

## Senior Leaders Workshop 24 November 2020 13.30-15.00

### Developing a vision for Children's Community Health Services in Surrey

#### Introduction and Context

This workshop was convened to consider what the future for Children's Community Health Services will look like and what the most important things will be to understand for Surrey in relation to this service and the wider children's services strategic direction. What particular challenges face children and families, how these will manifest in Surrey and how commissioners and service providers will jointly deliver this service over the next eighteen months?

Some services within the portfolio of community healthcare provision are considered excellent, however some circumstances have changed subsequently impacting the environment within which services can be delivered e.g. Children and Family Centres no longer exist and system change is taking place in the Special Education Needs or Disability (SEND) world which will likely demand a new approach, not to mention the response that has been required in light of COVID-19 and the wider national Integrated Care Systems (ICS) and more local Integrated Care Partnership (ICP) structural Health & Social Care changes. There is now an opportunity to ensure these services fully encompass all groups they are designed to support and that commissioners are listening to stakeholders with the knowledge and expertise to contribute to the best possible service design.

As the Surrey ICS develops aligning the Children's Community Health Service with wider system initiatives for children, such as the Surrey Health and Wellbeing Strategy, the First 1,000 Days Strategy, SEND Partnership & Transformation Priorities etc, will be fundamental. As a collaborative we need to understand what the Surrey population looks like and provide a flexible offer for equity and access; wrapping services around the child and providing appropriate information and guidance. An enormous amount of work is underway concerning sufficiency – within special educational needs, disability and for Looked After Children amongst others. There is a need to develop a county-wide offer whilst simultaneously simplifying communication and navigation for families. Our service must be easy to traverse and available in a variety of ways including via a digital offer.

Our ambition is to deliver the best services possible for children and families in Surrey, inclusive of providing a working environment which provides staff with opportunities to work to the best of their ability across pathways and within a system that supports efficiencies and

innovations. Co-production of service outcomes with stakeholders will be a foundation from which to pursue any service design shifts. We have heard that children and families want services that are easily identifiable online, delivered close to home and which are simple to access. Communication is paramount and has proven to be the case, even more so, during this recent pandemic where accessibility has been key. We know that people do not agree with an ethos of having to become really sick before being able to access services therefore commissioners' desire for this service is that it becomes an enabler within the community building on recent digital innovations and strengthening interdependencies with the Emotional Wellbeing and Mental Health service, separately commissioned.

Children's services in Surrey are designed at a Health & Social Care (entire) System level for all of Surrey's young people and their families - with provision tailored for local needs and accessible via primary care and schools. The interface at local level under the new ICS and ICP system arrangements is key to the success of service delivery.

Children's Community Health Services are responsible for the provision of universal services for every child born in Surrey. The portfolio is additionally accountable for specific care around particular needs. Therefore the breadth and depth of delivery is significant, offering many thousands of interfaces with children and families/carers. It is recognised that the suite of services is extremely large and that a focus on empowerment and early intervention has been, and will continue to be, successful.

## Summary of Break Out Room Discussions

It is proposed that Children’s Community Health Services wrap around children and their families/carers in the following cohorts

<b>Room 1 – Early Years (Universal and Child Development)</b>	<b>Room 2 – School Age</b>	<b>Room 3 - Early Help / Family Safeguarding</b>	<b>Room 4 – Complex Needs</b>
<p>Existing Services:</p> <ul style="list-style-type: none"> <li>• Health Visitors (0-19 Health Partnership)</li> <li>• Family Nurse Partnership</li> <li>• Specialist Health Visitors – PIMHs</li> <li>• Health &amp; Therapeutic Support (0-5 SLC)</li> <li>• Developmental Paediatrics 0-6</li> <li>• Audiology</li> </ul>	<p>Existing Services:</p> <ul style="list-style-type: none"> <li>• Immunisations (School Age)</li> <li>• School Nurses (0-19 Health Partnership)</li> <li>• Emotional Wellbeing School Nurses</li> <li>• School based approaches and services</li> </ul>	<p>Existing Services:</p> <ul style="list-style-type: none"> <li>• Looked after Children Services</li> <li>• Multi Agency Partnership (MAP)</li> <li>• Sexual Assault Referral Centre (SARC)</li> </ul>	<p>Existing Services:</p> <ul style="list-style-type: none"> <li>• Continuing Care</li> <li>• Community Nurses</li> <li>• Special School Nurses</li> <li>• Occupational Therapy, Physiotherapy</li> <li>• Enuresis &amp; Continence</li> <li>• Dietetics</li> </ul>

What are your reflections on the current position of services including challenges & opportunities?

Room 1 – Early Years	Room 2 – School Age	Room 3 - Early Help / Family Safeguarding	Room 4 – Complex Needs
<p>Discussion focused on whether grouping this set of services together make sense.</p> <ul style="list-style-type: none"> <li>The “all age autism” strategy is not included within the presentation and this will have an impact on future service delivery and the local community maternity system plan.</li> <li>The current set of services on offer is confusing. GP’s/Primary Care are not sure what the services offer and how they integrate. It is critical that communication is clear, comprehensive and consistent. One holistic service would make sense.</li> <li>Current one stop service does not encompass everything, for example, Surrey County Council offers services through a different Single Point of Access (SPA)</li> <li>The C-SPA and the L-SPA are confusing.</li> </ul>	<ul style="list-style-type: none"> <li>What does the specification need to look like for School Nurses to account for prevention and de-escalation?</li> <li>How do we manage Children with long term chronic conditions? There is a significant shortage of staff with these particular skills - prevention and early intervention need.</li> <li>There is a need for a shared understating of what the System is e.g. who do we need to be liaising with / setting up meaningful relationships with? The Voluntary, Community, Faith Sector (VCFS).</li> <li>How can we move patients through the System better? Currently there are</li> </ul>	<ul style="list-style-type: none"> <li>Please add the Corporate Parenting Strategy to the list of documents / strategies informing this service and influencing commissioner responsibilities.</li> <li>The first issue in being able to provide Safeguarding is being able to identify the children at risk. The recent decimation of services has hindered the ability to identify children early and establish support in order to avoid formal processes.</li> <li>The issue above has been made far worse recently due to COVID-19 and the inability to see children and families in person.</li> <li>Staffing is a huge challenge in both Health and Social Care. Without people to deliver services commissioners cannot</li> </ul>	<ul style="list-style-type: none"> <li>In order to do the best for the children and families we need to understand what happens now and how we bring everything together to look at the pathway for the child, rather than passing through individual services.</li> <li>Need to identify how to build capacity for the future and how this capacity ensures it meets the needs of the children, whilst maintaining appropriate pathways.</li> <li>Services such as the Local Offer is not working; why is this? Maybe we are not as good as we need to be when it comes to signposting? Is this done too late?</li> <li>How do we protect these services by maximising their alignment with other areas of care so that it becomes natural for staff to refer early?</li> </ul>

Room 1 – Early Years	Room 2 – School Age	Room 3 - Early Help / Family Safeguarding	Room 4 – Complex Needs
<ul style="list-style-type: none"> <li>• Concern regarding Health Visiting reduction of budget. Further reductions are anticipated.</li> <li>• The COVID vaccination programme presents a risk from both a budget and workforce perspective – how long will this vaccination programme take?</li> <li>• More funding may be required for this contract to get it right.</li> <li>• Important for the design and transformation team to be aware of the overlaps and interface with other services and those outside of Surrey's borders (large population, complex geography and 11 border neighbours – eliminating duplication and overlaps will be challenging)</li> <li>• Currently people in the system know the titles of staff but not the detail of what sits within their portfolios and responsibilities</li> </ul>	<p>too many stumbling blocks when doing this.</p>	<p>deliver on their strategic objectives and implement innovative ideas.</p>	<ul style="list-style-type: none"> <li>• Whose role is it to teach the teachers? More clarity is required around the needs of teachers working with these children.</li> </ul>

What are your thoughts on the proposed approach of addressing children’s needs in the categories below?

Room 1 – Early Years	Room 2 – School Age	Room 3 - Early Help / Family Safeguarding	Room 4 – Complex Needs
<ul style="list-style-type: none"> <li>• There is an opportunity to create a clear, “one-stop offer” for patients and clinicians that will signpost them to the appropriate service.</li> <li>• The integration of as many services as possible is key – for example: school nurses dealing with children with continence issues. Do they go to the continence service or deal with it directly?</li> <li>• Success is a seamless service – the end user does not need to know who the provider is.</li> <li>• Parents have expressed desire for local services.</li> </ul>	<ul style="list-style-type: none"> <li>• How do we engage with people who are not already using this service e.g. provide a wrap-around service in order to provide more prevention?</li> <li>• SCC has commissioned a youth marketing agency called Levity to conduct some insight with young people regarding Covid experiences.</li> </ul>	<ul style="list-style-type: none"> <li>• Important to understand if opinion is being sought and analysis undertaken against the services on offer currently or against feedback received as to how services could be. If the latter, we need to engage with current teams as staff have valuable views and ideas which will be important to informing this programme of work.</li> <li>• Engage families and young people and include them in any future procurement that may entail.</li> <li>• There is now a Nurse aligned to the Youth Offending Team which has been a great success. It was established during a recent inspection that health engagement should be greater and this is being rectified.</li> <li>• Many fewer Looked After Children (LAC) in Youth Offending Service. Any child remanded automatically becomes LAC so this needs to be understood more widely in the system.</li> </ul>	<ul style="list-style-type: none"> <li>• People’s experiences matter. We need to communicate clearly with families concerning what is available. When you have a child who develops complex needs a parent is overwhelmed. Asking them to interact with different services, referrals and answer different questions each time is too complicated an approach and one they should not need to take.</li> <li>• Demonstrate to the parent how the service will help and the pathway that they will follow.</li> </ul>

## What could be different and how could we improve things?

Room 1 – Early Years	Room 2 – School Age	Room 3 - Early Help / Family Safeguarding	Room 4 – Complex Needs
<ul style="list-style-type: none"> <li>• A dashboard (decision tree) was suggested that can be accessed by medical professionals, social care and education professionals. This will need to be easily adapted for use by all.</li> <li>• Eliminate the over use of NHS acronyms that clinicians do not understand i.e. CCN stands for Children’s Community Nursing. As previously stated, be clear in all communication.</li> <li>• Engagement will be critical with other providers to include cross county providers.</li> <li>• Reciprocal arrangements with neighbours required - a daunting task that will require time to enact.</li> <li>• Suggestion that teams should be working in multi-disciplinary models with the families – not much talk about this model in contract review meetings.</li> </ul>	<ul style="list-style-type: none"> <li>• Linking up the Acute Trusts with the Community Trusts. Work is ongoing but the need is greater than the development rate at present.</li> <li>• What does mental health support look like from prevention to crisis including step up / step down approaches for children and young people. Issues and needs need to be defined e.g. Eating Disorders.</li> <li>• Opportunities exist for linking physical and mental health services, also youth services and the school sector. More integration?</li> <li>• Training to include the experiences shared by patients. Incredibly valuable as can highlight issues that may not have been noted previously.</li> <li>• How can we improve listening to the voice of the child and</li> </ul>	<ul style="list-style-type: none"> <li>• COVID-19 has necessitated systems and process changes that will never be reversed. How will we safeguard in a virtual environment? How much need is currently hidden that may result in a tsunami of activity to come?</li> <li>• Without the appropriate staffing in place it will be difficult to react to demand that may be forthcoming in the near future.</li> <li>• All agencies/system partners need to understand how to “walk together”. We can find the same problems coming up numerous times and we need to come together to solve them jointly identifying positive ideas, smart ways of working; integrated teams and eliminating duplication.</li> </ul>	<ul style="list-style-type: none"> <li>• Currently services are siloed and hampered by the contracts held. A Learning Disability nurse is best for this cohort of children yet is not permissible as falls outside the established process. This exercise is an opportunity to progress in a more appropriate way which is more outcome led as opposed to measuring activity.</li> <li>• Parents experience not knowing where to go – there is a need to communicate all information clearly. And how do professionals retain all of this information?</li> <li>• As above the pathway/s are not clear and there are a large number of differing “players”.</li> <li>• Much overlap of services by Surrey County Council. Therapy is an example, with specialist teachers. Therapy should be</li> </ul>

Room 1 – Early Years	Room 2 – School Age	Room 3 - Early Help / Family Safeguarding	Room 4 – Complex Needs
<ul style="list-style-type: none"> <li>Single assessment process not determined by professional or funding</li> </ul>	<p>families? A more “blended service” needs feedback in order to be able to improve the offer.</p>	<ul style="list-style-type: none"> <li>Strengthen pre-birth and planning care so that families can be identified for support at the maternity stage. The pre-birth guide has been updated and needs monitoring to establish if this is working well.</li> <li>Much positive work has been undertaken with SECAMB recently.</li> <li>A recent RSS audit recognised all referrals to be appropriate. There are new roles established called Community Connectors to liaise with schools however knowing what is available from them and how to access them is unclear.</li> <li>Do we need more school nurses now?</li> </ul>	<p>integrated at all levels within other services.</p> <ul style="list-style-type: none"> <li>Greater understanding required of what other providers, services and professionals can do when working together. Sometimes we do this well but not always. Ensure agencies are working together and contributing where they can towards a child’s care.</li> <li>Need integration in terms of service boundaries and flexible budgets so that contracts are not constraining service delivery.</li> </ul>

Who needs to be involved?

Room 1 – Early Years	Room 2 – School Age	Room 3 - Early Help / Family Safeguarding	Room 4 – Complex Needs
<ul style="list-style-type: none"> <li>Who should be the leaders? Public, acute trusts and Primary Care</li> </ul>		<ul style="list-style-type: none"> <li>People in services outside of the immediate safeguarding team are fabulous e.g. outreach services, mental health workers. As referrals are triaged they do not always have to fall to a social worker if the system is joined up; there are positive ideas in the system for Early Years, Adolescents and Self Harming with links into the Acute Hospitals for the latter.</li> <li>Children &amp; Young people themselves</li> <li>Champion the Appreciative Enquiry approach whereby people are asked different questions and involved in ways that differ from the usual approaches.</li> <li>The voluntary sector and community services are excellent partners.</li> <li>Include the Corporate Parenting Group in this work.</li> </ul>	<ul style="list-style-type: none"> <li>Upskill the workforce to provide better support to children. This will improve recruitment and promote the workforce. Many staff could learn new things to support a fuller spectrum of services.</li> <li>Is there more opportunity for cross service training and students to attend different placements?</li> <li>Robust link up with other arms of care and schools.</li> </ul>

## Summary

In order to offer an increased universal offer for children with special needs there will be a requirement for more staff in the Health Visiting element of the service model. However there is a scarcity of Health Visitors nationally so it will be necessary to establish some creative models of delivery.

It was recognised that a year's worth of training and workforce supply has been lost due to COVID-19 therefore workforce modelling will be a significant piece of work to be undertaken in relation to this service.

There has been a noteworthy uplift in requests for support to 2-3 year old pre-school children in the last number of months but, simultaneously, a tangible dip in safeguarding referrals. Planning is ongoing now for the forthcoming transition into Reception in September 2021 in light of the consequences of COVID-19 and the limitations this will have placed on families and subsequently, children's' development, during this time.

This session has demonstrated the way in which senior strategic commissioners would like to progress work regarding this suite of services e.g. addressing cohorts of children in the categories above. It is understood and appreciated there may be other views regards how to address this work and we would be grateful to receive any comments about this.

## Next Steps

The individuals leading work streams focused on developing the models of care for these cohorts of children will reach out to participants of this event and other stakeholders to join their work streams. The Senior Responsible Officers for this service development will be working with teams on the proposal for the next steps in the programme, to define how children's community health services will be secured in the new commissioning landscape of Surrey ICS and its four ICPs.

## Anonymous Comments, Questions & Answers from the Microsoft Teams Chat Function utilised during the session

No	Comments and/or Questions	Responses from Organisers
1	I would love to hear more about the positive experience of Acute Trusts working with the voluntary sector and how we can learn from this?	
2	It would be exciting to look at what we could appropriately do if we had a change in commissioning responsibilities. This might support other services to concentrate on their core delivery. Development of nurse consultant post i.e. for sleep.	
3	Keen to explore the use of appreciative enquiry to help hear deeply views of children, young people and families.	
4	Could the key questions for each workshop be circulated to offer everyone more time to consider and reflect on these and provide further opportunity to respond	<p><i>From Harriet Derrett-Smith in MS Teams Chat at the time:</i>            We will work on and communicate clearly regarding further working groups etc. Please do get in touch regarding how we can work together.</p>