



Community Health, Wellbeing and Special Educational Needs and Disabilities (SEND)

INTEGRATION PROPOSAL

Document Information

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Sign off

Position	Name		Date

Date Adopted	
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I. Introduction

Within Plymouth there is an agreed aim to achieve the integration of community health, wellbeing and SEND services across all partners in order to support the commissioning intentions set out in the [Children and Young People Integrated System Action Plan for 2016-17](#). These actions include:

- Integrated referral management
- Integrated Education, Health and Care Assessment Process
- Integrated Education, Health and Care Outcome Based Planning
- Clear diagnostic pathways
- Evidence-based pathways of care.

Currently, many of the teams who provide support to children and young people with disabilities, long term health conditions or special educational needs are provided across 3 organisations. These are Plymouth City Council, Livewell South West and Plymouth Hospitals NHS Trust. As a group of providers, we have been working together to review the current operating models and systems of practice to consider how we can work together to achieve this ambition in Plymouth. This also links in with the wider work within the STP and the Five Year Forward View.

We recognise that we have a long history of working closely together, and in partnership with commissioners, to improve outcomes for disabled children and young people (under the Aiming High for Disabled Children agenda) and now for children and young people with SEND (in accordance with the Children and Families Act 2014). Our good work, and areas for further development, is reflected in the Joint Ofsted/CQC Local Area Inspection for SEND in October 2016.

As providers, we are committed to working together to take the next steps to achieve integrated service delivery for children, young people and families.

What is the problem?

Across the 3 organisations, the range of teams have different systems for access and referrals, and a limited range of professional responses available to provide support. Currently there is no potential to access the required intervention available from across SEND services via any single organisation.

As a result, when a parent/carer or young person needs help and support it can be difficult or confusing to know how you get the right response from the right teams. Often families and schools refer children and young people to a variety of access points in the hope that this will result in the provision of the right support in the end. This is not the best arrangement for families, or the organisations and can result in uncoordinated responses, duplicated responses or gaps in service, ultimately reducing the effectiveness of any intervention provided.

There has already been a lot of work across these organisations to help teams to talk to each other more easily and share information about families. However while this has helped us to understand the complexity of the situation and the shortcomings of our current arrangements, it has not allowed families access to the coordinated response they need.

The evidence demonstrates that full integration of services requires at least a 5 year journey, bringing together separate cultures and operational practices. Developing an incremental model of integration, whilst maintaining existing organisational structures, allows time for the major changes to take place and for learning to inform the changes as they are implemented.

What we want to do next?

Our overall aim in Plymouth is to develop an integrated offer for community health, wellbeing and SEND support to children, young people and families. In order to take the next step we are looking to step up a 'single point of access' for a large range of these services. Achieving a shared view of need and service demands through the approach in phase I will enable a phased plan for an integrated offer to commence. This is with the ambition of achieving a 'single view' system in due course, ensuring long term efficiency and effectiveness of systems and processes to support children, young people and families.

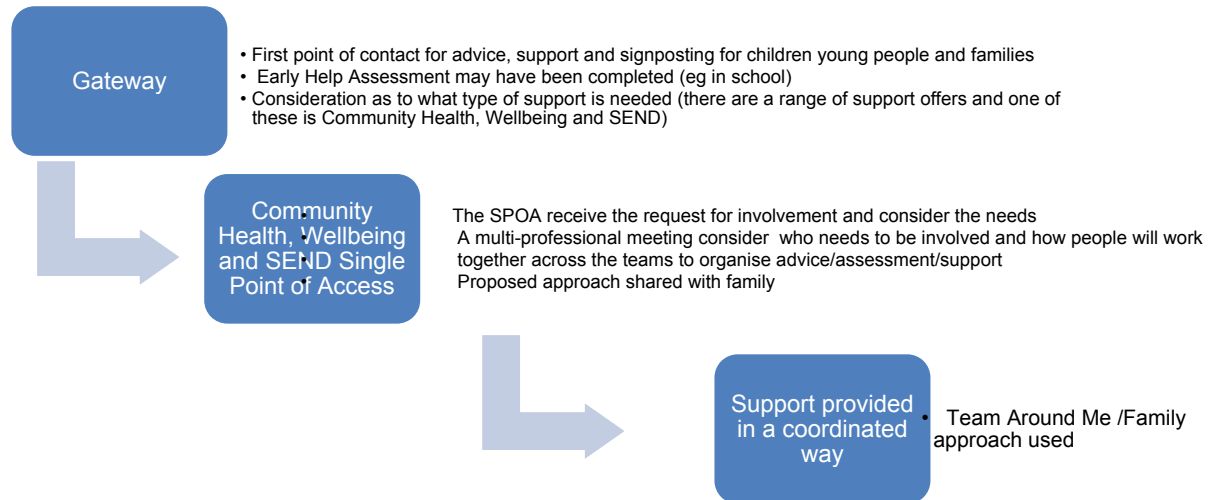
Note – the terminology of 'Single Point of Access' is a working title only with the expectation that the title will be determined at an early stage of progressing this work.

In Plymouth commissioners have also agreed to include in scope of the integration Specialist Public Health Nursing Services currently delivered by Livewell South West. This provides a significant opportunity to create a system whereby the universal offer these services provide and the skill mix then available can facilitate a seamless link to the care provided to individual families with children and young people with disabilities, long term health conditions or special educational needs. The work set out in this paper will be mindful of this wider offer as service design work progresses.

The Healthy Child Programme led by Public Health Nursing provides population level interventions for children, young people and families that aim to improve health and wellbeing, prevent ill health and identify need early. Much of this activity sits below the point at which the single point of access will operate but there will need to have a clear link to it once additional needs are identified through the universal offer.

Reviewing the Public Health Nursing offer to help maximise its impact in the context of an integrated offer will be taking place during phase one of the proposed 5 year journey. Phase two which includes a focus on prevention and health literacy provides the point at which Public Health Nursing can begin to take its place alongside the services cited in this paper to deliver an increasingly integrated offer.

How would it work?



What will we have to do to make this happen?

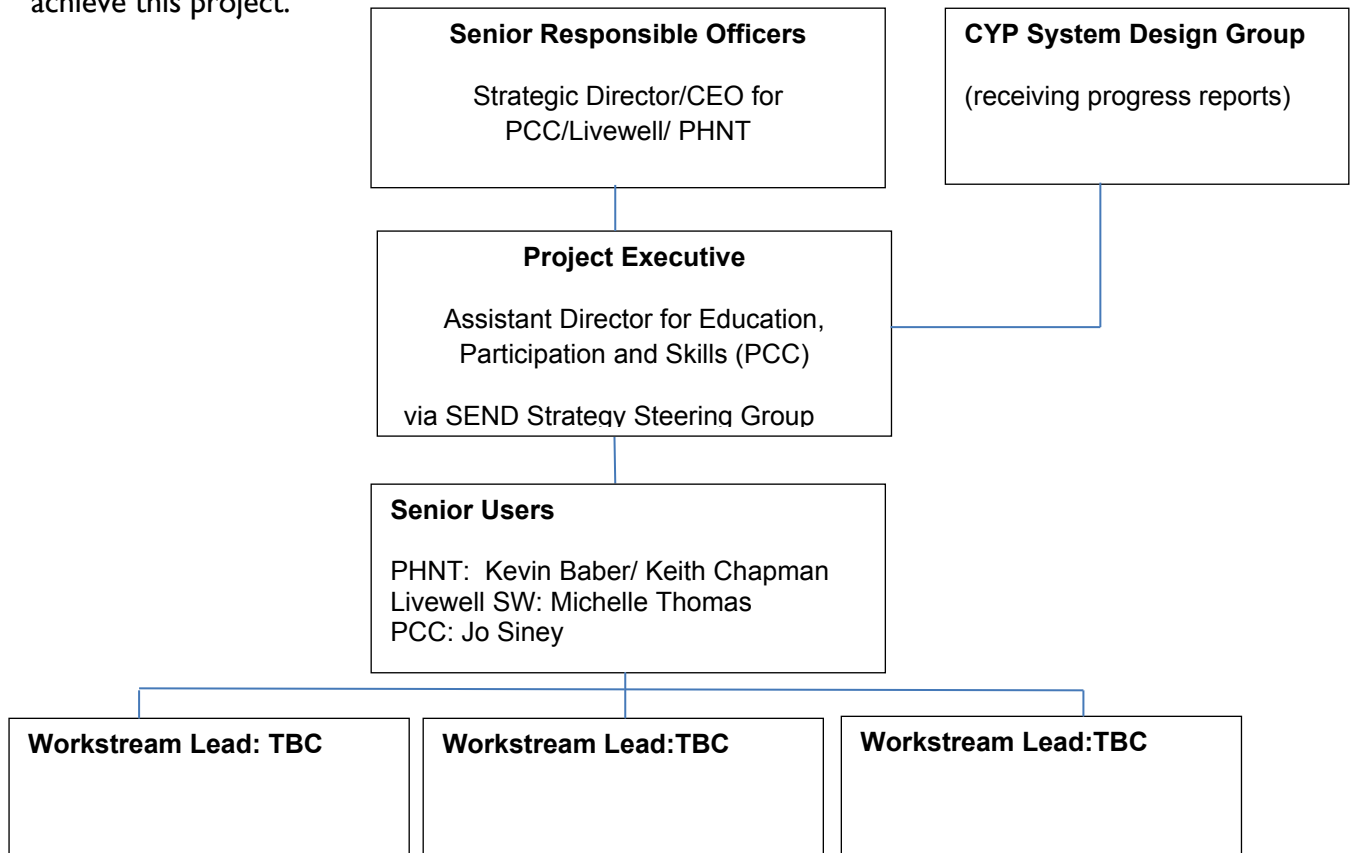
The organisations will need to work together to change the way that staff work. They will want to make sure that these changes make the experience better for children, young people and parents. There are some key areas to address:

- Putting the right information sharing agreement in place to make sure that data protection and privacy legislation is secured
- Identifying the right staff to support the Single Point of Access
- Working out how this will link with the Gateway information and advice service that is already in place
- Designing processes for staff to work jointly on assessment and planning for each individual child and young person, in response to presenting need.

2. Governance

It is proposed that the following governance arrangements are confirmed in order to support the change programme required to deliver this vision across PHNT, Livewell South West and PCC. The governance structure takes account of the existing arrangements to deliver integrated commissioning.

Senior Responsible Officers' approval of this paper and project plan provides the mandate to progress this work. We are seeking a Memorandum of Understanding to support the work across the three organisations by setting out our agreed ways of working together to achieve this project.



3. Vision

Our overall aim in Plymouth is to develop an integrated offer for community health, wellbeing and SEND support to children, young people and families.

Families in Plymouth have consistently told us that they want better information with a single entry point to be able to access services when their child has additional health, disability or SEN needs. They would like their experience of the system to be facilitated by a named professional supporting them through a single, assessment and care pathway with co-ordinated reviews leading to improved transitions (in childhood and into adulthood).

To achieve this we will develop new joint processes across all three organisations that will provide Health and Wellbeing and SEND support services in a coherent and cost effective way.

There are two main strands to the offer:-

- Purpose of a Single Point of Access
- Trusted Triage and Clinical Decision Making
- 'Single View' IMT

Integrated multi-professional planning for assessment accessed via a single entry point that facilitates a triage discussion to identify need and provide advice and initial support to move the individual child to the correct assessment pathway with the minimum delay.

The SPOA will provide 'trusted triage'. Building on the existing information provided by universal services/specific intervention teams and children and families themselves, the advanced multi-agency triage provided by experienced practitioners in the Multi-Disciplinary Team Intake aim to ensure each child and family receive co-ordinated and timely support from the most appropriate service area.

Debate and discussion within the Multi-Disciplinary Team will enhance the clinical decision making process and ensure a robust response to the complex issues identified.

Tiered decision making processes will be inclusive in their approach and ensure that best available information is taken into account. .

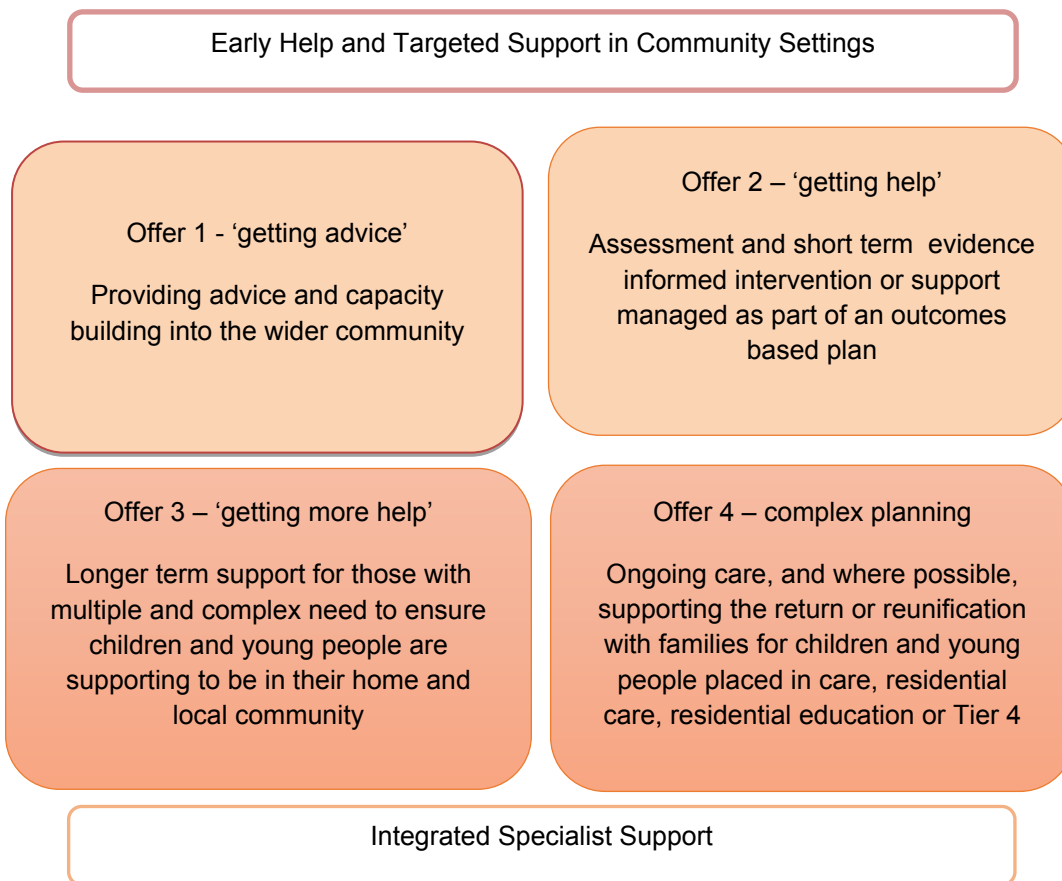
Moving this vision successfully forward requires a robust evaluation framework from the outset in order to maximise our ability to understand how support services provided improve outcomes for children, young people and their families. Therefore evaluation arrangements and management information requirements will be established to confirm the quantitative and qualitative information required in order to appropriately prioritise next stage developments across the organisations. Business analysis to review efficiency and effectiveness of service delivery will be achieved. This work will ensure that the voice of children, young people and families sits at the heart of evaluation.

4. Future Service Model

The phased implementation of a full and comprehensive integration of services to deliver the elements shown above, would provide the best opportunity to fundamentally change the way that services are offered to families in the city. The integration will need to embed within it a shift in the organisational culture, to improve the experience of families when they access community health, wellbeing and SEND services.

In considering the approach to supporting families, we have considered the Thrive Model (2014) which has been developed by the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust. Their conceptual framework of measuring need under five categories; thriving, getting advice, getting help, getting more help and getting risk support has contributed to system design work in Plymouth to describe the i-thrive offer.

The diagram below illustrates the how we can make this conceptual framework a reality to improve outcomes for your people in need of support from the Community Health, Wellbeing and SEND services.



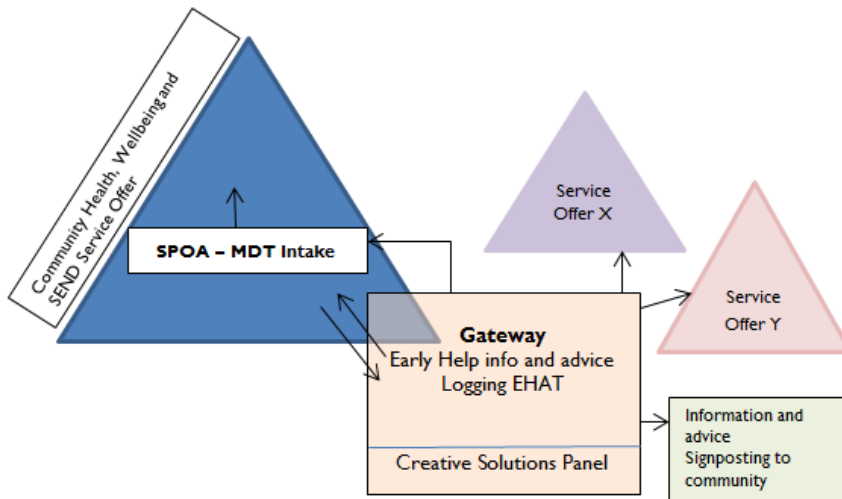
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4.1 Phase I: Establishing the Single Point of Access

The Single Point of Access (SPOA) will need to clearly describe the interface with the Gateway.

The Gateway is based within PCC and provides a point of information and advice for families and professionals in undertaking Early Help Assessment and outcome-based planning for children and young people. Currently 2 PCC SEND Staff sit within Gateway to provide SEND-specific advice and information. It is expected that the Gateway would be key in receiving requests for the involvement of the Community Health, Wellbeing and SEND offer and progress these to the Single Point of Access.

The diagram below illustrates how the SPOA may sit within the wider system arrangements for children, young people and families.



Once a child/young person has been identified for consideration within the SPOA, the following stages will be worked through.

- a. Source of requests for involvement (noting those which currently make use of Gateway)
 - Parent/young person – via Gateway
 - GP
 - Children’s Centres/ Early Years/Schools/Colleges – via Gateway
 - Health visitors
 - School Nursing
 - Acute Hospital
 - PCC Children/Young People and Families (incl social care)
 - Police – via Gateway
 - Third Sector - via Gateway
 - Internal specialist teams within scope of Community Health, Wellbeing and SEND description

- b. Requests for involvement are received and logged at a single point for all teams/services.
 - Single view of service demand
 - Supports management information across whole system
 - Case response tracking commences at the first contact
 - What is the presenting need?
 - What are the outcomes sought?

This approach enables a more detailed exploration of what needs to be done to achieve the outcome, rather than requesting a specific service (output).

- c. Single team/service requests for involvement can be fast tracked where appropriate at this point (in accordance with working protocol and eligibility criteria)

- d. Request for involvement is flagged as requiring a crisis response
 - Lead Practitioner for SPOA coordinates service response in parallel with steps 4/5.

- e. Requests for involvement go through an initial triage within the SPOA Team in order to review:
 - Status of parental/ young person consent to share information
 - E-records review to establish whether child/young person is already known to services
 - On basis of request – consider what additional information may be needed to support an MDT decision (eg pre-assessment work)
 - Prepare request paperwork for MDT discussion

- f. Multi-Disciplinary Team Intake discussion
 What is the appropriate response?
 - Information and Advice
 - Specialist advice
 - Assessment (single/combined including assessment for diagnosis)
 - Intervention (brief intervention/ longer term care planning)
 - Crisis response

The intake discussion will be drawing from the range of service offers available across the system. Discussion will consider whether there needs to be flex in the offer or an adapted offer in order to be able to respond appropriately to the need.

The intake discussion will also establish:

- Members of the Team Around Me/Family
- Initial Lead Practitioner (this may change as work progresses)
- Expectation around joined up or integrated assessment (where appropriate)
- Staged approach to assessment or intervention in order to ensure most appropriate allocation of services (and recognising that there may sometimes be a waiting list).

The Phase I evaluation will carefully analyse this activity in order to use this shared view to understand presenting need, demand and organisation behaviour thereby enabling a system-wide review to achieve robust grasp of the capacity/demand issues regarding achieving the actions listed below.

- g. Internal requests for involvement
 Where it is identified that a different response/ additional involvement is required, the lead practitioner is responsible for bringing that request back to the SPOA for consideration.

- h. Communication of next steps
 - Feedback provided to family – with timescale and point of contact
 - Advising GP/School/EY Setting of next step

- i. Quality Assurance Oversight
 - Audit of the SPOA process for compliance and effectiveness
 - Quality assurance audit of decision making
 - Joined up learning to inform future service demand and development.

5. Services in Scope

We will be working to develop this service model across the relevant teams within PHNT, Livewell South West and PCC SEND Service. This will include:

PHNT Child Development Centre MD Services (including community paediatricians, nursing and therapy teams)

Livewell Southwest Speech and Language

Livewell South West CAMHS Teams

PHNT Children's Community Nursing Team

PCC SEND Service

- Early Years Inclusion
- Advisory Teaching and Support
- LA Occupational Therapy
- Children's Disability Social Work Team
- 0-25 SEND Statutory Assessment Team
- Educational Psychologists

Livewell Southwest School Nursing Team

Livewell Southwest Health Visitors

The following interdependencies to achieve this model include:

- PCC Gateway
- DRSS
- Plymouth Excellence Cluster
- PCC SEND Strategic Advisory Service

6. OPERATIONAL ISSUES ARISING

In order to work towards full integration of these services, the organisations will need to work together to change the way that staff currently work. To be successful the three organisations will need to develop open and transparent culture and embed across the organisations a model of partnership working. The governance arrangements and management structure will be key to the success of the proposal.

The focus of the new model of delivery is to improve the experience and outcomes for children and their families.

Key considerations:

- A joint quality strategy and programme to deliver this offer
- Clear accountability

- Good communication, engagement and consultation
- Management structure and leadership moving forward will need to be reviewed and consideration given to joint management structures
- Robust data protection and privacy legislation arrangements. An Information Sharing Agreement/ Information Exchange Agreement will need to be approved
- Identifying the right staff to support the Single Point of Access and subsequent delivery partnerships
- identifying how the new model will link with the Gateway and other existing referral systems
- Reviewing how staff would work jointly on assessment and planning
- Planning joint staff briefings/training to manage the changes and develop improvements and innovation.
- Developing an integrated health and social care model with a view to being able to deliver a holistic assessment
- Clear safeguarding processes.
- Understanding of financial flows in each organisation.

7. Expected Benefits

The expected benefits will be measurable in terms of savings to be made from the integration of services. However, some benefits will be harder to quantify and demonstrate for example family satisfaction and confidence in the process.

The project group will develop a matrix to review through engagement with families and stakeholders the progress of the integration and the measurement of benefits.

This will be reported through the governance process to ensure that the integration remains on track to achieve its outcomes.

Expected Benefits	Measurement	Target Year 1
Family confidence in support services increases	Engagement with families at the start of the process and ongoing engagement at key milestones. The initial engagement exercise will be the benchmark from which subsequent feedback will be judged	Families report improved satisfaction of their experience of service involvement
Information about support services, eligibility and timeliness is clearly available	Multi-agency information is available signed off by all organisations.	Project group to have reviewed all of the information available and have developed a single suite of documents that describe the offer as a whole
Ability to address delays in accessing services due to level of demand	Benchmarking of the delays in accessing services is conducted at the beginning of the process. Ongoing benchmarking carried out at key milestones.	Project group to review the data regarding delays and report to the steering group that these are improved from the start of the process
	Clear understanding gained	Commissioners are informed of

Commissioning of future services will be informed through a better understanding of need	regarding the future range and configuration of services required to meet the needs of the SEND population in Plymouth	the level of need for the services and whether the integrated service is able to meet the need
Savings will be achieved through the integration of the Health and Wellbeing and SEND support services. This will be at all levels across the service from management through to admin. Support	Existing budget pressures in all three organisations will be reduced. Savings at all levels will be made as referral, assessment and back office support costs are amalgamated across the organisations	Budget management demonstrates that resources are aligned to meet need and Budget pressures are reduced.

8. Risks/ Dependencies

Risk	Possible outcomes	Mitigation
Delays in Governance arrangements being agreed and implemented	Delay in the development of Phase I leading to delays across the whole project	Project group to develop realistic timescales and report regularly to the Board on progress.
Delays in establishing and implementing the single point of access process	Delays in the start of the single point of access will lead to confusion and misunderstandings across the organisations which in turn could lead to dissatisfaction of families	Project group to ensure that project is kept on time. Project group to write and deliver a clear communication strategy to keep all stakeholders informed of progress in incremental stages of the project
Culture change across the organisations takes longer than anticipated to embed	Workforce may be resistant to change which will hinder the embedding of the new processes.	Project group and Board to ensure that workforce are involved in the incremental changes and are kept fully informed of plans and timescales. Opportunities for discussion should be formal and informal to allow for individuals to express any concerns.
Delays in the implementation of Phase I will reduce the level of savings to be achieved through the integration of services	Savings to be achieved through rationalisation of processes and co-location (where appropriate) of workforce could be reduced if the project is not kept to time	Project group to be aware of the timescale to develop new processes and procedures. Board to request regular update of progress against target.
MDT Intake decision making proves ineffective due to the quality and accuracy of available information	Child and family do not receive the most appropriate support and intervention	Encourage examples to be highlighted and investigated to ensure future learning
Lack of appropriate ICT systems impact on available information	MDT decisions are based on incomplete or inaccurate information	ICT user group formed to consider issues raised. ICT issues are identified to inform any future developments or procurement

Service user expectations are raised unrealistically	Service user dissatisfaction with SPOA	Consistent engagement and communication with service users and on-going feedback gathered
Changes in referral processes lead to referrals being lost or delayed	Delays in children and families accessing support and intervention and frustration from colleagues in universal services	Clear communication with referrers regarding any changes in process. Any inappropriate referrals (eg acute services/adult services)reaching SPOA will be responded to immediately to ensure they reach their appropriate destination
Demand/Capacity Service Changes	MDT decisions result in changes to the levels of demand across SEND services leading to delays in some service areas	SEND management teams will monitor and trends and identify these to commissioners
Demands of procurement activity removes capacity to implement this offer across the three organisations	Failure to implement the plan at Phase 2 in the project plan	Confirm with commissioners that timescale for a procurement decision.

9. Project Plan & Resources

The proposal to develop an integrated operational process and procedure for Health and Wellbeing and SEND services will be implemented in two distinct phases as described below and in the attached Project Plan

Phase I (September to December 2017):

- Establishing and confirming project governance across the organisations
 - Commitment to proceed
 - Establish the TOR of the Steering Group
 - Establish the Project Working Group
 - Memorandum of understanding
 - Change resources
 - Briefing for interdependent areas (Gateway/DRSS)
 - Update to Commissioners with proposal
 - Communication and Engagement Plan
- Scope requirements for the work
 - Information exchange agreement and data protection
 - ICT requirements
 - Confirming legal frameworks for operating
 - HR advice
 - Workforce development
 - Evaluation arrangements and management information requirements

- Develop 'Single Point of Access' operating model – proof of concept
 - Leadership arrangements
 - Staff requirements to support
 - Workflow and Process mapping
 - Confirm information exchange agreement
 - Location
 - Information offer
 - Financial implications
 - Update communication and engagement plan

- Principles of 'trusted triage' agreed across organisations and embedded into the working practices

- Implementation Plan
 - Information
 - Launch arrangements
 - Monitoring of new arrangements
 - Evaluation work commences

Phase 2 (January 2018- September 2018):

- Launch of Single Point of Access arrangements

- Single Point of Access /trusted triage monitoring and evaluation framework commences

- Commence scoping work for integration around existing local priority themes
 - Health literacy and prevention work for SEND (linked to MEYSOG)
 - Early Years, SEND and ready for school
 - Autism Spectrum Condition – early identification through to post assessment support planning
 - Preparing for adulthood (education, employability, health and care)

Phase 3 (September 2018 onwards)

- Evaluation findings reviewed
 - Proof of concept confirmed
 - Capacity/demand information analysed
 - Qualitative review and impact information analysed

- Agree priorities for next steps to achieve a fully integrated offer
 - Identifying the areas for further integration highlighted through evaluation and single service view.

- Next steps for further integration agreed

Estimated Central Project Costs

We have quantified the work required to support this work. The figures below are indicative estimations but it is recognised that some of these costs are already met through existing funding arrangements. There is further work required to clarify what additional funding would be required and options to meet this.

Estimated Project Management Resource Cost (including BA/PSO support)	£35,000
Estimated Communication Cost	£5,000
Accommodation and other costs	£10,000
Estimated WFD costs	£5,000
Estimated total	£55,000

10. Recommendation

It is recommended that the governance arrangements are confirmed and approval is given to implement the project plan to achieve Phase I Single Point of Access.