

**Report to:** **SINGLE COMMISSION BOARD**

**Date:** 11 July 2017

**Officer of Single Commissioning Board** Clare Watson, Director of Commissioning

**Subject:** **INTEGRATED NEIGHBOURHOOD CHILDREN'S TEAM (INCT) PILOT PROPOSITION**

**Report Summary:** The report seeks the approval for developing and implementing a pilot Integrated Neighbourhood Children's Team, which seeks to deliver improved outcomes and efficiencies for children and young people and those who care for them.

The Integrated Neighbourhood Children's Team Pilot will facilitate provision of, and access to, bespoke person centred holistic solutions, working to the following principles of place based care:

- Integrated local services ensuring collaborative responses to local need;
- Services that build on assets of the community & intervene early in an emerging problem;
- One team, knowing their area and each other;
- Person centred approach within the context of family & community; and
- Services delivered within the community, close to home from a flexible asset base.

- Recommendations:**
1. To acknowledge the contents of this report;
  2. To commit and agree to the strategy of an integrated neighbourhood children's model;
  3. To seek commitment of staff time to move to further development and phased implementation from Tameside and Glossop Integrated Care Foundation Trust, Primary Care Foundation Trust, Tameside MBC Children's Service's (Social Care and Education) and Single Commission Framework;
  4. To agree and support that existing resources should be aligned to developing and implement the pilot; including those already deployed around the existing Care Together Integrated Neighbourhood Teams agenda and social prescribing (e.g. forthcoming Voluntary and Community Sector tender for support); and
  5. To ensure executive / director ownership, oversight and drive of the agenda/pilot.

**Financial Implications:**  
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

<b>Budget Allocation (if Investment Decision)</b>	N/A at this stage
<b>CCG or TMBC Budget Allocation</b>	Both

<b>Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration</b>	S75 & Aligned
<b>Decision Body – SCB, Executive Cabinet, CCG Governing Body</b>	SCB, Exec Cabinet and CCG GB
<b>Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons</b>	Cannot comment at this stage
<p><b>Additional Comments</b></p> <p>It is acknowledged that this paper is purely to seek agreement to develop and pilot an integrated children’s neighbourhood model and further work is required to develop and operationalize the model. Finance support this proposal but would highlight that GM transformation funds are limited and non-recurrent in nature. Therefore, should there be any future rollout of pilots should this prove successful, this will need to be funded from within the existing recurrent resources available within the system/economy and there will be no additional funding available.</p> <p>All neighbourhood proposals requiring funding are expected to complete PID’s in line with the single commissioning PMO requirements in which it is also necessary to quantify the cash releasing benefits expected to be derived from any new non-recurrent investment, along with proposals for continuation once the non-recurrent funding expires.</p>	

**Legal Implications:**  
**(Authorised by the Borough Solicitor)**

Whilst all initiatives to support the Council’s Children’s Services are welcomed, it will be very important to (a) monitor and assess precisely how the pilot’s outcomes have a direct effect on those children most in need in the Borough; (b) ensure that resources are targeted effectively; and (c) show how this in turn impacts on the Council’s legal duty to protect children from significant harm, neglect and abuse. The pilot therefore needs to have direct linkages to Children’s Services so that these outcomes are captured and reported on at both operational and strategic levels.

**How do proposals align with Health & Wellbeing Strategy?**

The proposal directly aligns with the vision of the strategy and the challenges noted. The paper directly supports 3 of the 5 key priorities (Priority 1: Starting well, Priority 2: Developing well and Priority 3: Living well).

Developing Well: there is a need to identify opportunities in relation to improving our commissioning and delivery systems to achieve better outcomes for children and young people and to mobilise the whole system from prevention, early help to specialist services to make sure we are providing better outcomes through:

- Providing clear pathways;

- Providing a clear plan of how children and young people's health and care needs will be met;
- Producing strategies that will provide targeted awareness and improve identification;
- That build on the assets of the children, young and those who care for them; and own communities.

**How do proposals align with Locality Plan?**

The proposal is consistent with the following priority transformation programmes:

- Healthy Lives (early intervention and prevention);
- Community development;
- Enabling self-care;
- Locality based services;
- Urgent integrated care services.

**How do proposals align with the Commissioning Strategy?**

The proposal contributes to the Commissioning Strategy by:

- Patients and communities being empowered to care for themselves and to work together to support local health and wellbeing;
- Technology enabled access to information, advice and care;
- Locality based integrated teams of multi skilled health and social care professionals using integrated case management and care co-ordination;
- Identification and support of "at risk" people;
- High Quality Primary Care working through new models;
- Fewer overnight stays in hospital and more community based urgent care.

**Recommendations / views of the Professional Reference Group:**

PRG fully support the paper noting the recommendations that include SCB to identify and nominate director level ownership and oversight to enable pilot implementation.

PRG noted in addition work is needed to ensure understanding of the paper within TGICFT at director level. However this should not delay the paper going forward.

**Public and Patient Implications:**

The proposal has been developed through consultation and engagement – utilising the voice of the child and those who care for them existing consultation and engagement findings. The Integrated Children's Neighbourhood Team will deliver improved experiences and outcomes for those children and young people and families needing support.

**Quality Implications:**

A quality impact assessment has been completed and is attached.

**How do the proposals help to reduce health inequalities?**

The proposal seeks to reduce health inequalities, targeting the resources to where most needed and ensure services are accessible to all.

**What are the Equality and Diversity implications?**

It is not anticipated that the proposal will have a negative effect on any of the protected characteristic group(s) within the Equality Act. An Equality Impact assessment has been completed and is attached.

**What are the safeguarding implications?**

Strengthening of current provision and systems, notably providing a delivery vehicle for OFSTED Children's Improvement Response

**What are the Information Governance implications? Has a privacy impact assessment been conducted?**

Information governance is a core element of the NHS. NHS providers, GP Practices and neighbourhood teams would have IG policies in place and they would be expected to adhere to these.

If the pilot was agreed part of operationalisation Information Sharing Protocols (ISP) may need to be developed to minimise barriers to sharing information with consent.

**Risk Management:**

The paper seeks to address the potential fragmentation of care between and within Children's Health, Education and Social Care; supporting a number of Children's agenda e.g. Special Education Needs and Disability (SEND), OFSTED Children's Improvement Response and the wider Care Together agenda.

**Access to Information :**

The background papers relating to this report can be inspected by contacting Alan Ford, Commissioning Manager Children, Young People & Families



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## 1. BACKGROUND

- 1.1. The Integrated Neighbourhood Children's model reflects the key characteristics set out in the following strategic context and seeks a collaborative approach in response to this environment.

### **Special Educational Needs and Disability (SEND)**

- 1.2. The Special Educational Needs and Disability (SEND) Reforms, enshrined in Part 3 of the Children and Families Act 2014 came into force on 1 September 2014 and outlined the biggest transformation to special educational needs and disabilities support for 30 years. Local Areas now have responsibility for all children and young people with SEND aged 0 – 25. Through the Children and Families Act and the Code of Practice, responsibility for the development of SEND services lies with the Local Area.
- 1.3. A new framework for the inspection of local areas' effectiveness in meeting the needs of children and young people with (SEND) has been implemented. The new inspection programme began in May 2016, with potentially a Tameside assessment likely in 2017. It is important to note that this is a local area inspection, not a local authority inspection. The local area includes the Local Authority (Education and Social Care), Clinical Commissioning Groups and Public Health and the services commissioned through them e.g. Tameside and Glossop Integrated Care Foundation Trust. The new joint inspection framework for SEND will seek to hold the local area to account and ensure the area's joint planning is effective in:
- Identifying children and young people who have special educational needs and/or disabilities;
  - Meeting the needs of children and young people who have special educational needs and/or Disabilities;
  - Improving the outcomes of children and young people who have special educational needs and/or disabilities.

### **Tameside Local Authority Children's Ofsted Inspection**

- 1.4. All local authorities in England are inspected by Ofsted within a three/four year period under the unannounced single inspection framework for children in need of help and protection; children looked after and care leavers. Her Majesty's Inspectors (HMI) carry out these inspections under section 136 (2) of the Education and Inspections Act 2006. When a local authority Children's Service is rated inadequate there is a clearly defined process that Ofsted and the Department for Education follow for action planning, ongoing monitoring and re-inspection.
- 1.5. Tameside was inspected by Ofsted over a four week period that concluded at the end of October 2016. Despite notable areas of good practice the Inspectors overall outcome rated Tameside as inadequate.
- 1.6. Tameside's response to the Ofsted inspection has already started and an improvement plan has been formulated. This plan recognises to effectively support children and help families with complex needs falls beyond the resources of single agency approach. The plan sites and draws upon Tameside as having a track record of multi-agency and working together with the local community to address needs.
- 1.7. The improvement plan holds the following vision for an effective multi-agency Children's Services partnership:

*"We want children and their families in Tameside to be successful. We will work to ensure that positive opportunities and effective help are available at the earliest opportunity – enabling children and their families to make the choices that mean they can thrive and achieve. Where children and families do need to access services they*

*will be responsive, of a high quality and focused on achieving self-reliance. We will seek to break the cycle of dependence on services, and support children and young people to grow in a stable and settled environment. Children will have better experience of their time growing up in Tameside and be supported to realise their aspirations’.*

1.8. The vision is supported by a number of cross-cutting themes:

- Multi-agency partnership working based on a shared understanding of common goals and collaborative action by all agencies to achieve better outcomes for children’s and families.
- The voice of the child will inform both individual care and support planning as well as being a guide for the long-term development of services so that they are relevant to children at all levels of need.
- Quality of practice will be delivered by a highly engaged motivated and skilled workforce who has sufficient time, knowledge and resources to support children in need of help and support.
- Across the partnership there will be a shared understanding of thresholds and each agency will be aware of their organisational responsibilities and accountabilities.
- All activity by agencies and individuals will be focused on building resilience and independence to ensure children and families are successful and the multi-agency partnership is sustainable in the long term.

### **Care Together**

1.9. The Care Together programme holds the ambition to significantly raise healthy life expectancy (HLE) in Tameside and Glossop, through the adoption of a place based approach to better prosperity, health and, wellbeing. The Tameside and Glossop Locality Plan set’s the bold ambition of raising healthy life expectancy to the North-west average by 2020. For both men and women, this means an increase in healthy life expectancy of 3.3 years over the next five years. Care Together vision to achieve this ambition is to move quickly to a fully person-centred and integrated model of care, with a much heavier emphasis on prevention, supporting self-care and care closer to home. The Tameside and Glossop Commissioning for Reform Strategy sets out the strategic commissioning priorities for improving population health over the next 5 years as:

- A focus on the *wider determinants* of health and wellbeing, in particular giving children the best start in life and helping people to stay in and return to work, thereby improving their own prosperity.
- Early intervention and prevention across the life course to encourage *healthy lifestyles* and promote, improve and sustain population health.
- Creating the right care model so that people with *long term conditions* are better supported and equipped with the right skills to look after themselves and manage their conditions more effectively, reducing dependency on the health and social care system by promoting independence.
- Supporting positive *mental health* in all that we do.

1.10. A key delivery agent of Care Together sits within the Early Intervention and Prevention agenda. If we are to successfully deliver and sustain the ambition then we must develop a clear offer for Children, Young People and those who care for them.

1.11. Tameside and Glossop Care Together partners are part of a wider Greater Manchester health and social care system. In February 2015, the 37 NHS organisations and local authorities in Greater Manchester (GM) signed a landmark agreement with the government to take charge of health and social care spending and decisions in the Greater Manchester area; Tameside and Glossop Clinical Commissioning Group and Tameside Council are two of the 37 organisations.

### **Greater Manchester Health & Social Care Devolution**

1.12. Greater Manchester Health & Social Care Partnership (GMHSCP) started on 1 April 2016 bringing a new era for Greater Manchester, as the region became the first in the country to take control of its combined health and social care budgets – a sum of more than £6 billion. (GMHSCP) underpinned by four key long-term goals

- Creating a transformed health and social care system which helps many more people stay independent and well and takes better care of those who are ill.
- Aligning our health and social care system far more closely with the wider work around education, skills, work and housing.
- Creating a financially balanced and financially sustainable health and social care system.
- Making sure all the changes needed to do this are done safely so the NHS and social care continues to support the people of Greater Manchester during the next five years.

### **Greater Manchester Public Service Reform (PSR)**

1.13. Public Sector Reform principles have been agreed, which are to promote:

- A **new relationship** between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. Do with, not to.
- An **asset based approach** that recognises and builds on the strengths of individuals, families and our communities rather than focusing on the deficits.
- **Behaviour change** in our communities that builds independence and supports residents to be in control
- A **place-based approach that redefines services** and places individuals, families, communities at the heart
- Stronger prioritisation of **well-being, prevention and early intervention**
- An **evidence led** understanding of risk and impact to ensure the right intervention at the right time

1.14. In May 2015, Combined Authority members at a GM level agreed to the principles of adopting Place Based Integrated Working as a Public Service Reform workstream. The development of place-based integrated working is an essential feature of the GM whole-system approach to the creation of new Public Service delivery models and is central to the GM Health and Social Care reforms. It is intended that new models will maximise operational effectiveness within the context of reduced budgets and essential to the sustainability services.

### **Tameside & Glossop Neighbourhood Approach**

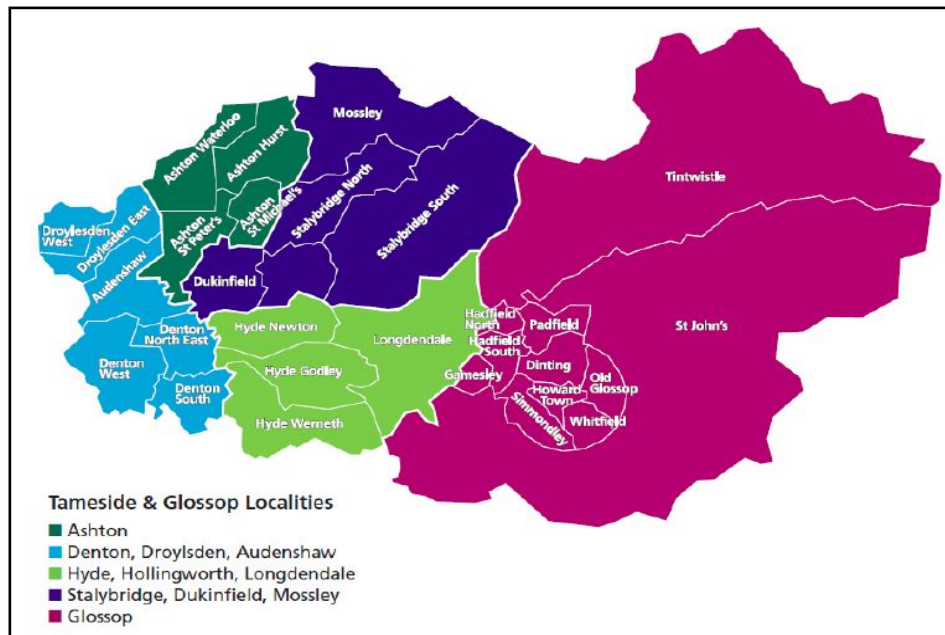
1.15. The following vision statement was developed in Tameside and Glossop for the Care Together Programme:

*“Our vision is to significantly raise healthy life expectancy in Tameside and Glossop through a place-based approach to better prosperity, health and wellbeing and to deliver a clinically and financially sustainable health and social care economy within 5 years”*

1.16. A Neighbourhood Development work stream has been implemented to improve health and social care outcomes, increase healthy life expectancy, reduce duplication, improve patient/service user satisfaction and reduce dependency on the acute sector

1.17. Five Integrated Neighbourhoods across the Tameside and Glossop Single Commission footprint have been established. Four of the Neighbourhoods are co-terminus with the Tameside Metropolitan Borough Council Neighbourhoods. Glossopdale will be supported by Derbyshire County Council from a social care perspective.

- 1.18. As a Single Commission function we will continue to work with Derbyshire County Council on issues relating to the commissioning of services for the Glossopdale neighbourhood and maximise collaborative working with Derbyshire Children’s Social Care.
- 1.19. Integrated Neighbourhoods will bring wider health and social care teams into these place based hubs to deliver a wide range of services that not only treat illness but promote care, wellness and behaviour change. This involves a comprehensive response from community services, social and primary care, outreach from hospital specialists, mental health and support from public health and preventative services. Input from the voluntary and community sector will be central to the success of this approach.



## 2. INTRODUCTION

### The Integrated Neighbourhood Children’s Ashton Pilot Principles and Objectives

2.1. The Integrated Neighbourhood Children’s Pilot will facilitate provision of - and access to - bespoke person centred holistic solutions, working to the following principles of place based care:

- Integrated local services ensuring collaborative responses to local need
- Services that build on assets of the community & intervene early in an emerging problem
- One team, knowing their area & each other
- Person centred approach within the context of family & community
- Services delivered within the community, close to home from a flexible asset base

2.2. The key objectives are to:

- Provide Universal support within the early years to reduce escalation and improve general health and wellbeing for neighbourhoods (all seems a bit medical)
- Proactively identify children and young people at high risk of requiring access to services, through early intervention and prevention;
- Help children and young people and those who care for them live as independently as possible whilst managing one or more long term conditions;



- Co-ordinate delivery of services from all providers, with teams of multi skilled professionals based in the Neighbourhood;
- Optimise self-care and family/carers support to enable children and young people to stay safe and to stay at home for as long as possible;
- Focus on improved condition management to avoid admissions;
- Reduce Child in Need and formal safeguarding proceedings by intervening early with clear integrated holistic offer of support; and
- Support CYPF health, wellbeing, safety, educational attainment, happiness wealth.

2.3. The INs will achieve the aims and objectives outlined above as follows:

- Focus on wellbeing, wellness and preventing illness and longer term health improvement and proactive self-care.
- Provide high quality safe and sustainable services centred around the child and those who care for them.
- Provide short term interventions to maximise independence and self-management of illness/condition and/or social issues.
- Provide medium to longer range interventions where this is required.
- Work closely with partners to ensure smooth and seamless support during periods of crisis and transition.
- Use a Multi-Disciplinary case management approach to co-ordinated consistent care and support as close to home as possible.
- Provide high quality, holistic child centred care and support – promoting individual choice and control.
- Where appropriate, conduct Multi-Disciplinary Team meetings to review children and young people at high risk of admission to longer term care and/or Child in Need and safeguarding proceedings.
- Identifying children and young people who may benefit from care co-ordination by a lead professional to improve individual outcomes, reduce repetition, duplication and 'hand offs' between services.
- Ensuring children and young people receive the right level of care and support at the right time and in the right place, therefore reducing the need for crisis interventions.
- Support families and/or carers towards self-reliance and away from being dependent on services.

2.4. The fundamental principle of the Integrated Neighbourhood proactive approach to care is that individuals are assessed for the level of care they require. Delivering robust universal services giving opportunities for all to access at the earliest possible stage access to advice and guidance in order to ensure risks are minimised.

2.5. Depending on the level of risk an individual has at any given point, they would be managed / signposted within the relevant framework of the model. The model takes a proactive approach to the management of individuals across the whole risk spectrum and not just those at the higher end of need.

### **3. INTEGRATED NEIGHBOURHOOD CHILDREN'S TEAM OUTCOMES**

3.1. During the development of the Integrated Neighbourhood Children's Team model it is proposed to produce a clear metrics/scorecard that supports a cross system Outcome Based Accountability framework.

3.2. Outcome Based Accountability (OBA), first developed in the 1990s by Mark Friedman, is now used extensively across the UK increasingly in local authority Children's Social Care and the NHS. The Integrated Neighbourhood Children's Team operational performance

measurement should seek to answer the outcome based accountability three questions. These are:

- How much did we do? (the quantity of service provided);
- How well did we do it? (the quality of the service provided); and
- Is anyone better off? (the effect of the service provided).

3.3. This third question is crucial. It assesses whether outcomes have been improved for children and young people and those who care for them. In support of this question 'I statements', similar to those in the Children's Emotional wellbeing and Mental Health Outcome framework could be developed (see **Appendix B**). The Integrated Neighbourhood Children's Team outcome framework would be presented to the Care Together Programme team to ensure they are included in the overall Care Together metrics, and are refined if required to ensure they are in line with the programme approach.

3.4. In addition to the core framework (application of outcome based accountability 3 questions) additional proxy measures from current children's indicators (see **Appendix C**) could be applied from baseline (pre-pilot) to review and evaluation e.g.

- A&E attendances (in 5 to 10 year olds, 10 to 16 year olds);
- Hospital Admission rates ((in 5 to 10 year olds, 10 to 16 year olds);
- Immunisations (Vaccination ) Rates amongst children;
- Number of contacts with the Children's Hub (Children's Social Care s17, s47);
- Number of Looked After Children;
- School Readiness;
- School Attendance/Exclusions;
- 16-18 years olds Not in Education, Employment or Training (NEET);
- First time entrants to the youth Justice system;
- Number of children with an Education, Health and Care Plan (EHCP).

3.5. Finally, in addition to the proxy measure outlined above elements of Tameside MBC Children's Social Care Performance, Quality Assurance and Continuous Improvement Framework could be applied system wide e.g.

- Standard 1: All children will have an assessment which reflects a clear picture of the child's experience and wishes and feelings;
- Standard 2: All children will have a plan which explains their needs, outcomes and agreed actions;
- Standard 3: All assessments, plans and interventions will reflect an understanding of the wishes, feelings and needs of parents and carers and will be focused on enabling them to fulfil their responsibilities to their children.

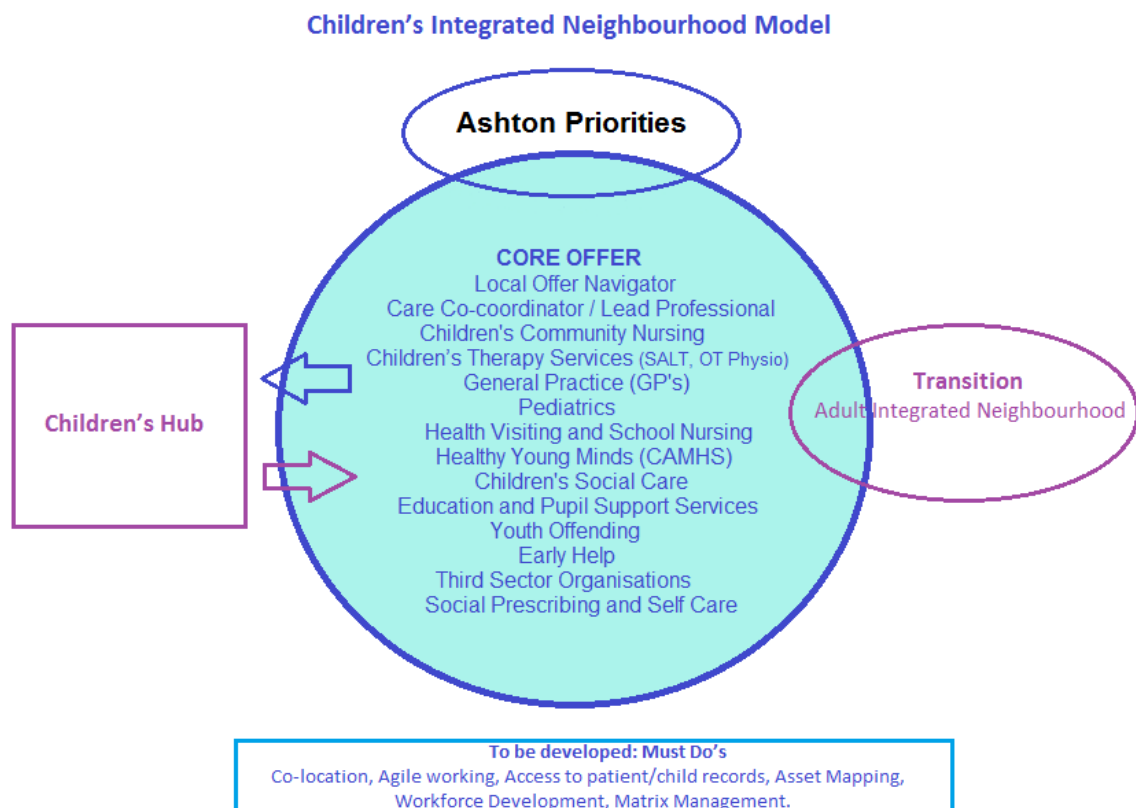
#### **4. INTEGRATED NEIGHBOURHOOD CHILDREN'S TEAM MODEL**

4.1. Our model for Children's Integrated Neighbourhoods has been developed over a number of months, building on the existing 'Neighbourhood Approach' proposals, taking into account the local progress made through Care Together Programme. In addition the growing evidence base being delivered by the Stockport Family Approach (see **Appendix A**).

4.2. Through consultation with stakeholders and engagement with the Ashton neighbourhood, using the vision and objectives outlined above, we have developed a model which includes a 'core offer' and local priorities which are specific to meet the needs of neighbourhood. If the pilot is successful it is anticipated that in rolling out wider the five Integrated Neighbourhoods will look different and will eventually be staffed according to the local needs and demands, though they will share the same objectives, goals and outcomes.

- 4.3. The initial work has been focused on the population aged 0-18 years recognising the Integrated Neighbourhood adult model is already developed and operating in Ashton.
- 4.4. Building on the Stockport Family Approach the core principles will utilise restorative approaches when working with children, young people and those who care for them and other services. Traditionally, services and professionals have determined what families need and 'done to' and for families'.
- 4.5. The intend pilot will move to a system where an integrated offer and workforce works with children, young people and their families development interventions to enable building on their strengths and resources and gain appropriate support from universal and targeted services and their community.

## 5. CORE OFFER



- 5.1. The Ashton Pilot seeks to test and develop an Integrated Neighbourhood Children's Team 'core offer' – an offer which could be rolled out to all 5 neighbourhoods following evaluation – and local priorities which are specific to meet the needs of neighbourhood. The level of intervention delivered by the Integrated Neighbourhood Children's Team will be determined by the need of the individual and local population. Needs will be met by a range of people with the appropriate skills from community health, education and social care providers, 3rd sector, General Practice (and wider primary care, e.g. pharmacy), and incrementally expand to wider public sector teams (e.g. fire service, police service, council provided support). The core offer has been developed through consultation with stakeholders and members of the developing integrated neighbourhoods, and currently includes the functions outlined below.
- 5.2. The proposal is that the transformation funding requested from Greater Manchester will be used to support any developments in the core offer which require additional funding.

- 5.3. The following subsection lists of existing staff and teams have been produced at a neighbourhood level to facilitate the development and redesign of the Integrated Neighbourhood Children's Team model.

#### **Care Co-ordinator and Navigators**

- 5.4. The Integrated Neighbourhood Model is based upon the principle of care co-ordination and navigation. The initial proposed staffing structure includes 'care navigator' roles to support people to access the support they require, encouraging and enabling self-care and supported self-management. Key to the success of the Integrated Neighbourhood Children's Team will be the delivery of effective care co-ordination and key worker roles from within the existing multi-disciplinary teams, delivering the clarity and support required across what can at times be a complex system.

#### **General Practice / Primary Care**

- 5.5. The Integrated Neighbourhood model is based on the inclusion of our member practices as part of the multi-disciplinary team / offer to our residents. Primary Care is at the heart of integrated care and our GPs have a unique opportunity to contribute to and where applicable lead the development of the Integrated Neighbourhood Children's Team. The evolving agenda requires leadership and engagement to ensure that the pathways, models of care, quality and performance are designed with primary care at the centre, working as a fully integrated partner in the new delivery model.
- 5.6. The recently published NHS England 'General Practice Forward View' gives legitimacy and credibility to the work already underway in Tameside and Glossop to work with our practices in a new way: offering support to improve quality of care, recognising the pressures some of our practices are under and working with them to alleviate this, and working increasingly at a Neighbourhood (place) based level.

#### **Children's Community Nursing & Therapy**

- 5.7. Children's nursing in the community is provided by:
- Integrated Services for Children with Additional Needs (ISCAN), an integrated service made up of nurses, therapists and social care. ISCAN works with children, young people with disabilities and their families. The service will work on a neighbourhood basis with team members having responsibility for, and allocated to, one of the five neighbourhoods to ensure delivery of the core community nursing services as part of this model.
  - The Community Nursing Team - based at the hospital and working with acutely ill children out in the community.
  - Public Health Nursing Teams- Community Health Visiting and School Health Nursing teams based within locality settings providing universal health care provision and health support across the continuum of need. Family Nurse Partnership Nurses working with teenage parents, Specialist Looked after Children's Nurses and CSE Nurse based in one locality but working across Tameside localities,

#### **Children's Social Care**

- 5.8. Building on Tameside MBC and Derbyshire County Council inclusion of their Adult Social Care teams in the Care Together Integrated Care model for the 5 neighbourhoods. Children's Social Care are committed to delivering services via the Integrated Neighbourhood Children's Team.

#### **Mental Health Support**

- 5.9. One of the commissioning priorities included in the Tameside and Glossop Commissioning for Reform Strategy is 'Supporting positive mental health in all that we do'. The Integrated Neighbourhood Children's Team model will include support for the mental health needs of

children, young people and those who care for them. Healthy Young Minds (formerly CAMHS) provided by Pennine Care Foundation Trust offer specialist services to children and young people up to age 16, or 18 on specific pathways, who may be experiencing mental health difficulties. The multidisciplinary team consists of specialist staff including psychiatrists, nurses, social workers or psychologists. Healthy Young Minds has been transformed to align with the neighbourhood model, which means from an operational perspective each neighbourhood will know the resource available, who the people are, and how services can be accessed.

### **Children's Social Prescribing, 3<sup>rd</sup> Sector and Self Care**

- 5.10. The involvement of the 3<sup>rd</sup> sector is key to the success of integrated neighbourhoods, as is the use of 'social prescribing' and the development of a non-medical model. The alignment of our Integrated Neighbourhood model with the Healthy Lives work stream will ensure we have the pathways and services available to deliver our social prescribing and 3<sup>rd</sup> sector access effectively across all 5 neighbourhoods. The 'Healthy Lives' Greater Manchester transformation funding proposal will support this element of the Integrated Neighbourhood model.
- 5.11. One of the key approaches to creating a sustainable economy will be supporting the population to manage their health more effectively, adopt healthier behaviours and choose appropriately when accessing support from health and social care. We will adopt a system wide approach to self-care and supported self-management, where self-care becomes our default and something promoted by all parts of the health system, and this begins from birth.
- 5.12. Children's services are underpinned by a wide range of third sector support including:
- 42nd Street;
  - The Anthony Seddon Fund;
  - Off The Record;
  - Tameside Oldham and Glossop Mind;
  - Our Kids Eyes;
  - Lifeline;
  - Papyrus;
  - Home Start;
  - TASCA.
- 5.13. These services support children, young people and families who are under stress or need support with the challenges of daily living; they offer a range of counselling and advice from infant feeding to suicide and substance abuse. Aligned to the neighbourhood model, each neighbourhood will know what services are available and a keyworker will be allocated to one of the five neighbourhoods as a key contact.
- 5.14. We will focus on the development of social prescribing at scale and combine it with an asset based community development approach seeking to unlock the potential of communities and individuals. Tameside and Glossop Integrated Care NHS Foundation Trust are actively seeking to build capacity in the local voluntary, community and faith sector, working with a range of groups to support their development and growth. Their funding for social prescribing includes capacity for investment in the Voluntary and Community Sector including spot purchasing and the award of small contracts/grants to ensure:
- Signpost and support individuals to opportunities for a range of activities including arts, physical activity, advocacy, peer support, befriending etc.
  - Become a fully integrated part of the health and social care system, providing a bridge between traditional health and care services and more than medicine approaches usually accessing in the voluntary, community and faith sectors;

### **Education**

- 5.15. Schools work in cluster groups and will align to neighbourhoods so that they can be supported by health and social care teams as well as specialists. The schools mental health pilot is a good example of this multidisciplinary neighbourhood work and will continue to evolve making sure that children young people and their families have the right support at the right time and in the right place.
- 5.16. Behaviour for learning and inclusion service (BLISS) and communication language and autistic spectrum support (CLASS) are also included, and will have specialist link workers aligned to each neighbourhood.

### **Youth Offending Team**

- 5.17. The youth offending team will work across the neighbourhoods, interlinking with education, third sector and social support to encourage all children young people and families to recover and rebuild their lives.

### **Acute Children's Support**

- 5.18. As part of the drive to keep patients out of hospital and better integrate services across settings, Paediatrics consultants are seeking to work beyond their traditional remit and boundaries. As part of this journey the establishment of the Paediatric Triage, Advice and Guidance (TAG) model between Paediatrics and GPs has been agreed.
- 5.19. Each practice in a phased roll out will have a name Paediatric Consultant providing consultation, advice and guidance with case specific discussion with the aim to improving referral and patient flow and to enable Paediatric resources, held at the hospital, to outreach into the neighbourhoods. Paediatric Named Consultant TAG Model holds opportunity to develop and build, offering:
  - Education / Training;
  - Incident review;
  - Pathway development

### **Universal Health**

- 5.20. Health Visiting and School Nursing offer universal health screening as part of the Healthy Child Programme. Support and interventions at all levels of need are provided by the services at very early intervention levels to child protection procedures.
- 5.21. Schools in the neighbourhood will have allocated link workers who can liaise with other members of the multidisciplinary team to ensure care and support is wrapped around the individuals, and that the GP is aware of the input to proactively manage vulnerable children, young people and families.

### **Early Help**

- 5.22. The Early Help Service is aligned to neighbourhood delivery and works together parents and children providing support with parenting, debt issues, school attendance, housing and other issues which concern the focal family. They service with you other agencies and organisations to complete a family plan (CAF) that will enable the family to overcome difficulties and improve their circumstances.

## **6. ACCESSING THE CHILDREN INTEGRATED NEIGHBOURHOOD TEAM**

- 6.1. Through the implementation phase a detailed process and pathway will be developed to ensure the access to support from our Integrated Neighbourhood Children's Team is clear to all – professionals and public. This will need to align with the reformed Children's Hub and existing neighbourhood infrastructure.

## **7. CONCLUSION**

- 7.1. This paper seeks make reference to integrated care being an 'umbrella' term to describe initiatives that aim to address fragmentation of care between and within Children's Health, Education and Social Care. As such existing programme such as the existing Paediatric new ways of working, Early Help Strategy and the Children's Services Improvement journey should consider the Integrated Neighbourhood Children's Team as a means to delivery improved outcomes across a number of Children's agendas.
- 7.2. To achieve effective integrated care, fundamental systemic and institutional redesign of the organisations and resourcing of services and the children's workforce is required. Radical system change is about revolution as much as evolution for all involved. The Integrated Neighbourhood Children's Team pilot provides a vehicle in which to evolve the system and deliver better outcomes for children, young people and those who care for them.
- 7.3. Finally, successful development and mobilisation of an Integrated Neighbourhood Children's model will require ownership by executives, clinical and service leaders, and a collaborative mind-set. Further development of the model is required in moving to implementation. Early on, system-wide joint outcomes must be agreed that holds the voice of the child but also address the system pressures.

## **8. RECOMMENDATIONS**

- 8.1 As set out on the front of the report.