and recommendations following task and finish review
R3	The Council should consider the use of social media networks to promote consultation initiatives
R4	The Children's Trust allocates responsibility to a lead agency to develop a framework that clearly identifies the roles of statutory and non-statutory agencies and the resources available both in prevention and early intervention work with regard to mental health among children and young people.
R5	The Children's Trust review reasons for non attendance of key professionals at Common Assessment Framework meetings, and make recommendations to ensure that such meetings are timely and properly resourced, with particular attention being paid to the role of Educational Psychologists and communication interaction professionals.
R6	Plymouth Community Healthcare (PCH) prepare a communications strategy with respect to children and young people's mental health and revise content of media as appropriate
R7	The Panel commends the Excellence Cluster for their flexible approach to the delivery of services and the best practice demonstrated in their work
R8	PCC and PCT commissioners review the range of early intervention services available and assess the value for money of the range of options.
R9	The Council ensures that key universal services including schools and youth services are notified of alternative counselling services available in the city.
R10	The Council update the Panel regarding the impact of new multi-disciplinary locality teams on Children's emotional well being and mental health services in six months
R11	An urgent summit meeting to be arranged between strategic leads from CYPOSP, PCC, PCT and PCH regarding the findings of this report
R12	PCH review the cost effectiveness of participation support services for young people using mental health services
R13	The Children's Trust investigate and report on ways in which the work of clinicians and other children's professionals can be better coordinated with respect to mental health support
R14	The Children's Trust establishes a clear and transparent process for the identification, monitoring and escalation of issues such as those identified in this report.
R15	Commissioners from the Children's Trust provide interim updates to CYPOSP on the response to these recommendations.

4 SCRUTINY APPROACH

The Overview and Scrutiny Management Board approved in principle on 21 September 2011, the establishment of a Task and Finish Group to review Children's Emotional Well being and Mental Health with membership drawn from the Children and Young People Overview and Scrutiny Panel.

Task and Finish Objectives

The group was asked to:

- Understand the prevalence of mental health needs among children and young people
- Review the Children and Young People's Emotional Wellbeing and Mental Health strategy and developments

The Work Programme Request (PID) is attached as Appendix I.

Membership

The Task and Finish Group had cross party membership comprising the following Councillors –

- Councillor Wildy (Chair)
- Councillor Stark (Vice Chair)
- Councillor Bowie
- Councillor Mrs Bowyer
- Councillor Delbridge
- Councillor Tuohy

For the purposes of the review, the Task and Finish Group was supported by -

- Claire Oatway, Lead Officer for Children and Young People OSP
- Liz Cahill, Commissioning Officer and Panel Adviser
- Amelia Boulter, Democratic Support Officer

Methodology

The Task and Finish Group convened over two days 11th and 12th October 2011 to consider evidence and hear from witnesses –

- Camille Smith, Routeways
- Alistair Baggott, Routeways
- Caroline Storer, Platform 51
- Wendy Brett, Headteacher, Sir John Hunt
- Lisa Hartley, Excellence Cluster
- Mel McMahon, Excellence Cluster
- Emily Carter, Member of Youth Parliament and Kerry Whittlesea
- Alan Fuller, Principal Educational Psychologist, Plymouth City Council
- Cate Simmons, Head of Children Services, Plymouth Community Healthcare
- Dan O'Toole, Director of Finance, Plymouth Community Healthcare

- Michelle Thomas, Operations Director, Plymouth Community Healthcare
- Fiona Fleming, Commissioning Manager, Plymouth City Council
- Paul O'Sullivan, Joint Director of Commissioning, Plymouth Primary Care Trust

Background material provided to the group included:

- Briefing Paper
- Mental Health 5-a-day leaflets for Children, Young People and Young Adults
- Extract from Children's Fund Consultation 2010 – Mental Health and Emotional Wellbeing
- 'Improving the State of our Minds' – Emotional Wellbeing and mental Health of Children and Young People in Plymouth – Joint commissioning Strategy 2009 – 2014
- An Introduction to Children and Young People's Emotional Wellbeing and Mental Health in Plymouth Needs Analysis
- South West Public Health Observatory – Children's and Young People's Mental Health in the South West
- Presentation from Youth Parliament

5 KEY ISSUES ARISING FROM THE EVIDENCE

The focus for the task and finish group was intended to be on the range of emotional wellbeing and mental health issues in the city. There are some findings and recommendations relating to this broad spectrum of work. However, a disproportionate amount of time was taken to consider performance issues within Plymouth Community Healthcare's Child and Adolescent Service Multi-Disciplinary Team. This specialist service currently has 254 children awaiting treatment, some for several months.

- It is estimated that approximately 15% of the under-18 population need some form of support in relation to their emotional wellbeing and mental health. There are a number of young people who are effectively hidden and not accessing services who are at a higher risk because they haven't been able to access preventative or early intervention services.
- A broad range of services are in place across the city to provide preventative or early intervention services. However, there is no coherent framework around these services which can make it difficult for young people or families to access them.
- Schools have a number of professionals who have been trained to intervene. Where children need more targeted support a CAF assessment will be held. It can be difficult to pull together all relevant professionals around the table which leads to a lack of knowledge among workers and delays in the support provided. This also leads to schools feeling left with an issue that should have multi-disciplinary ownership.
- Young people do not tend to seek advice from professionals – particularly GPs and teachers if they have a problem. Friends were seen as more of a comfort when young people have an issue and could be in similar situation.
- Direct interventions including counselling and family therapy were seen as effective in containing and resolving issues. However, there was a perceived lack of services in the City.

- More than 250 children are currently on a waiting list for the specialist multi-disciplinary team. For children had waited 6 months and longer for a referral, it is quicker for parents to refer through their GP.
- Contract monitoring had identified a backlog in Autumn 2010. However, there has been a significant delay in remedial action by the provider service. An intervention plan has now been developed – awaiting sign-off - that brings in professionals from other services to ensure young people and their families get urgent support.
- By the time the children were referred to CAMHS their needs were complex and the service could not respond to new children coming in.
- Issues of confidence in resolving the problems emerged during the review. There was significant concern among members of the panel about the impact that delays were having on children and families and the impact this backlog was having on other services for children

6 FINDINGS

6a Context In Plymouth

The World Health Organisation defines mental health as :

'A state of well being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community'

The Mental Health Foundation describes emotional wellbeing as :

'A positive sense of wellbeing which enables an individual to be able to function in society and meet the demands of everyday life; people in good mental health have the ability to recover effectively from illness, change or misfortune.'

For the purpose of the strategy and this paper child and adolescent mental health services or 'CAMHS' is defined in its broadest sense to include all services that promote emotional well-being and develop good mental health, as well as those which respond to and meet the mental health needs of children and young people through assessment and support.

An Introduction to Children and Young People's Emotional Wellbeing & Mental Health in Plymouth: Needs Analysis November 2008 gives a full breakdown of need, including stakeholder consultation, and found that national prevalence of mental health need for children and young people under 18, described at three levels of need¹, is:

- Those whose needs require use of a specific specialist service. This is estimated at 2.5% of the population (1,040 in Plymouth), including a very small % that may require inpatient care.
- Those whose needs can be managed by other professionals with the relevant skills and experience. This is estimated at 7.0% of the population (3,600 in Plymouth)
- Those who experience mild emotional and behavioural difficulties or early stages of disorders. This is estimated at 15% of the population (7,800 in Plymouth)

We should expect to see increased levels and severity of the problems faced in Plymouth due to the correlation between social deprivation and mental health problems

There are some groups of children and young people who experience particular risks to mental health, these include; those with learning disabilities; Children in Care; asylum seekers and refugees; those in the criminal justice system.

There are also some clear inter-relationships between mental health and childhood abuse and trauma, substance misuse, chaotic family backgrounds and parental mental illness.

The Panel was impressed with engagement work undertaken in the city, but concerned with value for money issues with the Routeways contract relating to the very small number of young people they were working with and funded by CAMHS. Queries were raised as to how much of CAMHS works is subcontracted and to whom.

¹ Research by Child and Maternal Intelligence Unit

On behalf of the Children's Trust, the Children and Young People's Emotional Wellbeing and Mental Health Partnership (the Partnership) was formed in 2007. It consists of representatives across schools, health services, early years services, youth services, social care and the voluntary and community sector. It was formed to have oversight of improvements in children's emotional wellbeing and mental health services.

The strategy outlines key objectives for improvement based on three strategic outcomes:

Area of Work	Outcomes
Promotion and Prevention	Raise aspirations, address stigma and discrimination, and increase resilience of children, young people and their families in relation to their emotional wellbeing and mental health.
Early Intervention	Children, young people and families with emerging mental health needs receive support that prevents problems developing further, and reduces the impact of this on their lives.
Specialist Services	Ensure delivery of integrated services for children and young people with identified mental health needs.

This framework will be used to organise findings from other written submissions and evidence

6b. Prevention and Promotion

The panel received a variety of evidence outlining young people's views of mental health and support. The 2010 Children's Fund consultation asked 2532 young people aged 10-16 about mental health and emotional wellbeing including feeling angry or unhappy and support they receive. Headline results are shown below:

	Certainly True	Somewhat True	Not true
I get very angry and often lose my temper	632	1141	515
I worry a lot	459	1143	685
I am often unhappy, downhearted or tearful	206	785	1274

	Yes	No
Would you talk to someone if you were worried about your emotional health?	1548	682
Have you ever asked for advice about your emotional health	200	1958
If yes, was the advice helpful?	162	36

Young people responded to the invitation to provide evidence by carrying out an online survey. The survey was supported by PCC and was advertised via an independent facebook page, more than 120 young people took part in the survey over a two week period and the spread was representative across the City.

Who would you talk to if there was a problem?

	% Answer
Friend	29%
Parents	22%
Youth Worker	14%
Teacher	9%
Doctor	7%
Sibling	7%
Other members of family	6%
Someone else	6%

- Respondants would like to see a range of options not necessarily through GP and someone to talk to
- Young people are worried about being judged if they ask for help and don't feel that they necessarily trust a doctor enough to tell them exactly what is going on.
- Friends were seen as a good source of support because they are with young people on a regular basis, are normally the same age and young people would trust their advice
- Perception that 'something is wrong with you' if you have poor mental health
- Over a quarter of people asked didn't know if services were available close by to help them if they needed it
- Almost 60% of young people had received counselling, however this may include a range of support including mentoring at school, may be over different lengths of time and may not be of a consistent quality.
- Young people hear about emotional health through school lessons and youth work session but the experience was inconsistent across schools and year groups
- Other results could be due to relationship between teacher and student and whether young people access youth services. Other members of the family wouldn't be approached because of concern that parents would be told.

R1	The Panel extends its congratulations to members of the Youth Cabinet for their work in carrying out the survey of attitudes towards mental health that is referenced in this report
R2	Representatives of Children and Young People Overview and Scrutiny Panel attend the Youth Cabinet to feed back on the report and recommendations following task and finish review
R3	The Council should consider the use of social media networks to promote consultation initiatives

The panel heard that a number of services had developed prevention and promotion responses. Schools in particular are playing a major role. In 2010, 97% of Plymouth schools achieved Healthy School status. Healthy Schools Plus has now been rolled out in three phases with a total of 28 schools choosing to focus on mental health as their key area of need. A recent evaluation of this

programme showed that young people report they are better at managing their feelings and are more ready to learn.

The panel heard from a headteacher:

- If a child is not 'in a good place to learn' then they will not progress. Whilst there is an underlying drive towards teaching and learning schools are providing appropriate pastoral care to support that learning. In addition, schools tend to be where a crisis happens and rapid support is needed.
- A range of pastoral support is available including learning mentors, pastoral leaders and family liaison workers in school. Targeted services are bought in e.g. this school currently buys in two days a week counselling service. There are good links with other services including voluntary and community services, the Salvation Army, the Youth Service and a Connexions adviser
- The school workforce had been trained at the discretion of the headteacher to identify mental health issues and to provide a first level of response.
- Where schools have a concern they will call a Common Assessment Framework (CAF) meeting. Not all professionals attend which can lead to a delay in interventions starting, gaps in knowledge and concern that not all professionals working with the family have heard the issues. Sometimes the meeting is delayed or does not go ahead – instead being escalated via another route. In particular Educational Psychologists and Communication Interaction professionals miss meetings. This in effect leaves the issue as a school problem when the support of other agencies is needed.
- Headteachers had to make choices about how to allocate resources. Many schools worked together to provide support through economies of scale. Schools do not have a clear framework around levels of support and share expertise across school areas, sometimes developing pilots together.

R4	The Children's Trust allocates responsibility to a lead agency to develop a framework that clearly identifies the roles of statutory and non-statutory agencies and the resources available both in prevention and early intervention work with regard to mental health among children and young people.
R5	The Children's Trust review reasons for non attendance of key professionals at Common Assessment Framework meetings, and make recommendations to ensure that such meetings are timely and properly resourced, with particular attention being paid to the role of Educational Psychologists and communication interaction professionals.

The panel heard that the Plymouth Community Healthcare had commissioned a series of leaflets promoting mental health to children, young people and young adults. The leaflets had been designed based on survey evidence from young people through Routeways and the actual format was developed by students at Notre Dame school. The leaflets had been launched in April 2011 and the level of reach would be tested in an upcoming survey of young people this Autumn.

Panel members were concerned that the language used in the leaflets was duplicated across all age groups and the only apparent customisation was in the use of pictures or photographs. It was felt by several members of the panel that the text used whilst general was not accessible or engaging for target audiences, particularly older young people.

Panel heard that the leaflet was left in key areas on school sites and the issues formed part the wider Social Emotional A Literacy curriculum.

R6	Plymouth Community Healthcare (PCH) prepare a communications strategy with respect to children and young people's mental health and revise content of media as appropriate
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6c. Early Intervention

A broad range of services were commissioned by members of the Children's Trust to deliver counselling or psychological therapy services. This support was either on a consultative basis – for example providing support including training to professionals working with children and families, or on a more directive basis with direct work – typically counselling or psychological therapy including family therapy being provided directly to the young person. There is mixed opinion about sufficiency of services – including a feeling that young people are having a lot of direct, informal work through support staff working as para-professionals.

The Excellence Cluster described their services:

- Providing mentoring support, counselling and therapeutic support and integrated professional sport advising professionals and schools.
- Providing intensive support at earliest stage – not normal, service model designed around the child as opposed to the professional working with the child.
- Working as part of a practice network with other professionals providing psychological support at a targeted level – coordinated by CAMHS, Routeways, Zone, Hamoaze etc. However need to do more to develop model of cohesive and connected services. Perception that there is 'plenty of work for everyone'.
- Reported a high degree of interest from schools with previous linked schools reinvesting / recycling their package of support so that other schools can have same experience
- Reported requests from schools and other services to review targeted intervention and how funding is used to access counselling and therapeutic work to ensure spread and access and so de-escalate need.

The Excellence Cluster described perceived gaps in service provision:

- family therapy in primary and secondary schools
- limited access to art or drama therapy then only provided after been through different elements of service
- time limits on services don't necessarily meet with needs of the child.
- not all schools take up service – secondary schools may get cheaper service elsewhere
- lower cost or free to access counselling services

R7	The Panel commends the Excellence Cluster for their flexible approach to the delivery of services and the best practice demonstrated in their work
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Among the examples given was the Zone's counselling service. This was an open access service that was funded via Public Health. It was recently publicly announced that the Zone would be ceasing the CAMHS service. In a paper submitted to the panel the organisation suggested that demand outstripped the level of funding and that it felt that it could no longer subsidise the service. According to the report, demand increased by 36% year on year with 136 young people seen in the first quarter.

The panel asked witnesses about the service, some had used the service to support young people as an independent setting outside school. Witnesses had not been made aware of the closure of the service nor of alternative provision available in the City.

R8	PCC and PCT commissioners review the range of early intervention services available and assess the value for money of the range of options.
R9	The Council ensures that key universal services including schools and youth services are notified of alternative counselling services available in the city.

The panel heard from the Educational psychology service about the reorganisation of services around localities with a more focussed offer of prevention and early intervention support for children and young people. In the new service design multi-disciplinary teams would include staff from educational psychology service, youth service and education welfare. All schools have a linked educational psychologist and the locality approach should provide an additional layer of support. Essentially though the service is on consultative basis – direct work can be provided but is costly compared to other providers.

R10	The Council update the Panel regarding the impact of new multi-disciplinary locality teams on Children's emotional well being and mental health services in six months
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The panel were told by representatives in the voluntary and community sector that

- young people and young adults, particularly young women were concerned that services were not available, that there were often long waiting lists and services were not generally available in their communities. For example, specialist counselling such as for sexual abuse or rape could have 3-6months waiting time.
- there was very limited access to free counselling and to counselling for under 18's and there was no therapeutic work in the City.
- Mental illness is often hidden and can be avoided through prevention work earlier on.

6d. SPECIALIST SERVICES

In-patient care Plymouth Primary Care Trust (PCT) has commissioned an in patient CAMHS unit, Plymbridge Unit in partnership with Devon, Torbay and Cornwall PCTs. This is a variable contract which depends on uptake. There are 12 bed spaces available for the Peninsula.

Community Specialist Services Plymouth PCT and Plymouth City Council have specific funding for CAMHS which has been bought together as an aligned budget since 2005. In 2010 a Joint Commissioning and Pooled Funding Agreement was established under Section 75 of the National Health Service Act. Under this agreement the PCT act as the lead commissioner.

The overall budget in the pooled fund for this service is:

Plymouth PCT	£	2,582,000
Plymouth City Council	£	731,006
Total Pooled Fund	£	£3,313, 006.00

This model includes:

- a. An Outreach Team: To manage the needs of Children and Young People who are at risk to themselves or others.
- b. An enhanced service for Children in Care: Co-located with Children's Social Care
- c. An enhanced service for those with Severe and Profound Learning Disability: Working with Special Schools and the Integrated Disability Team
- d. An Infant Mental Health Team: Working with parents and 0-5 year olds who are presenting with mental health need.
- e. A Multi-Disciplinary team: Operating a Single Point of Access to mental health intervention for those who do not require an emergency or enhanced response. This also includes enhanced provision to the Youth Offending Service.

All teams except the multi-disciplinary team are delivering the expected volume of service. The latest report from the service shows there are 254 children and young people waiting for an assessment, with the longest wait being 32 weeks. Over 90 children are waiting longer than the contracted 18 week period.

The contract is monitored on a quarterly basis and capacity issues began to emerge in the 2nd quarter 2010/11 – six months into the new contract. The panel received a chronology of activities since then that log concerns and on behalf of commissioners in PCT and PCC demand improvement action plans. The issue had also been escalated to key partnership and executive boards including the Plymouth Safeguarding Children's Board, Plymouth Children and Young People's Trust and the NHS Plymouth Trust Board.

Between June 2011 and September 2011, feedback from the provider has not included a satisfactory improvement plan to improve access. Concerns have been fed back from clinicians that the caseload was more complex than anticipated and as a result that clinicians were not able to deliver expected turnover in cases. Additional information was received however that suggested that vacancy freezes had reduced capacity within the team exacerbating the issues.

In October 2011, an intervention plan has been developed by the commissioners and representatives of the provider to develop an emergency response to the excessive waiting list. This was shared with the panel as a confidential document awaiting signoff by PCH Board.

Representatives of Plymouth Community Healthcare attended and fed back:

- Only one of five teams had a waiting list
- Clinicians were indicating that the caseload included significant risk cases in their opinion and this had led to a backlog. It was felt that by the time cases get to treatment issues are complex and that this absorbs team capacity.
- First priority was to bring the current referral to treatment time back down to 18 weeks. It is planned to review the current caseload in a multi-agency panel – identifying whether appropriate or alternative services could be put in place to support families including removing names from the list. With an understanding of the cases and capacity PCH would be able to project how long it will take to reduce down the waiting list.
- Second priority to review the working model of the multi-disciplinary team to achieve a faster throughput of cases on a more sustainable basis – this is expected to be delivered by end of March 2012.
- PCH asserted that there are not enough staff to respond to the need of the community but recognized that the team is not performing within existing expectations.

- PCH asserted that the clinician group was autonomous and that their judgement must be taken regarding levels of risk and most appropriate package of care

Members of the panel were concerned that the issues regarding the multi-disciplinary team coincided with wider issues around the reorganisation of the provider service into a social enterprise model. That organisational context combined with the failure to respond in a timely manner escalated the risk of delivering actions that would keep children safe in their communities and presented concerns about transparency. The panel was particularly concerned about the impact that pressures on the multi-disciplinary team waiting lists would have both for individuals and families on the waiting list and on other services for children.

R11	An urgent summit meeting to be arranged between strategic leads from CYPOSP, PCC, PCT and PCH regarding the findings of this report
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The panel heard from Routeways regarding projects that provided advocacy services for young people in the secure unit and participation work “In Other Words” with young people using CAMHS to empower young people that access the service to challenge their workers. CAMHS staff put forward young people who may benefit from the service and to date only 6 young people were working with the service. Young people fed back that they were generally happy with the service with some minor complaints.

R12	PCH review the cost effectiveness of participation support services for young people using mental health services
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Feedback was received from other witnesses that:

- waiting times can be 6 months or more with known cases of 12 months, and up to two weeks if high risk
- referrals via a GP were treated more quickly than referrals from school.
- Once in the system there needs to be greater transparency for cases and better engagement between multi-disciplinary team clinicians and other professionals – for example clinicians making recommendations that don’t fit with a school structure and not investigating other factors including bullying.
- Schools are not necessarily made aware if children are medicated and sometimes there can be delay between work with children and the report reaching schools.
- CAMHS workers experiencing a crisis in terms of workload etc
- Individual cases where CAMHS are cancelling appointments over a series of months – so child is not engaging in therapy, no replacements if workers are ill or no maternity cover.
- where children do not attend service is withdrawn – concern that non attendance is not seen as a symptom of mental illness as opposed to as a reason for not providing service.

R13	The Children’s Trust investigate and report on ways in which the work of clinicians and other children’s professionals can be better coordinated with respect to mental health support
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Witnesses representing Plymouth City Council and Plymouth Primary Care Trust Cluster commented as follows:

- An action plan had been developed to tackle the waiting list.
- nationally few people have the expertise to provide the service, so it is difficult to substitute with another service
- there is a good history of partnership working but the delays are unacceptable. Commissioners had to give the provider the opportunity to understand the problem – prevalence, demand and activity. Commissioners were looking for the provider to create a response, which had not been timely or sufficient and the intervention plan was developed to support those families affected.
- there was a need to get the service to work alongside other people across the City if and when the service improves sustainably.
- the ultimate sanction is to find an alternative supplier, however Commissioners were concerned that due to the delay in tendering the service this would not ensure that young people on the waiting list would be seen any sooner. However, this has not been rejected as an option.
- PCC has responsibility to act under probity for LA finance, responsibility through the section 75 agreement and through wider corporate parenting role and the Children and Young People's Trust. Under the s75 agreement, if PCC felt that the agreement was no longer working the Council could issue notice and withdraw cash in line with the agreement. However, other elements of the agreement were working well – such as the support to children in care.
- The issue has been escalated to the Plymouth Safeguarding Children Board and the Children and Young People's Trust who are holding this as an urgent issue to resolve. The Children's Trust Executive are clear that this action plan is an intervention plan and are clear in their challenge to the provider. The solutions that are provided are put forward to consider and safeguard the whole needs of children and families – the delays are putting pressure on other areas of children's lives including education. The timing of scrutiny review coincides with the actions that are being taken to escalate and resolve the issues.

R14	The Childrens Trust establishes a clear and transparent process for the identification, monitoring and escalation of issues such as those identified in this report.
R15	Commissioners from the Children's Trust provide interim updates to CYPOSP on the response to these recommendations.

EMOTIONAL WELLBEING AND MENTAL HEALTH Task and Finish Report Recommendations					
	Recommendation	Action Required to Deliver Recommendation	Lead	Date to be Completed by	
R1	The panel extends its congratulations to members of the Youth Cabinet for their work in carrying out the survey of attitudes towards mental health that is reference in this report	Prepare letter on behalf of Chair of CYOSP	Claire Oatway, Policy, Performance and Partnership Manager PCC	30/11/11	
R2	Representatives of Children and Young People Overview and Scrutiny Panel attend the Youth Cabinet to feedback on the report and recommendations following task and finish review	Arrange session for feedback to the group	Claire Oatway, Policy, Performance and Partnership Manager PCC	30/11/11	
R3	The Council should consider the use of social media networks to promote consultation initiatives	To include within design of PCC consultation framework	Giles Perritt, Head of Performance, Policy and Partnerships PCC	31/12/2011	
R4	The Children's Trust allocates responsibility to a lead agency to develop a framework that clearly identifies the roles of statutory and non-statutory agencies and the resources available both in prevention and early intervention work with regard to mental health among children and young people	Children and Young People's Trust Executive identify staff team to produce framework document of services responding to differing levels of need and available at both locality and city wide level, including those provided by the statutory and non-statutory sector. This framework to be used to support action in respect of recommendation 8.	Paul O'Sullivan, Director of Joint Commissioning NHS Plymouth	Lead staff confirmed by 31/12/2011 Framework document produced by 31/01/2012	
R5	The Children's Trust review reasons for non-attendance of key professionals at Common Assessment Framework meetings, and make recommendations to ensure that such meetings are timely and properly resourced, with particular attention being paid to the role of Educational Psychologists and communication interaction	Common Assessment Framework team prepare a review of attendance issues to be reported to the Children and Young People's Trust Executive	Amanda Paddison, CAF Co-ordinator PCC	Report to be prepared for Exec meeting scheduled 18/01/2012	

EMOTIONAL WELLBEING AND MENTAL HEALTH Task and Finish Report Recommendations					
	Recommendation	Action Required to Deliver Recommendation	Lead	Date to be Completed by	
	professionals.				
R6	Plymouth Community Healthcare (PCH) prepare a communications strategy with respect to children and young people's mental health and revise content of media as appropriate.	To ensure partners and young people are made aware of the services that are available to them and how those services are developing	Jacqui Gratton, Communications Manager PCH Michelle Thomas, Direct or of Operations PCH Cate Simmons, Interim Head of Children's Services PCH	16/12/2011	
R7	The Panel commends the Excellence Cluster for their flexible approach to the delivery of services and the best practice demonstrated in their work.	Letter to be drafted for sign off by Chair	Claire Oatway, Policy, Performance and Partnership Manager PCC	30/11/11	Page 185
R8	PCC and PCT commissioners review the range of early intervention services available and assess the value for money of the range of options.	Joint Commissioning Plan to be developed by PCC and NHS Plymouth to maximise use of available resources for commissioning appropriate and effective services early intervention services. Draft Joint Commissioning Plan to be developed during 2011/12 Q4 for approval with view to implementation in financial year 2012/13	Paul O'Sullivan, Director of Joint Commissioning NHS Plymouth (Commissioning officers from PCC and NHS Plymouth)	31/03/2012	
R9	The Council ensures that key universal services including schools and youth services are notified of alternative counselling services available within the city.	Communication to be prepared	Maggie Carter, Assistant Director - Learner & Family Support PCC	Communication to be prepared	
R10	The Council update the Panel regarding the impact of new multi-disciplinary locality teams on children's	Schedule update to CYOSP	Maggie Carter, Assistant Director - Learner & Family	30/04/12	

EMOTIONAL WELLBEING AND MENTAL HEALTH Task and Finish Report Recommendations					
	Recommendation	Action Required to Deliver Recommendation	Lead	Date to be Completed by	
	emotional wellbeing and mental health services in six months		Support PCC / / Alan Fuller, Principal Educational Psychologist PCC		
R11	An urgent summit meeting to be arranged between strategic leads from CYPOSP, PCC, PCT and PCH regarding the findings of this report	Meeting took place 26 th October 2011.		Complete	
R12	PCH review the cost effectiveness of participation support services for young people using mental health services	Director of Finance to work with the Chief Executive of Routeways	Dan O'Toole, Director of Finance PCH	31/12/2011	
R13	The Children's Trust investigate and report on ways in which the work of clinicians and other children's professionals can be better co-ordinated with respect to mental health support	Learning from the current multi disciplinary review underway of the cases waiting for CAMHS assessment will be used to inform how professionals can improve coordination at both an early intervention stage and during treatment with particular reference to use of CAF (R5). The framework document (R4) and Joint Commissioning Plan (R8) will incorporate this.	Cate Simmons Interim Head of Children's Services PCH Paul O'Sullivan, Director of Joint Commissioning NHS Plymouth	Initial report from waiting list review to be provided from Children Trust Exec 18/01/2012 Incorporation in Joint Plan by 31/03/2012	
R14	The Children's Trust establishes a clear and transparent process for the identification, monitoring and escalation of issues such as those identified in this report	Mechanism for reporting of performance through Children's Trust Executive and Board to be reviewed and refreshed	Claire Oatway, Policy, Partnership Manager PCC	31/01/2012	
R15	Commissioners from the Children's Trust provide interim updates to CYPOSP on the response to these recommendations.	Progress report to be reviewed by Children and Young People's Trust Exec and dates for reporting to CYPOSP to be agreed with Chair.	Paul O'Sullivan, Director of Joint Commissioning NHS Plymouth	31/12/2011	



INTRODUCTION

The report of the Children and Young People Overview and Scrutiny Panel Task and Finish Group into the emotional well being and mental health of children and young people in Plymouth, along with the services that are provided, is welcomed in providing an objective mid-point review of the implementation of the Joint Commissioning Strategy 2009 – 2014 “Improving the State of Our Minds”. This strategy was named by children and young people themselves and was formulated to provide a multi agency partnership response to their identified mental health needs.

Many individual initiatives have been taken forward following the launch of the strategy in order to address mental health at differing levels of need, for example the training of over 600 staff working with children to raise their awareness and knowledge on how best to support children, the involvement of 23 schools in the Targeted Mental Health in Schools Pilot (TaMHS) to develop new ways of working with schools in providing early support and intervention, and the development of specific services for those young people at higher risk of developing poor mental health such as Children in Care. The Task and Finish Group report has provided a constructive view on those developments that are working well alongside those areas that require further development and improvement.

Since the launch of the strategy in 2009 there have been a number of changes at both national and local level. National policy changes are resulting in structural changes for those partner agencies that worked together to develop the local strategy, for example in the education sector specifically with the acceleration of the academies programme and through the current Health and Social Care reforms. Local reorganisations have also seen changes in many of the staff involved in implementing the Strategy. Consequently there will be a need to review and refresh working relationships between professionals in some areas. At the same time the continued commitment of partners to work together through the Children and Young People's Trust provides a foundation that can support the delivery of the objectives of the strategy. The new Children and Young People's Plan provides a mechanism for this through local multi disciplinary teams and increased use of the Common Assessment Framework to facilitate joint professional / multi agency care planning and coordinated service delivery. These factors are essential for identifying need and providing services at an early stage to prevent escalation. In turn these factors also enable children and young people to receive a level of service appropriate to their need.

The recommendations of the Task and Finish Group report reinforce the objectives originally set out in “Improving the State of Our Minds” and identify aspects that need to be strengthened to support delivery¹. A draft action plan has been prepared in response to these recommendations (NB. the plan is draft pending further refinement and approval by the Children and Young People’s Trust Executive, the next meeting of which takes place after the Scrutiny Management Committee). This draft action plan is included as an addendum to the Task and Finish Group report in order to illustrate how the recommendations will now be progressed. An additional report has also been produced by Plymouth Community Healthcare (PCH) to describe the actions that are being taken to address the waiting times for referrals to the Child and Adolescent Mental Health Service (CAMHS) as identified in the report. The Children and Young People’s Trust Executive will review progress on the actions described in the plan and produce update reports for the Children and Young People’s Scrutiny Panel, as per the final recommendation.

In 2009 “Improving the State of Our Minds” sought to raise the profile of mental health and enable people and professionals to talk about mental health without fear of stigma, but rather as a key component that enables children and young people to achieve their potential and grow into healthy, productive adults. The Children and Young People’s Overview and Scrutiny Panel Task and Finish Group report supports the continuation of this dialogue and the ongoing process to improve how the needs of children and young people can best be met.

Paul O’Sullivan
Director of Joint Commissioning
NHS Plymouth

22 November 2011

¹ ‘Improving the state of our minds’ Emotional Wellbeing and Mental Health of Children and Young People in Plymouth
Joint Commissioning Strategy 2009-2014 (Appendix IV page 33)

http://www.plymouth.gov.uk/pcypt_mental_health_strategy_2009-2014.pdf



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on behalf of the
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Child and Adolescent Mental Health Services

Waiting Lists

**Update Report for Children and Young People Overview and Scrutiny
Panel**

November 2011

1. Purpose of the report

- 1.1** In October 2011 the Child and AMHS Plymouth Multi-disciplinary team (PMDT) had a waiting list of 245 children and young people (CYP) with a longest wait 32 weeks. This is a breach of the required referral to treatment time (RTT) of 18 weeks.
- 1.2** A Children and Young People Overview and Scrutiny Panel (CYPOSP) was held on the 11th and 12th October 2011. One of the recommendations from that panel was for a summit meeting to be held between strategic leads from the CYPOSP, Plymouth City Council (PCC), NHS Plymouth and Plymouth Community Healthcare (PCH).
- 1.3** The summit meeting took place on the 26th October 2011 and this report is an update on progress that was agreed as an outcome of that meeting.
- 1.4** The report outlines the steps taken towards achieving the RTT of 18 weeks by the CAMHS Plymouth Multi-disciplinary team (PMDT) and outlines the plans that will help the team to keep it in place.
- 1.5** The Plymouth Mainstream Child and Adolescent Mental Health Service (CAMHS) is made up of six teams that provide a discreet service to groups of children and young people (CYP) with particular needs. At the CYPOSP on the 12th October, there was insufficient opportunity to provide detail on the performance and strengths of five of those teams. Instead, they have been included as part of this report.
- 1.6** The report also highlights the learning points from this process both inside CAMHS as well as its function as part of the wider emotional well-being and mental health network.

2. Context of the Service

- 2.1** The Mainstream CAMHS is provided by Plymouth Community Healthcare to deliver a specialist mental health assessment and intervention service to those CYP aged 0-18th birthday (19 in the case of a child in care) who present with *complex, severe and/or persistent need*.
- 2.1** Since March 2011 the clinical staff members of PMDT have been working with senior leadership and commissioners to achieve improvements. Progress was judged to be too slow and the CYPOSP placed a requirement upon Plymouth Community Healthcare to speed up on improvement. This is monitored by commissioners from PCC and NHS Plymouth on a weekly basis.

3. Actions to date (children grouped by need)

- 3.1** During April 2011 to August 2011 the PMDT completed a piece of work to try and understand how the service may better be arranged to meet the needs of CYP. The approach was that of clinical systems

engineering put simply this means that CAMHS needs to understand its children based on their specific needs and place appropriately skilled staffing the right place to meet that need. This is known in the NHS as a 'demand stream'.

- 3.2** The CYP that are referred to PMDT fall into three needs groups. Primary Mental Health Work, Neurodevelopment and Generic. We have now begun a piece of work to understand the numbers of CYP in each needs group and in order to do this, a paper review of each referral upon the PMDT waiting list was completed and the CYP were placed into groups.
- 3.3** The group of CYP waiting to see a Primary Mental Health Worker (PMHW) is the first to be properly completed. 102 CYP are waiting for an assessment with a PMHW and 50 of those are breaching the RTT. The capacity of the PMHWs has been mapped against demand and a decision taken to cancel for a three month period, all of the multi-agency training that the 4.6 PMHW's were scheduled to deliver. This increases their capacity by 100% and the trajectory shows that the PMHW team will achieve RTT by the beginning of February 2012. It should be noted that should referrals exceed the anticipated 22 per month, the capacity to meet demand will not be in place and the RTT achievement will be delayed.
- 3.4** The remaining 131 CYP remain on the PMDT waiting list whilst they are placed into a neurodevelopment or generic needs group. This work will conclude by the end on November 2011. At this point 131 CYP are on the list and 42 are breaching the RTT.
- 3.5** A trajectory for the CYP waiting to see the PMDT was due by the 11th November 2011 but could not be created because the staff needed to review the existing caseload of over 600 CYP to see whether any could be discharged and space created to take more. The plan is to produce this by the end of November 2011.
- 3.6** This process of robust caseload management has been developed with the clinical staff of PMDT and the trajectory at the end of November will mean that we know how many appointments we need to plot against the neurodevelopment and generic needs groups. Staff members have also begun to move their practice into the needs groups such that the PMDT will cease to exist in January 2012 and work will be delivered within focused pathways based upon demand.
- 3.7** PCH has also reduced the number of clinical and business meetings that the team members attend by 50% so that they are able to see more CYP.
- 3.8** The neurodevelopment pathway is being supported by a commissioner to ensure that the multi-agency pathway for CYP within this needs group is properly arranged to make sure that CYP stay in the service for the minimum time appropriate..

4. Actions to date (multi-agency review of the CYP waiting for an appointment with the PMDT)

- 4.1** By the end of October 2011 a multi-agency group of senior staff from across the city had come together with staff from the CAMH Service to review all of the 254 CYP waiting for an appointment with the PMDT.
- 4.2** The purpose of this was to identify those CYP who could potentially be diverted to other appropriate services and receive appropriate intervention at an earlier point. It was assumed that should a number of CYP meet this category, they would also require the consultation input of a PMHW. Only 8 CYP were able to be immediately diverted to the Integrated Youth Service or Educational Psychology Service and all required a consultation input from a PMHW.
- 4.3** A further 71 CYP could fall into this category but further work is required to understand whether this is possible and appropriate. This is largely due to their length of wait and the duty to check out their present situation. A decision for diversion has to be made on current information and not a historical snapshot. For some, this will mean completing an assessment or triangular consultation.
- 4.4** Once an alternative but appropriate response is identified, the commissioning team from the Local Authority has pledged support to facilitate a multi-agency response that involves any Local Authority commissioned or provided services.
- 4.5** It is important to note that CYP will only move to a new service if they can see them immediately upon transfer. There is no intention to extend their wait by transferring them out.
- 4.6** The 71 CYP currently sit within the PMHW needs group in 3.3 above. Any appropriate diversion of CYP to partner agencies will improve this team's ability to achieve the RTT before the scheduled date of early February 2012.
- 4.7** It must be noted that many of the identified services may also full to capacity and have waiting lists.

5. Action to date (a peer review and a multi-agency review of those CYP who have been on caseload for in excess of 20 contacts).

- 5.1** Plymouth Community Healthcare is to commission a review in two parts.
- 5.2** The first is a peer review of the service with an invitation to comment on the move to needs groups and its intended outcome to improve patient experience and speed of response, intervention and discharge.

- 5.3 The second is a multi-agency review, chaired by an external expert, of those CYP within a specified group that includes in excess of 20 contacts with the service.
- 5.4 This latter attempts to answer the question about why the service is blocked and is linked to a narrative about the numbers of CYP in the service with a complex, severe and/or persistent need that requires long term intervention versus an external view that the clinicians are 'holding on' to CYP that could be stepped down into a multi-agency discharge plan. Evidence exists to support neither position at this time and the review seeks to provide that.
- 5.5 PCH is working to make sure that the staff who will be involved in the review feel that it will be helpful and are fully signed up to it.

6. The Wider Mainstream CAMH Service

- 6.1 The Infant Mental Health Team (IMHT) is based at TamarFOLK Children's Centre and works with infants aged 0-5 and their families. This is an excellent example of joint commissioning and provision for early intervention. The staff mix is multi-agency in that a Senior Educational Psychologist is based in the team. The team is small with only 3.9 clinicians.
- 6.2 The IMHT provides face to face assessment and intervention as well as consultation and training to staff working in the Early Years system.
- 6.3 The IMHT do not breach the RTT, the longest wait being 6 weeks.
- 6.4 They collaborate with other professionals to deliver early intervention to vulnerable groups e.g. working with a Health Visitor to deliver the Healthy Child Programme and parenting advice sessions to mothers who attend the Racial Equality Council.
- 6.5 The IMHT deliver 'Safety in Numbers' a group intervention for women experiencing mild to moderate post natal depression. 82 mothers have attended this programme over the past 12 months and clinical outcome measures evidence improvements in mood and anxiety that will have an impact on mothering and attachment.
- 6.6 The Children in Care CAMHS Team is funded by PCC and is a small team of 4.4 clinicians who work with children who are placed in the care of the local authority. They are based at Midland House and provide face to face assessment and intervention to CYP as well as consultation and training to foster carers and social care staff.
- 6.7 The team do not breach the RTT. The longest wait at this point is 10 weeks.

- 6.8** The Children in Care CAMHS Team also work with Band 4 Foster Carers (18 at time of writing) and support their role in caring for complex CYP who would be at significant risk of being placed for out of area residential care.
- 6.9** The team deliver attachment training on the multi agency LSCB programme.
- 6.10** The CAMHS Outreach Team was generated by closing an adolescent day programme and 6 beds and instead developing an outreach model. This enables CYP to stay at home and in school. It prevents admission to hospital.
- 6.11** The team see all of their referrals within 24 hours. These are known as Priority 1 referrals. They also provide a next working day assessment for CYP presenting to Derriford Hospital following an episode of deliberate self harm. Due to the issues in the PMDT the team are also picking up Priority 2 referrals; those CYP who need to be seen within 7 days of referral. The team carry a significant level of risk in a complex group of CYP and most often do this in multi-agency packages of care.
- 6.12** The CAMHS Team for CYP with a Severe and Profound Learning Disability (SLD Team) are another small team of 2.2 clinical staff who work predominantly with CYP who attend Downham, Mill Ford and Woodlands School. The staff have specialist skills in working with families where there is a child with a severe learning disability; functional analysis of behaviour is only one example.
- 6.13** The team do not breach the RTT and the longest wait is 11 weeks. They collaborate as a virtual team within the Children's Integrated Disability Service.
- 6.14** Finally, the Children's Day Programme is a day assessment and intervention programme for CYP aged from 5-12 who have a complicated neurodevelopmental problem that cannot be helped within a community based response. It is delivered with the Alternate Complementary Education Service ensuring that mental health and educational assessments and intervention programmes are delivered together.
- 6.15** The team assessed 28 children in a six day assessment programme between April and September 2011. 11 of those went into an intervention group and the remainder returned to community care.
- 6.16** What is clear from the above is that when a team is designed around a demand stream, the appropriate multi-agency relationships and pathways may be developed to support step up and step down and therefore flow. The PMHW team did not breach the RTT when they were a discreet team based in localities and integrated into multi-agency response. Their withdrawal from that to join the staff of the specialist

service has resulted in a retraction of the collaborative advantage and we now see a clear breach position albeit with a clear plan to resolve.

- 6.17** The intention is that a move to needs groups for all CYP and clinicians will reap the same benefit of collaborative advantage. There will of course always be CYP who do not fit neatly to a single demand stream and the pathways will be sufficiently flexible to accommodate them.

7. Learning Points

- 7.1** It is clear that during the past six months, the PMDT have been accepting a number of referrals of CYP who do not meet the threshold of *complex, severe and/or persistent need*. The internal intake process is being reviewed during November 2011 and will be improved throughout December 2011.

- 7.1** To assist the intake decision making process, the new needs groups will move to a position where they no longer receive routine referrals that is not accompanied from the outset, by consent to share information. This allows greater capacity to understand who else may be already involved and allows us to commence each piece of work from a principle of collaborative advantage. This has already been put in place around referrals from GPs and we need to get it right for all other referrals.

- 7.2** That arranging services around needs groups offers the best opportunity for the collaborative advantage in that CYP with specific needs fall often fall into natural communities. This is evidenced by some of our existing teams.

- 7.3** The service will consider the requirement for a standardised referral form and work out how this links with the CAF.

- 7.4** Primary Mental Health Workers are best placed to respond to children and young people's emerging health needs within an integrated multi-agency locality team, expanding their potential to work with colleagues to prevent escalation to requiring input for *complex, severe and/or persistent need*.

8.0 Summary by Chief Executive

This update provides an in depth overview of the current waiting list position, the action being taken to address those waiting in excess of 18 weeks. There are clear monitoring processes in place, including weekly meetings attended by Health and Local Authority Commissioners, Clinicians and Managers from Plymouth Community Healthcare.

The Board of Plymouth Community Healthcare places the management of this waiting list and the reduction of the over 18 week waiting list as the highest of priorities.

Stephen Waite
Chief Executive

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Meeting	Plymouth Children and Young People's Trust Board
Date	9 December 2011
Title	Summer Mix Programme
Responsible Officer	John Miller, Head of Integrated Youth Support
Purpose of Item	The Children and Young People's Trust Board are requested to receive
Recommendations	That the Service proceeds with the 2012 Summer Mix Programme within the agreed EIG budget level with the development of an additional focus on opportunities for employability skill development and support for young people who are not in education employment or training.
Consultation Record	
Meeting Notes:	

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Services for Children & Young People

Integrated Youth Service – Summer Mix

Introduction:

August 2011 saw the second year of the Summer Mix programme to deliver informal learning opportunities to the young people of Plymouth during a time when they and their families have told us they need access to well organised, enjoyable high quality activities.

The aim of the programme was to:

- Raise the aspirations of the young people of Plymouth
- Increase access to education and vocational opportunities through innovative partnership working.
- Promote independent learning.
- Promote further volunteering opportunities for young people.
- Enable young people to have fun.

Programme Overview:

Summer Mix is a programme of high quality free courses for young people living in Plymouth between the ages of 11 to 19 (up to 25 with a disability or special need).

These courses focused on six key learning topics:

- Arts & Fashion
- Business & Careers
- Digital Media, Film & Photography
- Music & Performing Arts
- Skills for Life
- Sport, fitness and wellbeing

The courses were promoted via a brochure designed by young people and distributed to all secondary schools. In addition to hard copies being made available to all pupils within the City, a dedicated website was used (www.summERMix.co.uk) to promote the activities and to direct the expressions of interest to a particular course. Enrolment was complete via this online process and followed up with a signed parental consent.

The website was also used by providers to contact those young people registered to their course and to provide additional information to them. Policies, procedures and the opportunity to feedback were also available via the website. All tutors and programme providers were checked to ensure they complied with Plymouth City Councils Safeguarding and Child Protection Procedures and all tutors who delivered the activities were required to hold insurance and be CRB checked.

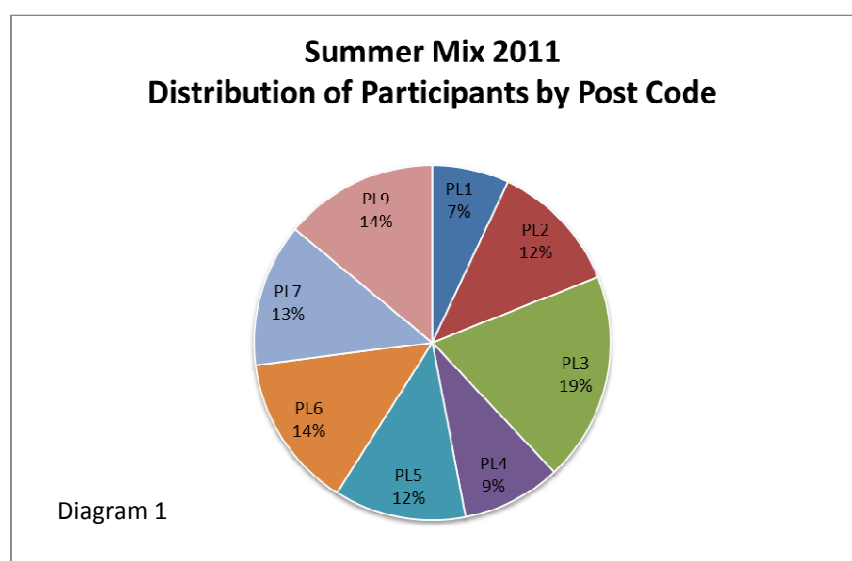
Courses varied in length from just a few hours, to a day or a week, however, all were expected to provide something new and positive for the participants. Courses were held in a number of venues around the city. Several academic facilities were used such as the university, design and music studios as well as historical buildings such as Devonport Guildhall.

Key Programme Data 2011:

- Summer Mix offered a total of 2516 course places (95% increase on 2010)
- 160 courses subject areas were provided such as IT, foreign languages, business, sport fitness & wellbeing, cooking and a number of career opportunities (86% increase on 2010)
- 1188 young people registered to enrol on the programme and 900, who provided parental/carers consent, were successful in obtaining one or more courses (70% take up and a 25% increase in number of participants on 2010)
- 58% of participants were female and 42% males
- 26% of participants identified themselves as requiring additional support needs (increase of 4% on 2010)

Volunteering: 15 young people were recruited as Young Ambassadors and have completed 172 hours volunteering each between January and August this 2011 equating to an average of 5.5 hrs per week. Without the support of this group of dedicated young people the programme could not have been delivered.

Diagram 1 shows that the programme has achieved its aim to be city-wide with all post code areas covered. Vulnerable young people have been supported to participate through a wide range of youth projects including youth centres, the Intensive Support and Streetwise Teams.



Summer Mix 2011 - Ethnicity of Participants

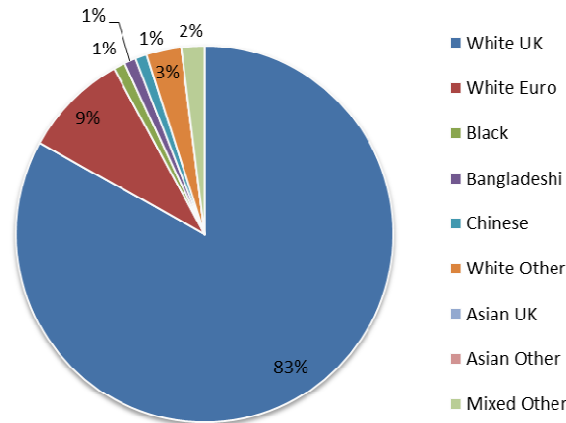


Diagram 2

Diagram 2 shows the ethnicity of the young people accessing the programme. Young people have fed back that one of the best aspects of the programme was meeting and mixing with different young people from those that they usually come into contact with.

The age range of the participants in diagram 3 highlights that the 14-18 year group takes up a large part of the programme. This was anticipated as our user research told us that this group often feel that there is little for them to do during key holiday periods.

Summer Mix 2011 - Age range of Participants

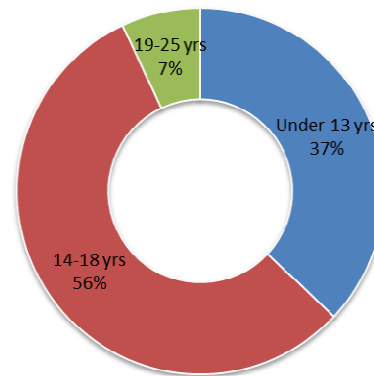


Diagram 3

Summer Mix 2011- Participants EET Status

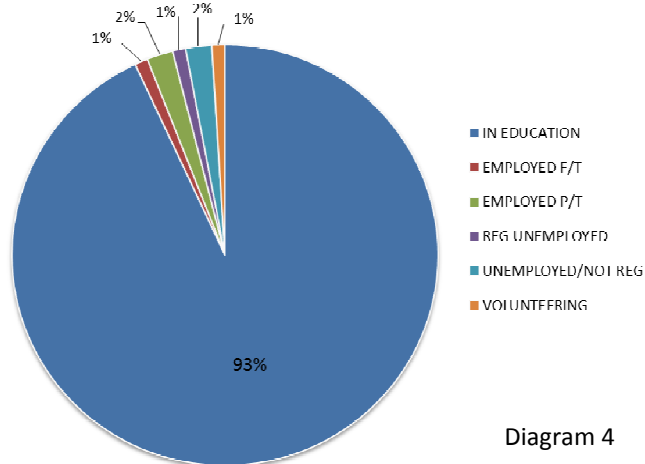


Diagram 4

This information in diagram 4 highlights that, whilst supporting some young people who are not in education, employment or training, the programme could consider further targeting towards this group next year. Consideration on how we can build in further employability skills is currently being considered with key stakeholders within the 14-19 strategy groups.

Feedback Questionnaires:

467 evaluation forms were returned by young people who took part in the 2011 programme. This is a return rate of 53% providing a reliable analysis of views of young people who participated.

Feedback is very positive with 97% of young people stating that they wanted to take part in 2012. The other 3% mentioned they would but would now be above the upper age limit next year.

Staff who delivered courses received particularly high scores; over 80% of young people who responded gave the highest possible rating to staff. This emphasises the importance of using providers whose staff are knowledgeable about their course subject, who can inspire young people and who are experienced in working with mixed age and ability groups.

Process for identifying courses for Summer Mix 2012

- Review the provision of courses, uptake, costs and young people's feedback for 2011.
- Identify any courses/providers which will not be included on the future programme due to low uptake or other reasons.
- Identify gaps in provision/requests from young people for provision for 2012.
- Notices inviting expressions of interest for the 2012 Summer Mix programme will be distributed to a wide range of providers.

Suggestions from young people who took part in 2011 Summer Mix

- Courses to last longer, with more places to be available on the courses.
- The range of courses available to be expanded, with specific requests for science, English, a wider range of arts and crafts, computer and IT, health/medical practitioner and history courses.
- More accredited courses with future opportunities to study at a higher level.
- The same courses offered through Summer Mix but with options for these to be taught to a higher level.
- More information about the courses available before enrolment.
- More courses available for younger age groups.
- Process of enrolment to be made easier, particularly improving the website to this effect.
- Learning styles – a few comments were about the learning styles on courses and asked for a wider range – specific to certain courses.
- Publicity – some asked for Summer Mix to be advertised more widely.

Next Steps: Planning for 2012 is already underway for the 2012 programme and Plymouth University has contacted the team to discuss further support to expand and improve the programme. An emphasis on employment skills will be developed in line with critical issues faced by young people within the current economic climate.

Summer Mix 2011: Supporting Vulnerable Young People

Lewis (11) has been working with the Youth Service's Streetwise team since March 2011. He was referred through his local PCSO because of concerns about his behaviour in school, anti social behaviour at home, domestic abuse concerns and health related issues.

He lived at home with his mum and 19 year old brother, who was alcohol dependant and had no contact with his father.

Initial contact with Lewis was difficult due to the chaotic nature of the family lifestyle, with Lewis often being involved in family disputes in the early hours of the morning in which the Police were regularly called to attend.

Lewis was put on a child protection plan at the end of May 2011 because of escalating ASB in the family home and Lewis's behaviour in school, which culminated in him being put on a reduced timetable of 2 hours a day because he could not cope with groups. In June the family were issued with an Eviction Notice from their private landlord. Due to past housing issues, being housed in a LA property was not an option so the family faced being made homeless.

At this time Lewis was supported by his lead youth worker to register for Summer Mix courses. He selected Comic Design, Drum Lessons for Beginners, Sailing Taster Sessions & RYA Junior Powerboat Level 1

The Summer Mix courses happened at a most appropriate time for Lewis. On day two of his drumming course the family was evicted. Lewis was understandably withdrawn and emotional, however, with support he attended the course without knowing where he would be living later that day. Lewis emerged at the end of the course smiling and excited about what he had learnt that day. He was talking about how much he had enjoyed himself and how much he was looking forward to the final day when he would get his own set of drumsticks! The significance of his family situation only then dawned on him.

Lewis was eventually placed in B&B with his mum. With support he did attend the remainder of the Summer Mix courses which gave him a positive outlook, something to look forward to, someone to listen to him and support him and somewhere he could be an ordinary young person without the constant worries of his current family situation. The activities provided him with a creative escape, excitement and reinvigorated his motivation to be part of the outside world despite his immediate problems.

Several practical issues needed to be supported to secure his attendance e.g. lack of money to pay for transport, lack of food to provide a pack lunch and not being able to get up in the morning due to the chaos of his family life.

Lewis is now living in a new home with mum and he has had a managed transfer to a Special Educational Needs school. He remains on a Child Protection plan and continues to engage with the Streetwise team. Lewis is already looking forward to seeing the Summer Mix 2012 brochure.

The courses that Lewis attended helped him to find a sense of confidence and self esteem. He met and befriended new people his own age and tried new skills. This opportunity also gave him a focus to take his mind off the chaos and traumatic experiences going on around him and enabled him to be an ordinary 11 year old boy for part of his summer holidays.

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