

Paper for: Plymouth Children and Young People's Trust Board
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Purpose: This briefing paper has been developed to give an update on the progress of 'Working Together Better for Children and Young People: A Transformation Strategy 2011-2014'.

The paper will describe planned revisions to the strategy as an outcome of the consultation process for the strategy, which has recently taken place at the request of Plymouth Community Healthcare CIC Board in November 2010.

1. Introduction

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

2. Consultation¹ Responses

- 2.1 There have been nine formal responses returned, with three further 'informal' responses received. Michelle Thomas, Director of Operations and Cate Simmons, Interim Head of Children's Services have also met with the Chairs of PASH, SHAP and PAPH and the Principal of SDCC to take verbal feedback.
- 2.2 As a result of the limited responses and the tight timescales described in the agreed review, endorsement, and approvals process for the strategy, it has been decided that to reach agreement about the way forward for children and young people's services, it was necessary for the Plymouth Community Healthcare Executive Management Team to make a decision about required amendments to the strategy. An options paper was taken by the Interim Head of Children's Services to this meeting on the 9th February 2012 and the following amendments agreed for inclusion in the revised strategy.

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

3. Early Years Service

- 3.1 The initial proposal for an Early Years Service outlined in Working Together Better for Children and Young People: A Transformation Strategy 2011-2014' will not be progressed. The arrangements below will take its place.
- 3.2 Align health visiting services with the ²five localities (as for adult services), based or linked in the 16 Children's Centres across the city, under the management of the Locality Managers. The Family Nurse Partnership would also be included in this revised arrangement.
- 3.3 Early years Speech and Language Therapists would be aligned with the rest of the Children's Speech and Language Service in locality based teams (see below).
- 3.4 The Parent and Infant Mental Health Team would be developed as described in the strategy but would be sited with specialist, citywide services instead (see below).

4. Locality based teams

- 4.1 This element of the strategy would remain substantially the same as originally described, with healthcare professionals who currently work with older children being drawn together with colleagues from Plymouth City Council to provide a comprehensive offer to meet the needs of 5-18 year olds in the city.
- 4.2 The healthcare professionals working in the locality based teams would be the School Nurses, a proportion of the 'skill mix' lower banded staff from the current 0-19 CPHN Service, the Primary Mental Health Workers from Mainstream CAMHS – including the Targeted Mental Health in Schools (TaMHS) team – and the Speech and Language Therapists.
- 4.3 These healthcare professionals would work in four school age locality teams aligned with the four children and young people's locality teams established by Plymouth City Council, which include social care practitioners, educational psychology, family support workers, and inclusion support workers, advisory support teachers, learning mentors, education welfare officers and parent support advisors.
- 4.4 The four healthcare teams would retain a separate leadership and management structure, with a Clinical Team Manager in each team

² The five locality teams within PCH are South West, North West, Central and North East, South East and Plym. The latter is a placing together of Plympton and Plymstock . This is consistent with the planning of the Local Strategic Partnership.

reporting to the Children and Young People's Locality Services Practice Manager.

- 4.5 This arrangement would allow services to respond more effectively to the needs of school age children as well as supporting the achievement of the 'Troubled Families' agenda by targeting support at those families that have been identified as requiring a multiagency and multiprofessional response. The Interim Head of Children's services, Plymouth Community Healthcare CIC is at present working with senior Local Authority colleagues and Head Teachers from across Plymouth to ensure that this joint commitment to school facing teams will result in the best possible arrangement for school age children and young people.

5 Specialist citywide services

- 5.1 These services are:

- Peninsula Tier 4 CAMHS Inpatient Unit;
- CAMHS Children's Day Programme;
- CAMHS Plymouth MDT (currently under reconfiguration)
- CAMHS Outreach Team;
- CAMHS Severe Learning Disability Team;
- CAMHS Parent and Infant Mental Health Team (the expansion of the existing Infant Mental Health Team as described in the strategy would be retained)
- Children in Care Team (the expansion of the existing Children in Care CAMHS Team as described in the strategy would be retained)
- Peninsula Child Death Review Service

- 5.2 With the exception of the Peninsula Tier 4 CAMHS Inpatient Unit the entire specialist, citywide services will be allocated to a single locality. This would mean a consolidation of the specialist elements of services for children and young people under one management structure.

- 5.3 The Peninsula Tier 4 CAMHS Inpatient Unit would benefit from enclosure within a management structure that in-patient adult mental health and as such the strategy will be amended to place this service within the appropriate locality for that outcome.

6. Management and Leadership

- 6.1 The amendments to the strategy will also require a revision of the management and leadership structure that was originally proposed. It is recommended that the following posts would be required.

- **Head of Children and Young People's Services** – this post would hold line management responsibility for the Children and Young People's Locality Services Practice Manager and would

take responsibility for implementing the integration of the four school age locality based teams with those managed by Plymouth City Council. They would also take a wider role in supporting the strategic development of services for children and young people, as well as working closely with the Locality Managers and Professional Leads. The post will take the lead in describing and delivering the transition plan to the arrangement of services described above.

- **Clinical Lead for Specialist Community Public Health Nursing** – this post would be responsible for ensuring safe clinical practice across the health visiting and school nursing service, liaising with the Locality Managers and the Children and Young People’s Locality Services Practice Manager to ensure consistency of practice across the city;
- **Children and Young People’s Locality Services Practice Manager** – this post would ensure the work undertaken in the four school age locality based teams continues to support the provision of safe and effective community based healthcare services. This post will be integral to maintaining effective clinical governance and ensuring compliance with Care Quality Commission (CQC) standards. It will also ensure compliance with operational standards such as the 18 week referral to treatment time.

6.2 There are already Clinical Team Managers in each of the Mainstream CAMHS teams that form part of the specialist, citywide services, as well as a Service Manager in the Peninsula Child Death Review Service. These posts would remain in the structure.

6.3 It should be noted that notice on the provision of the Child Death Review Service will be served in 2012/13, in line with arrangements that are being put in place in the two commissioning organisations – NHS Plymouth and the four Local Safeguarding Children Boards across the Peninsula) – to seek an alternative service provider or method of provision in 2013/14.

6.4 In order to demonstrate the management and leadership structure suggested, a diagrammatic representations of the proposed arrangement is attached as Appendix One

6.5 It should be noted that there are challenges for PCH to delivering adult services into the 5 localities most commonly adopted across the city whilst at the same time, delivering locality based school age children and young people’s services into the four localities determined for that purpose by Plymouth City Council Children’s services.

7. Recommendations

7.1 It is recommended that the Children and Young People’s Trust Board accept the proposed amendments to *Working Together Better for*

Children and Young People such that a final version may be created for endorsement and approval by Plymouth Community Healthcare Board on the 19th April 2012. The revised review, endorsement and approvals timeline is attached as Appendix Two.