

Transforming Community Services- Children and Young People's Services

Background

Over the last decade, children's services have been driven by policy initiatives arising from *Every Child Matters* (ECM)¹, which centres on ensuring that every child has support needed to be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being. Legislation underpinned the establishment of Children's Trusts² as a means of establishing co-operation and partnership arrangements across all organisations who have a role in delivering outcomes for children and young people.

Children's Trusts have developed in different ways at local level. Co-operation arrangements can include formal agreements, pooled budgets and joint posts. While some Children's Trust developments have resulted in well established joint working arrangements, with a shared strategic plan for children and young people owned by all partners, in many areas this is not the case.

Introduction

Transforming Community Services (TCS) is a change programme for the delivery of primary health care services. Its main aim is to promote high quality standards of care.

TCS includes a number of initiatives designed to provide high quality evidence-based care and positive outcomes for the community they serve.

The current configuration of services for children and young people in the community is extremely variable. Transforming Community Services provides an opportunity to redesign services to achieve maximum impact on outcomes for children and young people through new ways of working and new services to more ably meet the needs of children and their families.

PCT provider services restructuring

A large part of the Transforming Community Services agenda has focused on the structural changes of PCTs. The new coalition government is continuing with this agenda, PCTs will cease to be direct providers of primary care services such as community nursing and health visiting by April 2011. Additionally, the government are consulting on major NHS reforms, including the abolition of PCTs and Strategic Health Authorities outlined in the NHS White paper – Equity & Excellence; ³Liberating the NHS.

¹ <http://www.dcsf.gov.uk/everychildmatters/about/background/background/>

² <http://www.dcsf.gov.uk/everychildmatters/about/aims/childrenstrusts/childrenstrusts/>

³ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

The transformational guide 'Services for Children, Young People and Families' (DH, June 2009) offers several options for the re-configuration of management arrangements for children's services outside hospital.

The options available for PCT provider services are:

- Integration with an NHS acute or mental health provider
- Integration with another community based provider
- Social Enterprise.
- Community Foundation Trust

Future configuration of community services for children's and young people

The critical factors to consider during reorganisation include achievement of:

- better patient care
- improved training opportunities
- a sustainable workforce
- a reduction in overall costs.

The principles underpinning provision for children should include child focussed family friendly services which reduce duplication and handoffs. The ideal model of children's service provision should therefore be integrated services across pathways which span primary, secondary and tertiary care, and involve education and social care.

Potential changes

We are aware from feedback from members that there is a plethora of different organisational models being proposed, some of which fragment the integrated children's service provision currently provided in many areas.

In many areas social enterprise models are not considered to be viable options to pursue.

Examples of potential configurations being considered

- Universal children's services, along with family services such as health visiting and school nursing are likely to be integrated with Local Authority services (and in some instances under 'Children's Trust' arrangements)
- Specialist children's services, along with family services such as community paediatrics, community children's nursing services, paediatric audiology and paediatric therapies are likely to be integrated with acute health services. While children's learning disability services maybe integrated with mental health services
- Children and young people's palliative care services either being integrated with local children's hospices (where these exist) or with specialist children's services within acute trusts
- Community children's nursing services being integrated with mental health services
- Integration of disabled children's services into Local Authority services

- Merging of community services for children and young people across several PCTs into a Community Foundation Trust
- Social enterprise model for some community services such as school nursing, health visiting and family planning services

Many members report that they are not yet aware of the preferred option being considered at local level. Those that were expressed real concern about the fragmentation of services for children, young people and their families, and the lack of focus on quality outcomes or best fit but instead financially driven decision-making.

Issues and concerns highlighted by members

- Potential inequity of services and reduced economies of scale
- Lack of understanding of the specific needs of children and young people
- Isolation of nurses within Local Authority
- Clinical governance structures
- Retention of professional leadership within new structures
- Understanding of health and clinical services, including terminology and the importance of supervision for carers undertaking complex procedures
- Employment terms and conditions in new structures
- Lack of recognition given to preventative roles of health visiting and school nursing by acute service providers
- The effects of repeated restructuring over recent years. One member reported that some staff at team leader level had been interviewed three times for their posts in the last five years

Positive perspectives

- Achievement of a seamless pathway for children with special needs as a result of integration with acute services
- CAMHS services to be integrated with acute children's services
- Closer working between some services i.e. safeguarding teams within health and social care being more closely aligned
- Opportunity for services to be commissioned along pathways, for services to be delivered in a different way and for knowledge and skills to be shared

Essential components for any service configuration

- A child, young person and family centred approach to service planning and service delivery
- Professional leadership at every level of the organisation and a voice at board level to influence decision-making
- Assessment of risk and achievement against quality and professional standards
- Workforce and workload planning mechanisms to facilitate safe and effective service provision
- Education and training needs analysis, and plans to develop new roles and address knowledge and skills deficits across the workforce
- Engagement and participation of child, young people and families

- Resources and infrastructure to underpin effective and cost-efficient services. This includes access to appropriate IT, premises and administrative support.

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