Plymouth Community Healthcare

Provider of services on behalf of the NHS

NHS

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 Management Team	-	26.08.11	1.3
Plymouth City Council Children's Services commissioning team	-	31.08.11	1.3

Approvals

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

Document Location

This paper copy is uncontrolled; please refer to the file path below for the current version. On receipt of a new version, please destroy all previous versions.

Filepath:	

Foreword

"The test of the morality of a society is what it does for its children"
Dietrich Bonhoeffer[1]

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.

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 England[4], 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.

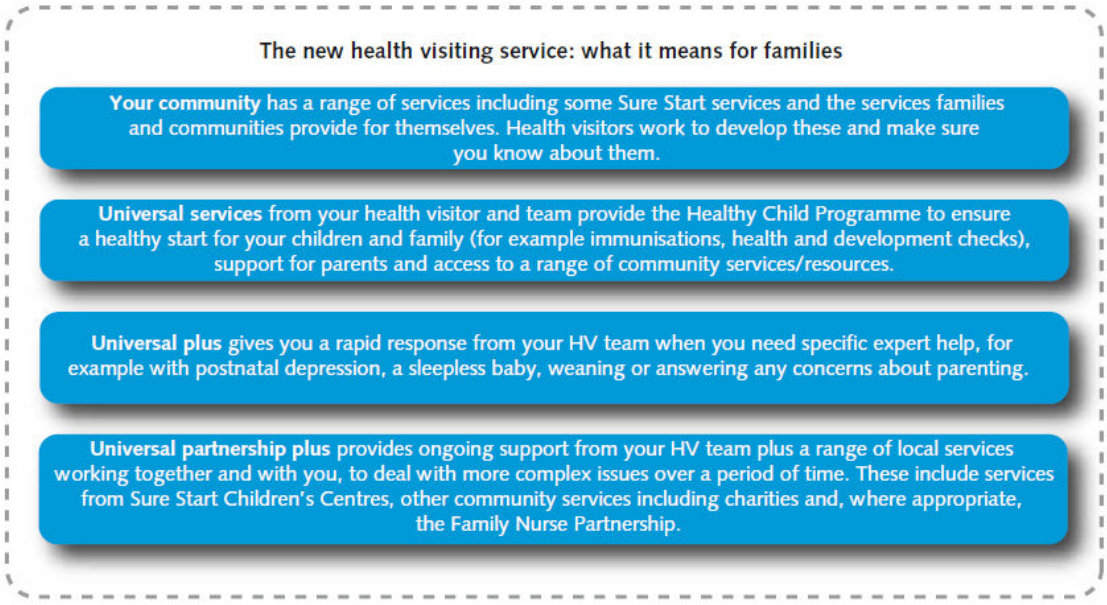
One of the key messages from this report was that the support needs of parents and carers are generally inadequately assessed and that where needs assessments are undertaken, they rarely take into account the views of service users. This was found to be particularly true for *"minority ethnic parents, 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 Intervention[6]. 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 Trusts[7], 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.

---

and-flexibility-a-new-approach-for-childrens-trust-boards-children-and-young-peoples-plans-and-the-duty-to-cooperate

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 America[8] – 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 programme[9] 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 to 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 STORM[10] training (skills based suicide risk assessment and management training).

It also means that the delivery of SHINE[11] (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.

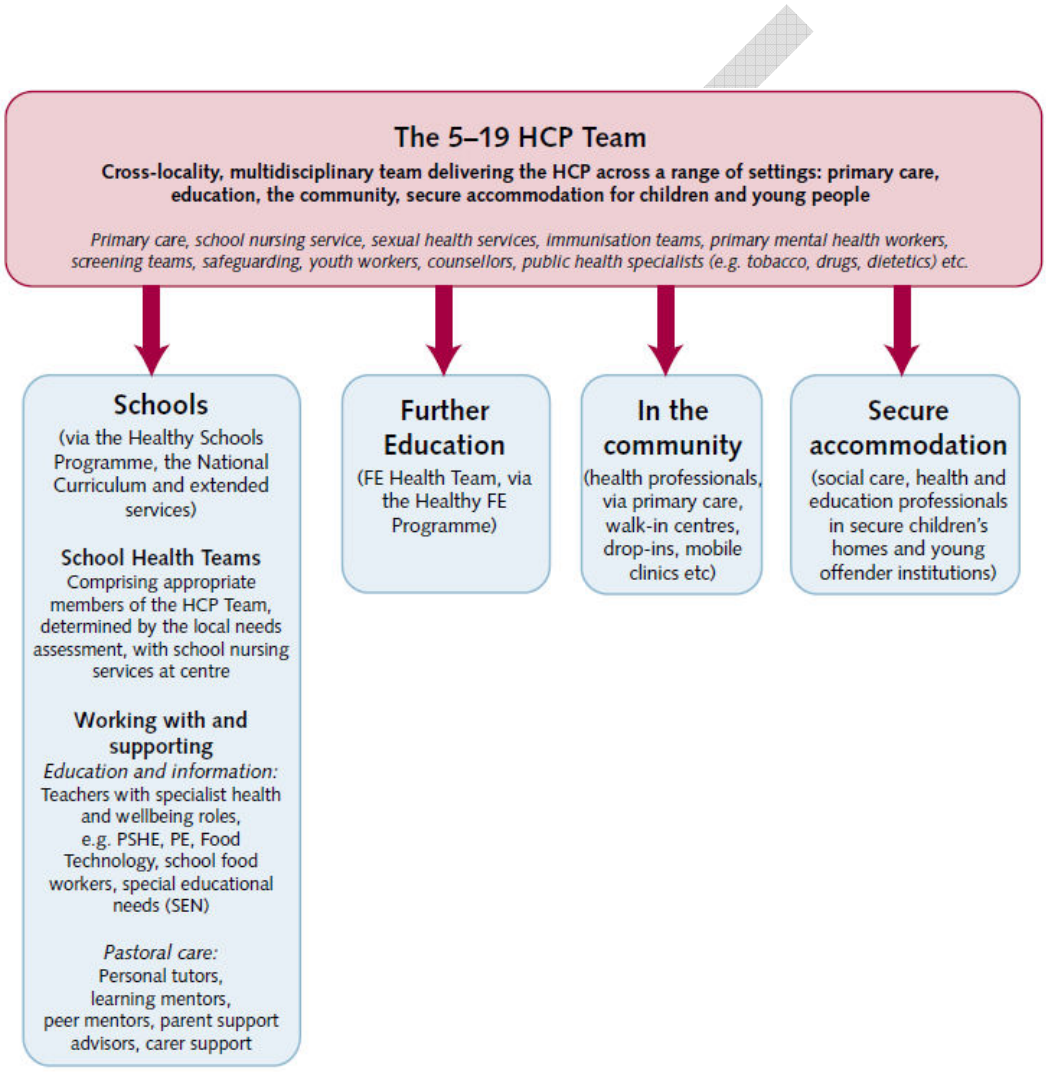
The establishment of the locality based teams will enable the active involvement of other professionals in developing and delivering elements of the programme – building on the concept of 'team around the child'. For

[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 build 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.

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

	£000 2009/10			
Service	**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
4YPProject	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 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 though 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.

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.

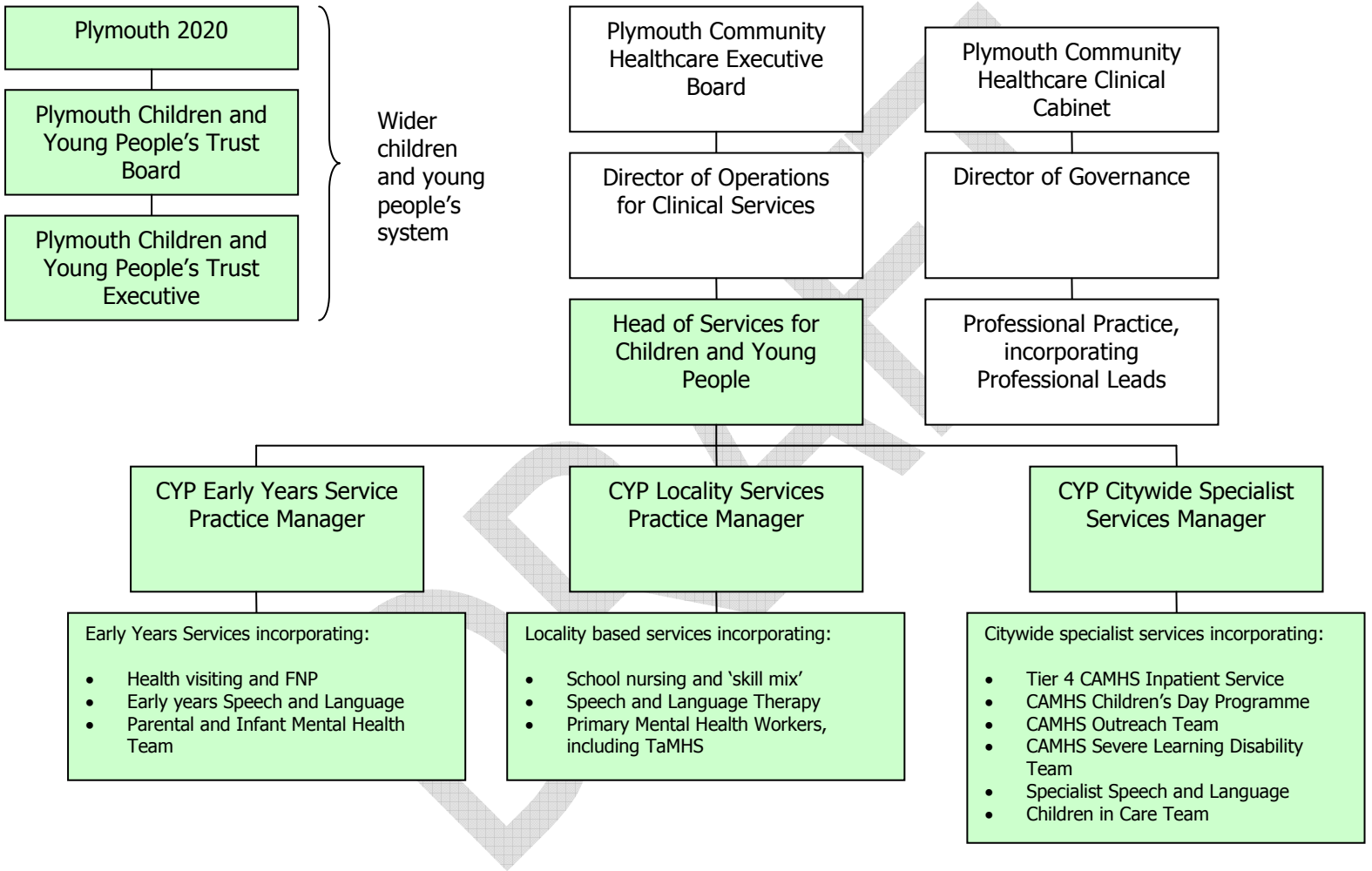
7.3.3 The role of the Clinical Cabinet in relation to services for children and young people

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.


Plymouth 2020
Plymouth Children and Young People's Trust Board
Plymouth Children and Young People's Trust Executive
Wider children and young people's system
Plymouth Community Healthcare Executive Board
Director of Operations for Clinical Services
Head of Services for Children and Young People
Plymouth Community Healthcare Clinical Cabinet
Director of Governance
Professional Practice, incorporating Professional Leads
CYP Early Years Service Practice Manager
CYP Locality Services Practice Manager
CYP Citywide Specialist Services Manager
Early Years Services incorporating:
Health visiting and FNP
Early years Speech and Language
Parental and Infant Mental Health Team
Locality based services incorporating:
School nursing and 'skill mix'
Speech and Language Therapy
Primary Mental Health Workers, including TaMHS
Citywide specialist services incorporating:
Tier 4 CAMHS Inpatient Service
CAMHS Children's Day Programme
CAMHS Outreach Team
CAMHS Severe Learning Disability Team
Specialist Speech and Language
Children in Care Team

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.

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
**	*Inclusion of draft documents in Sentinel Clinical Commissioning Executive (SCEE) seminar*	*Wednesday 9 November 2011*
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.

References

Allen, G (2011) *Early Intervention: the next steps*. An Independent Report to Her Majesty's Government, Cabinet Office

Centre for Excellence and Outcomes in Children and Young People's Services (2011) *Improving children's outcomes by supporting parental physical and mental health*, C4EO

Centre for Excellence and Outcomes in Children and Young People's Services (2011) *The impact of parenting and family support strategies on children and young people's outcomes*, C4EO

Children's Workforce Development Council supported by the Department for Children, Schools and Families (2010) *The Children and Young People's Workforce: The common core of skills and knowledge*, Children's Workforce Development Council

Department for Children, Schools and Families and Department of Health (2009) *Healthy lives, brighter futures: The strategy for children and young people's health*, Department of Health

Department for Children, Schools and Families (2009) *Think Family Toolkit – Improving support to Families at Risk*, Department for Children, Schools and Families

Department of Health (2009) *Transforming Community Services: Enabling new patterns of provision*, Department of Health

Department of Health (2010) *Transforming Community Services: The assurance and approvals process for PCT-provided community services*, Department of Health

Department of Health (2010) *Achieving equity and excellence for children: How liberating the NHS will help us meet the needs of children and young people*, Department of Health

Department of Health (2011) *Health Visitor Implementation Plan 2011-2015: A Call to Action*, Department of Health

Field, F (2010) *The Foundation Years: preventing poor children from becoming poor adults.* The Report of the Independent Review on Poverty and Life Chances, Cabinet Office

Kennedy, I (2010) *Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs*, Department of Health

Munro, E (2010) *The Munro Review of Child Protection: Final Report. A Child Centred System*, Department for Education

Plymouth Children and Young People's Trust (2009) *Improving the state of our minds: Emotional Wellbeing and Mental Health of Children and Young People in Plymouth. Joint Commissioning Strategy 2009-2014*, Plymouth City Council

Plymouth Children and Young People's Trust (2010) *Locality working within the Children and Young People's Trust*, Plymouth City Council (Board paper)

Plymouth Children and Young People's Trust, *Plymouth Children and Young People's Plan 2011-2014*, Plymouth City Council

Plymouth City Council (2008) *A natural journey into adult life: Plymouth's multi-agency transition pathway for young people with additional needs*, Plymouth City Council