

# Nottinghamshire Integrated Community Children and Young People's Healthcare Programme

**Programme Brief** 

May 2013 (V2)

Note: NHS Bassetlaw PCT/CCG position to be determined

| Glossary of acronyms and abbreviations used in this document |  |  |
|--|--|--|
| ADHD   | Attention deficit/hyperactivity disorder             |  |
| APTCOO   | A place to call our own                              |  |
| ASD  | Autistic spectrum disorders                          |  |
| CAMHS  | Child and adolescent mental health service           |  |
| CAS  | Clinical Assessment Service                          |  |
| CCG  | Clinical Commissioning Group                         |  |
| DH   | Department of Health                                 |  |
| HNA  | Health needs assessment                              |  |
| JSNA   | Joint strategic needs assessment                     |  |
| LAC  | Looked after children                                |  |
| NICE   | National Institute of Health and Clinical Excellence |  |
| NNE  | Nottingham North and East                            |  |
| OT   | Occupational therapy                                 |  |
| PPI  | Patient and public involvement                       |  |
| SEBD   | Social, emotional and behavioural difficulties       |  |
| SEN  | Special educational need                             |  |
| SLT  | Speech and language therapy                          |  |

# **Version control**

The final version was produced in November 2012. Logos only updated in May 2013 to reflect the changes in commissioning organisations from 1<sup>st</sup> April 2013.

# Programme Brief Integrated Community Children and Young People's Healthcare Programme

#### Introduction

The purpose of this programme is to develop a Nottinghamshire wide integrated and sustainable model of children's care delivery via a network of community based services. This will include in-reach and out-reach, for children and young people with acute or additional health needs including disability and complex needs. Key elements will be a single point of access and co-ordinated assessment, treatment and review processes implemented across integrated care pathways.

The vision is to enable children and young people with acute and additional heath needs, including disability and complex needs, to have their health needs met wherever they are. The services will support the child's life choices rather than restrict them and improve the quality of life for children and their families and carers.

Stakeholder engagement will be fundamental to informing the programme. Equality and quality impact assessments will be undertaken on developments.

#### **Policy and drivers**

#### **National**

There are many national policies and drivers relevant to the programme e.g.:

- NHS at Home: Community Children's Nursing Services (DH, ref 15106, 2011)
- Healthy lives, brighter futures: The strategy for children and young people's health (DH, ref 094397, 2009)
- Disability and Special Educational Needs green paper (2011)
- Framework for children and young people's continuing care (DH, ref 116469, 2010)
- ACT (2009) Right people, right time, right place: planning and developing an
  effective and responsive workforce for children and young people's palliative care
- NICE guidance for related paediatric conditions

#### Local

- NHS Nottingham City Transformational Change in Specialist Children's Nursing Services in the Community, GP Commissioning Executive Committee. June 2012
- Nottinghamshire County Joint Strategic Plan, Children's Trust Board. Feb 2012

#### Scope

This is a joint NHS Nottingham City and NHS Nottinghamshire County programme for children and young people with acute or additional health needs including disability and complex needs. These include the following four groups:

- 1. Children and young people with acute and short term conditions (0-18yrs)
- 2. Children and young people with long term conditions (0-18yrs)
- 3. Children and young people with disabilities and complex conditions including those requiring continuing care and neonates (0-25yrs)
- 4. Children and young people with life limiting and life threatening conditions and illness, including those requiring palliative and end of life care (0-25yrs)

During their development and/or the progression of their condition or illness individual children and young people may and often do move between and overlap these groups.

#### **Needs**

Nottingham City 0 to 18 years population – approx 57,900. There are approx 4,000 disabled children of which 900 are severe.

- Nottingham City JSNA, 2010 refresh currently in progress.
- Disabled Children's Ofsted inspection 2012 (publication pending).

Nottinghamshire County 0 to 18 years population - approx 180,000. There are estimated between 7,000 to 12,000 disabled children of which more than 2,500 are severe.

- Nottinghamshire County JSNA for children and young people 2010.
- Nottinghamshire County HNA for children and young people with disability and SEN, including HNA for children and young people in special schools, 2011.

#### **Issues**

- There is a lack of co-ordinated support for children and young people with complex needs and disability and their families.
- There is an increase in demand and a need to demonstrate value for money as well as ensuring equity of access and service provision, whilst taking account of City/County differences e.g. population needs, geography, finances.
- More children with a severe disability and complex needs are living longer (Healthy Lives, Brighter Futures 2009), due to new interventions and technology.
- Disabled children and those with complex needs have higher safeguarding needs.
- There are multiple providers/teams working to different processes (e.g. assessments, care plans), policies and procedures and different IT systems resulting in duplication / lack of efficiency and effectiveness (negative impact on children, young people and families)
- There are too many acute and emergency attendances and admissions for conditions and illness that could be treated at home or avoided.
- There are too many children staying in hospital for too long, particularly those who are vulnerable to hospital acquired infections.

# **Current service provision**

# **Current health providers and partners**

- NHS County Health Partnerships
- NHS Nottingham University Hospital Trust
- Nottingham City Council Education, Social Care and Public Health (from April 2013)
- Sherwood Forest NHS Hospital Foundation Trust
- Nottinghamshire County Council Education, Social Care and Public Health (from April 2013)

#### **Core services**

- General practice
- Hospital services
- Universal community children's services
- Education
- Social services

#### Supported by specialist community services (not an exhaustive list)

- Children's Community Nursing, including special school nursing, short breaks and training provision
- Paediatricians
- Speech and language therapy
- Physiotherapy
- Occupational therapy

- Looked after children health services
- Safeguarding
- Local Authority specialist services e.g. short breaks services, special educational needs team, disabled children team, looked after children services

Interfaces and linkages with CAMHS will be considered within the programme, however they are not specifically included within the development scope.

#### **Benefits**

Benefits include:

#### Children young people and their families

- A single point of access and co-ordinated assessment, treatment and review will
  mean that parents and families experience a co-ordinated seamless service that is
  centred around and personalised to the individual child and family promoting
  independence and quality of life.
- Improved safeguarding outcomes due to improved co-ordination of services.
- Parents and carers are able to put being parents first and health care providers second and are enabled to do ordinary family activities.
- There is genuine choice of end of life care, acknowledging the preferences of the child or young person and their families.
- Children and young people are admitted to hospital or stay in hospital only when it is clinically inappropriate to care for them in the community.
- Children and young people who are vulnerable to infection are protected from health care-acquired infection.
- Children and young people are enabled to lead their vision of a normal a life as possible with minimum disruption to their every day lives.
- Improved access and equity of service provision.

#### **Services**

- High quality and cost effective services
- Consistent staffing from satisfied and highly motivated teams.
- A cohesive coordinated network model will ensure that there is utilisation of the right skills in the right place at the right time every time.

#### **Commissioners**

- Quality services and value for money would be achieved through re-focussing resources where the need is.
- Improved performance management of service delivery.

#### <u>Risks</u>

A detailed risk assessment and actions to mitigate risks will be undertaken by the Programme Steering Group, including clear communication and consultation with stakeholders. Some potential risks are identified below:

### Potential risks of not implementing the programme may include:

- Insufficient service capacity to meet increasing demand
- Long waiting times
- Negative impact on quality and coordination of services
- Deterioration of health and economic wellbeing of children, young people and their families
- Increased safeguarding risks
- Inconsistent and inequitable access to services
- Increased litigation and escalating compensation costs

# Potential risks of implementing the programme may include:

- Not having a clear implementation plan and phased/systematic approach
- Impact of organisational change and restructure on continuity and comprehensive support for implementation
- Potential to destabilise and de-motivate staff delivering services
- Inequities resulting from inconsistency of implementation across City and County
- Increased costs

# Summary Timeline - phase 1 Integrated Community Children and Young People's Healthcare Programme

| Date                     | Key milestone  |
|--------------------------|--|
| August 2012              | Establish steering group   |
|                          | Develop project controls   |
| September 2012           | Programme signoff  |
|                          | City CCG Clinical Council  |
|                          | County – Joint Commissioning Group Special                               |
|                          | Educational Needs and Disability   |
|                          | County Cross CCG Children Commissioning Group                            |
| September/October 2012   | Initial set up of programme task and finish groups:                      |
|                          | Communications and engagement  |
|                          | Development of communications plan                                       |
|                          | Involvement of provider PPI/Commications                                 |
|                          | leads  |
|                          | Data, information and finance     Contract activity                      |
|                          | <ul><li>Contract activity</li><li>Health needs</li></ul>                 |
| September – January 2013 | o Health needs Programme scoping:  |
| September – January 2013 | Four Groups:   |
|                          | Children and young people with acute and short                           |
|                          | term conditions  |
|                          | Children and young people with long term                                 |
|                          | conditions   |
|                          | <ul> <li>Children and young people with disabilities and</li> </ul>      |
|                          | complex conditions including those requiring                             |
|                          | continuing care and neonates   |
|                          | Children and young people with life limiting and                         |
|                          | life threatening conditions and illness, including                       |
|                          | those requiring palliative and end of life care                          |
|                          | Engagement on pathways with healthcare  professionals and service years  |
|                          | professionals and service users  |
|                          | Current contracts:     Activity  |
|                          | <ul><li>Activity</li><li>Cost</li></ul>                                  |
|                          | o Outcomes   |
|                          | Health needs:  |
|                          | JSNA outcomes  |
|                          | Other health profiling   |
|                          | <ul> <li>Population projections</li> </ul>                               |
|                          | o Transition   |
|                          | Purpose – to outline the programme of work required to                   |
|                          | implement an integrated children's services.                             |
| March 2012               | Depart with entire appraisal and recommendations to be                   |
| March 2013               | Report with option appraisal and recommendations to be presented to CCGs |
|                          | hieselien in cogs  |

# Overview diagram

The diagram below is an overview of the Integrated Children and Young People's Healthcare Programme showing local and national factors and current developments (as at time of writing) which may influence the outcomes of the programme.

NHS

Nettingham North and East

Nottingham City
Cirical Commissioning Group



## Integrated Community Children and Young People's Healthcare Programme - Overview

Local influences / considerations

CITY
Oak Field School:
Development of Personal
Healthcare Assistants
Increased capacity of
services
Draft HNA

CITY
Development/refresh of
City SLT service
specification for current
provision

of ent

Children's Integrated Care Joint work with Local Authority Training service for Crocus Fields - pilot

CITY

CITY & COUNTY

Children's Community Matron Service - pilot Parallel Programmes - potential for shared learning

CITY

Integrated Adult Care Programme (transition)

**Bassetlaw Clinical Commissioning Groups** 

CITY & COUNTY Other work which may influence this programme Positively or negatively

E.g. Adult care services development (transition)

COUNTY
Transformational Funding
Bid (2012)
NNE Integrated
Health & Social Care
Team: Frail elderly

Phase 2 & 3 Planning & outcomes

2013

March

3151

CITY & COUNTY

Interrelationships with mental health services & prevention for families Local influences / considerations

COMMUNITY Paediatric Single Point of Access / CAS Audit & multi-agency single assessment development

Children's Continuing Care and case management service

implementation

CITY

Personal health budgets pilot and joint brokerage hub (joint commissioning with City Council) COUNTY
Disability & SEN Pathfinder
'One Project'
Single Assessment Process
docs etc.
'Local offer'
Notts County Council
integrated disability services

Influences
Public Sector Organisation
Transition

Integrated Community
Nur sing Service Project
Sf. September 2012

Integrated Community children & young people Health Care Services Programme Programme progress

- Data information and finance gathering
- Communication and engagement including events
- Options Appraisal and recommendations

Report Options Appraisal & recommendations to steering group

Local influences / considerations

CITY & COUNTY

Social Care & Disability & SEN Policy/ Provision/Education SEBD review CITY & COUNTY

CAMHS (Including City LAC)

COUNTY

Joint NHS/NCC OT Services Pilot (2009/10) CITY & COUNTY

ASD / ADHD pathway development / implementation CITY

Carers agenda Parenting programme

Local influences / considerations

National & external influences / considerations

CYP Health Outcomes Forum

Making Data and information work for CYP Disability & SEN Legislation

Continuing Care Framework H.M Government No Health without Mental Health Implementation Framework (2012) Core Offer School Nursing

Health Visitor 'Call to Action'

Regional procurement process

CITY & COUNTY

Third Sector APTCOO – National Prospectus Grant (County) COUNTY

Bassetlaw PCT position to be determined