

# ISLE OF ANGLESEY COUNTY COUNCIL

**Committee: Partnership & Regeneration Scrutiny Committee**

**Meeting date: 17 June 2013**

**Relevant Corporate Director: Gwen Carrington**

**Relevant Portfolio Holder: Councillor K Hughes**

## **1. Background**

The concept of a multi-agency Specialist Children's Service in Gwynedd and Môn began in 2001-03 and became operational in Anglesey in 2004. Since then, children and young people with disabilities, and their families/carers, have had access to a wide range of health and social care services – and much progress has been made to team operations and service provision.

We recognise that there is a significant opportunity for us to further enhance and improve the service through further integration of the management, strategies, processes and people: to improve information sharing and communication between professionals and with service users, and to be more joined up and efficient – such that service users receive higher quality and more timely services.

The proposal is to integrate this collection of health and social care services, which are currently co-located, into one integrated service – the Specialist Children's Service (SCS). The SCS will employ health and social care professionals under one organisational structure, will employ a Service Manager to run and manage the service, and will have an integrated strategy, set of policies, procedures, budgets, and a joined-up approach to staff management and training.

The increased cost in running the service (*calculated to be £7,230 in 2013-14*) realises a number of benefits and improvements for the service, which are outlined in Section 8 of this document.

## **2. Aims**

The aim of the integration – is to provide a single, integrated service that delivers community health and social care for the benefit of: children and young people with long term, or permanent needs as a result of disability or illness (eg chronically sick, severe and enduring, and lifelong conditions) (ie the Service Users); and their families and carers.

The service will provide Service Users with a single access point into the service.

The aim of the service – is to promote and safeguard the welfare of children and young people, and to increase their ability to participate in everyday life, helping them to reach their potential and maximising their rights, which is of ultimate benefit to their health, well-being and social inclusion. The service will provide a robust mechanism to support children and young people in their transition to adulthood and will be based on an integrated service model that reflects the roles, responsibilities and commitment of education, health, social care and the voluntary sector.

## **3. Legal Obligations**

The SCS is to be a formal partnership between Betsi Cadwaladr University Health Board (the Health Board) and the Isle of Anglesey County Council (the Council). Under the provisions made under Section 33 of the NHS (2006) Wales Act, the Health Board will delegate related health care functions to the Council, and the Council will be the Lead Provider for the service. The Council will provide, or make arrangements for the provision of, the combination of health and social care functions that are the remit of the SCS.

Each partner will contribute to administration costs, office costs, and to the cost of the Service Manager role; they will continue to have accountability for the management of their own financial resources.

The partnership can only go ahead with legal approval from both partners.

## **4. Deliverables**

Integration of the Specialist Children's Service will deliver:

- A joint Management and Commissioning Board
- A joint strategic statement setting out the Board's vision
- A redesigned innovative service that meets individual's needs
- An annual Business Plan to deliver the partnership agreement
- A culture of collaborative and co-operative joint working
- A single management / accountability structure
- Service accommodation
- Clear leadership and governance arrangements
- Joint pro-forma and files
- Joint policies, procedures and protocols
- Joint recruitment of staff
- Joint staff training and development – to ensure an appropriate skill-mix across the whole service that is capable of meeting children and young people's needs
- Joint eligibility criteria

- Clarity in understanding amongst professionals of their individual roles and of what each profession contributes to the whole
- Inter-professional support
- A single point of access in to the service
- An integrated performance management framework
- Robust mechanisms for user and carer participation in decision making and planning of services
- A risk register
- A matrix management model that provides professional supervision if a team member is managed by a worker from another discipline.

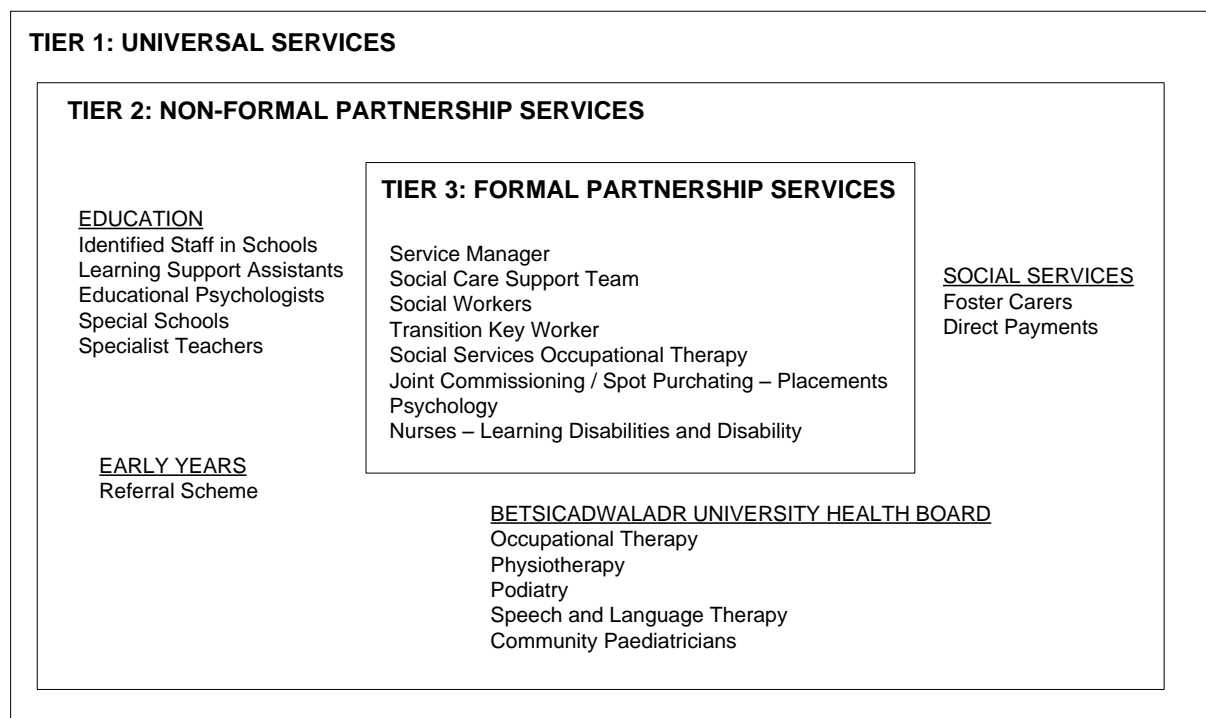
## 5. Service Model

The Specialist Children's Service will adopt a three-tiered strategic approach to service planning and delivery, as per the following table and diagram.

This approach advocates the needs of children and young people with disabilities at all levels, but targets the resources of the SCS at a specific cohort.

Tier	Staff	Service User
<b>Tier 1</b> Universal Services	<p>Staff do not necessarily have a specialist role in terms of meeting disability needs, but accommodate the needs of Service Users and their families as they would any other member of the public accessing their services</p> <p>Includes: GPs, primary health carers, health visitors, school nurses, teachers, other school staff, non-specialist children's social workers, non-statutory sector workers, leisure centres</p> <p>Discussions regarding the potential inclusion of occupational therapy within this Tier are underway</p>	All disabled children and young people who need community services and who can, with advice and guidance, take part in activities and opportunities with children and young people who do not have a disability
<b>Tier 2</b> Non-formal Partnership Services	<p>Staff are the first line of specialist service, who provide non co-ordinated, targeted services</p> <p>Includes: specialist psychologists, specialist teachers and specialist children's social workers</p>	All disabled children and young people who require short-term intervention, or continuing intervention by one individual specialist worker
<b>Tier 3</b> Formal Partnership	Staff comprise a multi-disciplinary team and provide co-ordinated	All disabled children and young people who have complex needs, require a

Services	services via a single access point ie the Specialist Children's Service  includes: specialist social workers, occupational therapists, specialist nurses, specialist psychologists	concentration of a specific skill, require an interagency service, require a programme of intervention and care
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## 6. In Scope for SCS

The Service will work with children and young people up to the age of 18, and their families, who are resident on the Isle of Anglesey, and who are disabled or who have a significant developmental delay, where there are long term, or permanent difficulties that need specialist assessment and/or intervention, as a result of:

- Physical disabilities that significantly impact on a Service User's development, on their daily living activities, or prevent them from reaching their full potential
- Learning disabilities where Service Users have a significantly reduced ability to understand new or complex information, or to learn new skills (ie impaired intelligence), and have a reduced ability to cope independently (ie impaired social functioning) which has a lasting effect on development.
- Illness, such as those who are chronically sick, or who have severe and/or enduring life-long conditions.

- Autistic Spectrum Disorder, where there are life-long neurodevelopmental disabilities with onset before 36 months of age that are characterised by:
  - Impairments in reciprocal social interactions
  - Impairments in verbal and non-verbal communication skills
  - Stereotyped behaviour, interests and activities.
- Developmental delays, where there is a chronological delay in the appearance of normal developmental milestones achieved during infancy and early childhood, which are caused by organic and/or psychological factors.

The service will offer integrated pathways of transition between levels of need and life transitions. The service will promote independence and will support learning by provision of trained, supervised and skilled staff. The service will also improve and strengthen the transition of Service Users from SCS into Adult Services; strengthening these transition arrangements is a priority for both services.

## **7. Out of Scope for SCS**

The Service does not work with Service Users who are able to take part in activities and opportunities with children who do not have a disability, such as those:

- Who have an illness or a mental condition but have no disability
- Whose disability and needs are currently met
- Who have a mild developmental delay in only one area of life (eg language delay or toileting)
- Who have behavioural problems, but where there is no evidence of disability or of a significant developmental delay
- Who have ADHD, but where there is no evidence of disability or of a significant developmental delay
- Who have a hearing loss that has been treated successfully
- Where there are Child Protection issues but there is no need for additional specialist assessment and/or intervention
- Who have a developmental delay that is being met by mainstream services.

Hospital services, Primary Health Care, and services commissioned or provided at a regional or central level are not within the remit of this service.

## 8. Benefits

The Specialist Children's Service will deliver the following benefits:

### Service users

- A x% increase in the level of citizen input (including feedback) into service design and provision
- A x% increase in the ease of access to services
- A x% increase in the choice and flexibility of services available
- A x% increase in the perceived quality of service
- A x% increase in the opportunity for vulnerable people
- A x% decrease in service users' vulnerability and risk
- A x% increase in a better perceived use of public monies
- A x% reduction in the perceived levels of bureaucracy

### Collaborative working

- A x% increase in the level of collaborative working between the Health Board and the Council
- A x% improvement in the delivery of integrated care across health and social services
- A x% improvement in the co-ordination of service inputs due to more co-ordinated and jointly-planned intervention

### Service delivery

- A x% decrease in duplication of effort
- A x% increase in service efficiency
- A x% reduction in the time taken in inter-agency negotiation
- A x% increase in the accuracy of assessments
- A x% decrease in the turn-around time of cases
- A x% increase in value-for-money procurement
- A x% increase in the perception of the service having a Service-User focus rather than an agency-focus
- A x% increase in the co-ordination of response
- A x% increase in the perceived quality of arrangements during transitions
- A x% increase in the cost-effectiveness and efficient use of resource

### Staff

- A x% decrease in the isolation factor for staff
- A x% increase in the level of information sharing and professional expertise between staff

*Note: the Service will undertake work to identify the value of x in each of these benefits.*

## 9. Financial Implications

As per the tables below, there is a minor increase in the cost of running the integrated service of £7,230, integration will cost the Health Board £25,310, and will save the Council £18,080.

To date, stationery costs have been paid by the Council; these will be split 50-50 following the integration of the partnership. The partners have also agreed to change the Team Leader role to that of a Service Manager; these costs will also be split 50-50 between the partners.

Other than this, the running costs for the SCS will remain the same.

Current Cost Item	Current Cost to Council	Current Cost to Health Board	Total Costs
Stationery costs	£1,500	£0	£1,500
Service Team Leader Role	£41,890	£0	£41,890
Occupational Therapist*	To be discussed	To be discussed	To be discussed
<b>Total Costs</b>	<b>£43,390</b>	<b>£0</b>	<b>£43,390</b>

Proposed Cost Item	Proposed Cost to Council	Proposed Cost to Health Board	Total Costs
Stationery Costs	£1000	£1000	£2,000
Service Team Manager Role	£24,310	£24,310	£48,620
Occupational Therapist*	To be discussed	To be discussed	To be discussed
<b>Total Costs</b>	<b>£25,310</b>	<b>£25,310</b>	<b>£50,620</b>

Council	Health Board	Service Total
£18,080 saving	£25,310 cost	£7,230 cost

*\*Discussions regarding the potential inclusion of occupational therapy within this Tier are underway.*

## 10. Risks and Mitigations

Risk	Impact	Mitigating Action
Inability to recruit a suitable Service Manager	Service runs without a manager	Recruitment is underway and applications have been received for the post
Unable to find suitable accommodation for the service	The service has no building to operate from	Continue to pursue solutions relating to current Council and Health Board properties
Disagreement occurs over how the partnership is managed (including budgets)	The partnership falls apart	The Section 33 Agreement contains clauses that outline the legal obligations of both parties should this occur
Redefinition of the service	Existing service users are left	Inform existing service users of the

user eligibility criteria, means that the service is no longer available to service users who rely on current provision	without a service when they no longer meet the revised eligibility of the SCS	imminent changes to the service; and inform them / sign-post them to other appropriate and relevant services
Lack of buy-in from staff affects service operations	Increase in the level of staff attrition; increase in the time and monies spent on recruitment; and, the benefits listed in 6 are not realised	Hold staff workshops and meetings with the Trade Unions. Set clear operational and management protocols. Engage staff with why the changes are necessary through workshops and effective communications.
ITC systems are not integrated and there is increased reliance on paper systems	Failure to share information between professionals / potential of losing sensitive client information	Speak to the Heads of IT in Health and in the Council. Follow up on the work done in this area by the Health and Gwynedd SCS, Derwen.
Full buy in to the change from all partners is not achieved	The partnership does not work successfully / effectively	Hold workshops, communicate the reasons why service integration is necessary, explain how the change is beneficial to each partner and to the service users

## 11. Service User Views

The Service Users want one single point of contact into the health and social care services that are available to them – ie one door to one service with clear eligibility criteria. They want a one-stop family-centred service with clear pathways of co-ordinated multi-agency response, so that arrangements are simple and make sense to them.

This means that Service Users can have access to the best level of care, care that is joined up, and one service to work with rather than having to influence and negotiate with several services to meet their needs.

The current situation has meant that Service Users have had to contend with a jigsaw puzzle of services and have had to struggle through a complex maze to find the essential information they need.

## 12. Recommendations

The recommendation is that the Scrutiny Committee approves the single, integrated Specialist Children's Service in principle – and gives the go ahead for its implementation via a formal partnership underpinned by a Section 33 Agreement.