

CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

3 DECEMBER 2019

INTEGRATED CHILD HEALTH SERVICE - UPDATE

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Summary

This report is to update the Committee on the progress of the Medway Integrated Child Health Service.

The report provides details of the commissioning arrangements for children's community health services in Medway, key challenges relating to mobilisation of services and service achievements since contract commencement.

The report identifies key outcomes for children and next steps for service development moving forwards.

1. Budget and Policy Framework

- 1.1 The budget for the Universal Healthy Child programme Services has been delegated to Medway Council and is a mandatory universal function attached to the Public Health Grant. Currently in Medway we spend approximately £4.9 million per annum on delivering the Healthy Child Programme in Medway.
- 1.2 The budget for community paediatric health services is held by the CCG and is used to commission a range of mandatory and non-mandatory services that support children, young people and families who are vulnerable or have specialist medical, neurodevelopmental or health needs, which may be linked to learning disability. The approximate budget for these services is currently £5.8 million per annum.
- 1.3 The services included in the Medway Integrated Child Health Service contribute to a range of local and national policies;
 - CCG Priorities – Prevention / Early diagnosis / Better care / Better integration / Quality and safety / Value for money
 - Medway Council - Supporting all children to realise their potential in schools/resilient families/ healthy active communities

- Public Health England – Health Matters – Giving Every Child the Best Start in life /Obesity Strategy

2. Background

- 2.1 Medway Council and Medway NHS CCG agreed to jointly procure an innovative outcome focussed integrated Child Health Service in 2017. The service, which brought together 19 different services that were previously delivered by four different organisations, was tendered in the autumn of 2017 and won by Medway Community Healthcare (MCH).
- 2.2 The service is delivered under two contracts which link to a single integrated service specification. The contract between Medway Council and Medway Community Healthcare commenced on 1st April 2018 and includes provision of public health services such as health visiting and school nursing. The contract between NHS Medway CCG and Medway Community healthcare for specialist children’s community health services commenced on 1st June 2018. This is for services such as therapies, community nursing and outpatient services provided by paediatricians.
- 2.3 There is a single service specification outlining the shared objectives and principles of service provision. It has sections dedicated to each contractual lot of services, and individual outcome frameworks relating to each contract.
- 2.4 The service specification requires significant transformation in the way that services are delivered and focusses on improving integration, reducing duplication and service users only having to tell their story once. The service is required to adopt an outcome-focused approach. Outcome data aims to enhance the output data which is traditionally provided by health services, to better demonstrate the improvements service users and their families make.
- 2.5 This approach was unique to Medway and has been seen as innovative and ground-breaking by other local authorities and CCGs who are keen to form closer collaborations and integrated services in other areas.
- 2.6 Services are designed to contribute to the following key outcomes: children and young people enjoy the best possible health, where families are strengthened and not overwhelmed.
- 2.7 The service value is approximately £10.7 million per annum (£4.9m Medway Council and £5.8m Medway CCG).

3. Service mobilisation

- 3.1 As of November 2019, the two contracts have been in place for 19 and 17 months respectively. The new service that has been developed represents a significant change in the way that children’s community health services are commissioned and delivered. The key changes are:
- Bringing together 19 different services delivered by four different providers
 - Transforming some services delivered in the acute setting to community-based provision
 - Placing greater emphasis on outcomes rather than service outputs
 - Implementing a single electronic patient record across universal and specialist community health services

- 3.2 With such a significant service transformation, it is inevitable that there would be challenges to overcome during the mobilisation period, as well as successes to celebrate as part of the transformation process.
- 3.3 A number of challenges were overcome during the mobilisation period, including:
- Transition of paper files to an electronic paper-based system
 - Delivery of plans to ensure that all new and transferring patients were seen in a timely way
 - Stabilisation of the workforce. As is often inevitable following contract award there was significant turnover of staff, which was addressed to ensure that service delivery continued
 - Significant modification of the MCH telephone system and additional administrative capacity to manage high call volumes from patients

4. Key service achievements in first 18 months

There has been significant progress and development in the way we deliver services for children and families in Medway. There have been numerous advances in relation to the way in which those services are provided. Some key achievements include:

4.1 Specialist Community Health Services (funded by NHS Medway CCG)

- 4.1.1 Significant reduction in clinical risk resulting from increased confidence that patients who were most at risk have been assessed and are receiving appropriate care.
- 4.1.2 Every child on medication has been seen by the service and has a scheduled future appointment.
- 4.1.3 MCH have put in place processes to ensure that every child is continually reviewed, and GPs are kept informed of all medication updates.
- 4.1.4 Multi-disciplinary assessment pathway has been implemented, meaning the child and family's story is only told once.
- 4.1.5 The diagnostic route for ADHD and ASD has been transformed and is now NICE compliant – this was a key area of development identified in the SEND local area inspection from December 2017.
- 4.1.6 The MCH social prescribing programme was launched in September 2018 and is enabling children to become more active. There is a drive to take on and train volunteers as a part of the expansion of this programme.
- 4.1.7 Parent education and support sessions covering themes crossing universal and specialist services are well established. Over 1,200 places have been offered to parents and carers, (some of whom have self-referred) to support early intervention.
- 4.1.8 The introduction of therapy screening sessions on a weekly basis has significantly reduced the wait for therapy intervention from over 25 weeks. In September, there were only 43 children waiting for initial intervention on the therapy pathway, 86% of which have been waiting for less than 18 weeks.
- 4.1.9 All practitioners are now equipped with the IT equipment to enable mobile working.

- 4.1.10 A single case management system across both universal and specialist services is in place, and electronic record keeping is now standard. This enables clinicians to easily understand the work that has been undertaken with the family and is a key facilitator between universal and specialist children's community health services.
- 4.1.11 Full utilisation and official launch of the Snapdragon Child Development Centre in Strood. MCH staff have also raised funds to develop the facilities at the centre and have built strong partnerships with local business who have donated many hours of voluntary service to help build a more inclusive garden and outdoor area.
- 4.1.12 Development of a free training package for all schools, to enable schools to provide early interventions in several areas, such as therapeutic and behavioural management techniques, prior to referral onto specialist services.
- 4.1.13 Outcomes are being measured as a routine part of service delivery, providing fresh insight into the effectiveness of services.
- 4.1.14 The number of breaches in statutory assessments and reviews for looked after children has decreased significantly since difficulties following the service mobilisation. This element of the service is now being managed in partnership with the Designated Consultant Nurse for Looked after Children (Kent and Medway), to ensure a consistent approach is taken across the whole Sustainability and Transformation Partnership area.
- 4.1.15 Significantly improved feedback from service users and the Medway Parent Carer Forum, particularly in relation to the new model of provision for children and young people with ADHD.
- 4.1.16 Medway Community Healthcare have an established presence at the Medway Multi Agency Safeguarding Hub (MASH) on a full-time basis, providing crucial health information in relation to children's safeguarding concerns

4.2 Universal Child Health Services (funded by Medway Council)

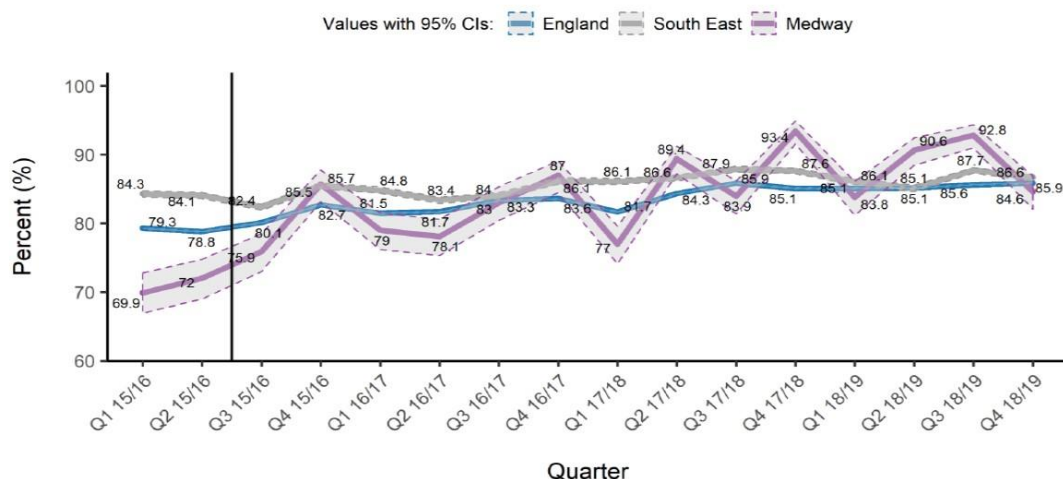
- 4.2.1 From the start of the 2019/20 academic term Medway has more professionals in the school aged nursing team than they have had in the past 10 years. The service now has over 16 team members with a wide and diverse skill set to better support the young people in Medway. Professionals have been attracted to the Medway model from across the South East and this bucks the national trend in this area of work, which has suffered from long-term and persistent difficulties with recruitment and retention. The service has been transformed to include a diverse skill mix of professionals including school nurses, CAMHS professionals, paediatric nurses and health visitors.
- 4.2.2 The School Aged nursing team now offer classroom and playground observations and assessments to help support referrals into specialist services helping identify those children who may need specialist help such as mental health, autism, ADHD, behaviours and social issues.
- 4.2.3 The formation of a new Child Development Team has increased productivity and freed up senior clinical time by focusing its efforts on screening and low risk universal contacts and checks and this has resulted in significant results for example delivering a record 98% coverage for young people in National Child Measurement Screening in the past 12 months.

- 4.2.4 Health visitors now work with families up to the age of seven to improve continuity of care and to improve the transition into primary/infant schools. Every family with a child under 7 will have a named health visitor who can provide advice and guidance. All schools and GP practices are also allocated health visitors (Primary and infant only for schools) and School Nurses.
- 4.2.5 To determine if they are smokers, all mothers are now CO tested as standard at the new birth visit and one-year visit resulting in a four-fold rise in referrals to the stop smoking service in 2018/19.
- 4.2.6 A new School Readiness Screen was launched in September 2019 with the aim being to identify and resolve any minor health and developmental needs prior to attending schools to allow children the best possible opportunity to thrive in a school setting. This has been created in partnership with Medway School Admissions and the Council's digital team.
- 4.2.7 Greater integration between universal and community children's community health services (further detail below):
- 4.2.8 100% of children who are referred to the tongue-tie service are assessed within 5 days with 92% of these being treated within 5 days of assessment. This service is invaluable as it enables babies to breastfeed, improving outcomes for the baby and mother.
- 4.2.9 53% of mothers who were smoking at the time of delivery, have stopped by the one-year developmental review.
- 4.2.10 89% of children receive an oral health brief intervention by the time they turn 1, which helps to address risk factors associated with dental cavities.
- 4.2.11 Medway continues to demonstrate the biggest improvement in service performance in the South East since services were transferred to Medway Council in 2015 (see below example Public Health England data sets)

Medway - 6-8 week reviews undertaken

Local authority compared to England and Region

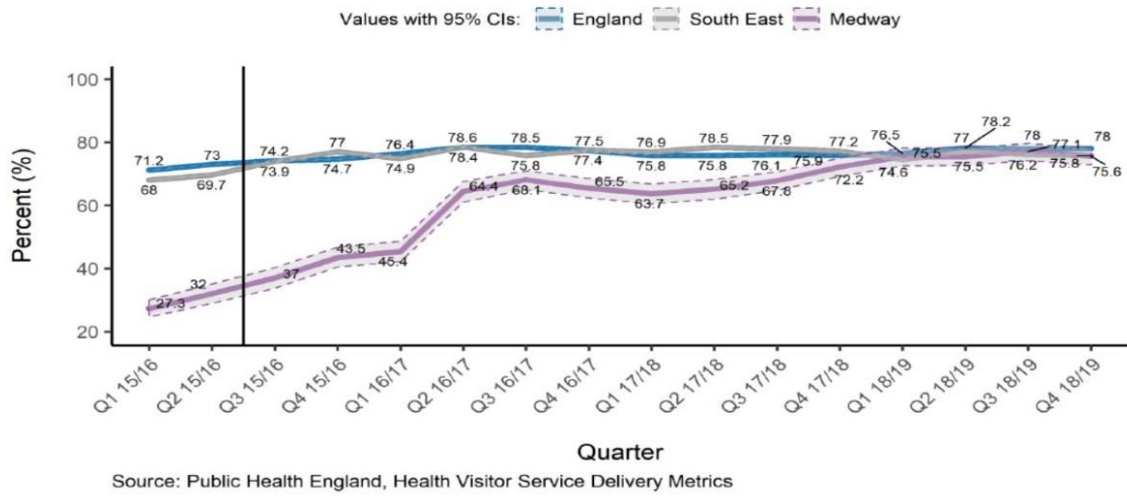
Solid vertical line denotes date of transfer of health visitor services to local authorities (October 2015)



Source: Public Health England, Health Visitor Service Delivery Metrics

Medway - 2-2.5 year reviews completed
Local authority compared to England and Region

Solid vertical line denotes date of transfer of health visitor services to local authorities (October 2015)



7 Health visitors service delivery metrics: Medway

4.2.12 The Children’s Therapy Team (CTT), Health Visiting team and the Special Educational Needs and Disabilities (SEND) team have responded to a need in the community for support and intervention at an early stage where developmental delays have been identified. The CTT provided Osprey training to the health visiting teams and the SEND teams in interventions that can support children and families at the earliest stage. Osprey is an acronym for: Occupational Therapy, Speech and Language, Physiotherapy Reaching Early Years and is delivered to help enable school readiness. Osprey sessions are delivered by MCH’s SEND and Child Development Teams in children’s centres for groups of 4-6 children with their parent/guardian. Any delay impacts on other areas of development and this early intervention helps to enable children to overcome any difficulties in order to reach their full potential.

5. Service Outcomes – specialist children’s community health services

5.1 Waiting lists

5.1.1 Longer waiting times for paediatric community health service appointments, particularly relating to initial assessment, can lead to a deterioration in outcomes for children and families. This is because symptoms may worsen where children are left unsupported by health care practitioners.

Number of children waiting

5.1.2 At service commencement in June 2018, MCH reported that there were 2,480 children waiting for initial appointments. This figure spiked at 2,930 in December 2018 and has decreased significantly since. The number of children waiting for a first appointment was 557 in September 2019.

- 5.1.3 To achieve this, MCH have run additional clinics including at weekends. They have also changed the way that children are triaged and assessed to prioritise those most in need.

Length of wait

- 5.1.4 The length of time children and young people are waiting for an initial appointment has also reduced significantly over the past year.
- 5.1.5 Data is not available prior to June 2018, but information provided by MCH in June 2019 identifies that 77% of all children and young people have their initial appointment within 12 weeks.
- 5.1.6 As of September, 33 (2.5%) children and young people are waiting over 18 weeks for their initial appointment. 32 of these have appointments booked before the end of the year.

5.2 Service user feedback

“The Three Questions”

- 5.2.1 A key aim of the service is to improve the ability of parents to understand their children’s needs and to be able to support them effectively. To assess this, MCH routinely ask parents three key questions. This approach yields very positive results. The overall number of responses to these questions was 9,963 during quarters one and two of the 2019/20 financial year.
- 5.2.2 The average score for each question is:
- Q1 – Does the family feel they understand their child’s needs? 98%
- Q2 – Does the family feel they have the skills to manage their child’s condition? 96%
- Q3 – Does the family know how and when to seek further help? 99%

Friends and Family Test

- 5.2.3 The NHS Friends and Family Test (FFT) is a feedback collection system for providers of NHS funded services. The FFT uses a simple question with a range of responses from 'extremely likely' to recommend, to 'extremely unlikely' to recommend.
- 5.2.4 The FFT score for the MCH specialist children’s community health services had a mean of 93% recommendation over the course of the first year of the contract.

Complaints and compliments

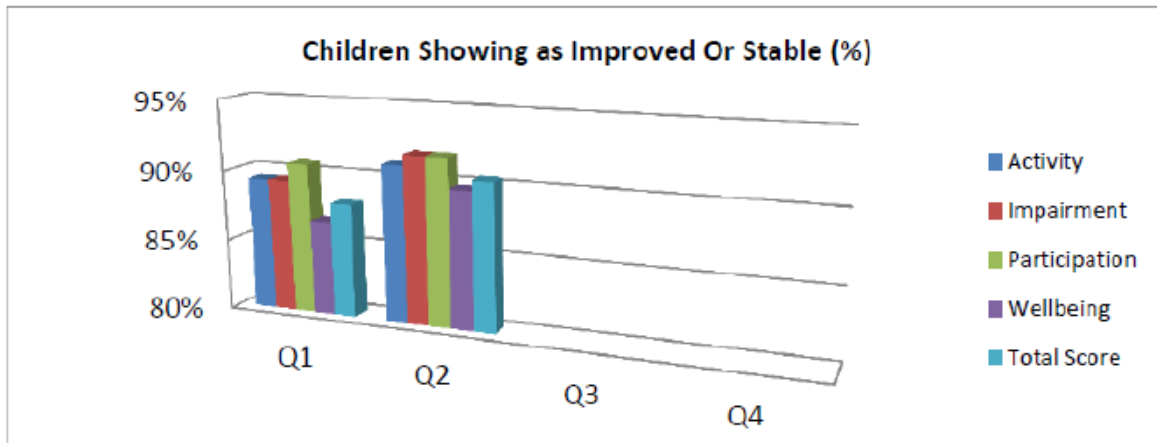
- 5.2.5 Verbal complaints regarding the specialist services from families and the Medway Parent Carer Forum were initially very high. Families felt that their child’s needs had not been met over a long period of time. These verbal complaints have reduced dramatically as the model has established and the service stabilised. Although there remain some frustrations relating to administration, feedback from the Medway Parent Carer Forum is increasingly

positive in relation to the service provision once a patient is seen by the service.

- 5.2.6 The number of written complaints from June 18 – May 19 was 86. The trend relating to complaints is downward.

5.3 Therapy Outcome Measures

- 5.3.1 Medway Community Healthcare use Therapy Outcome Measures (TOMs) throughout the course of their work. TOMs are an outcome measure that allows professionals to describe the relative abilities and difficulties of a patient in the four domains of 'impairment', 'activity', 'participation' and 'wellbeing' in order to monitor changes over time. TOMs have been rigorously tested for reliability and clinical validity.
- 5.3.2 Quarter Two of this year's report from Medway Community Healthcare identifies that 773 TOMs were undertaken in the first quarter of the year, and 1,579 were undertaken in the second quarter. This data evidences the shift towards routine use of outcome measurement now that the service is stabilised. An extract of this data is presented in section 5.3.5. below.
- 5.3.3 Undertaking an initial Therapy Outcome Measure provides a baseline for the child or young person. Progress is identified when a follow up TOM is undertaken. The intervals for these follow up TOMs will vary depending on the individual child, their health needs and treatment plan. For example, children with ADHD who are stable on medication are seen every six months in line with NICE guidance. The intervals for reporting progress from the original or previous TOMs assessment may be quite long in some cases.
- 5.3.4 Examples of Therapy Outcome Measures where there have been follow-on TOMs undertaken are beginning to show positive results. As the service further embeds, more information will become available in relation to those children and young people that have had a 'follow on' TOM undertaken.
- 5.3.5 An example of the outcomes that are being demonstrated using TOMs can be seen below. This relates to the element of the specialist service providing therapy services for children and young people and shows a large proportion of children and young people are demonstrating improvements when compared to their initial assessment.



TOTAL SCORE	Q1	Q2	Q3	Q4
Improvement	62	129		
Stable	4	3		
Decline	9	14		
Children showing as stable or improved	88%	90%		

Number of TOMS completed	Q1	Q2	Q3	Q4
First	368	500		
Follow up	75	146		
Total	443	646		

6. Contribution to SEND Written Statement of Action

6.1 The Integrated Children's Community Health Service is a key component of the improvement to services for children and young people with Special Educational Needs and Disabilities. MCH are represented on the SEND Improvement Board, which has considered deep dives into the service, and has made many contributions to the SEND agenda since service commencement including the following:

- Implementation of NICE-compliant pathways of assessment and diagnosis for children and young people with behaviours symptomatic of ASD and ADHD
- Removal of inherited backlog of patients, ensuring that patients are now seen in a timelier way
- Coproduction of service pathways with parents and carers – for example asthma and Autism
- Development of pathways of care from universal into specialist services, to ensure that the needs of children and young people are met as early as possible and effectively escalated when required – e.g. continence services
- Provision of regular 'SENCo surgeries' for schools, to enable early identification of SEND and appropriate intervention, and training opportunities for all primary schools

- Measurement of outcomes rather than outputs to ensure that services are meeting the needs of children and families, and implementation of the Medway 'My Plan' to ensure that services provided to individuals are joined up
- Provision of themed parent education sessions to ensure that parents can understand the needs of their children and to support them effectively

7. Future Developments

- 7.1 NHS Medway CCG and Medway Council commissioners have developed good working relationships with colleagues from Medway Community Healthcare to deliver the transformation programme and associated service improvements. These arrangements will continue formally via the established joint contract management process, and more informally through the open joint working approach that exists.
- 7.2 Key areas of development in the coming year, now that services are stabilised include:
- 7.2.1 To continue the use and further development of Therapy Outcome Measures to ensure that benefits to children and families are continually prioritised and documented.
- 7.2.2 To continue work with the service and social care colleagues, in partnership with the Designated Consultant Nurse for Looked after Children (Kent and Medway), to ensure that all initial and review health assessments for looked after children are undertaken within statutory timeframes, and to embed robust qualitative reporting from MCH relating to this element of provision.
- 7.2.3 For commissioners to support health providers to deliver a consistent offer for care leavers.
- 7.2.4 Improved output and outcomes measure related to the School Nursing service.
- 7.2.5 Greater co-ordination with other key health services such as CAMHS and Midwifery.
- 7.2.6 Providing detailed school health profiles to inform the needs each school has and the support that can be put in place.
- 7.2.7 For commissioners to continue work with the Medway Parent Carer Forum to develop a regular reporting mechanism to understand parent feedback, and to formalise the partnership role of the forum in supporting service development and improvement.
- 7.2.8 For commissioners to work with stakeholders including Medway Community Healthcare to build an effective offer of early support for parents to ensure that referrals to specialist services are appropriate and that families have good access to support prior to this.
- 7.2.9 To utilise feedback from partners in relation to the service to enable greater understanding of provision and areas for future development.

8. Risk management

- 8.1 Risk management is an integral part of good governance. The Council has a responsibility to identify and manage threats and risks to achieve its strategic objectives and enhance the value of services it provides to the community. Using the following table this section should therefore consider any significant risks arising from your report.

Risk	Description	Action to avoid or mitigate risk	Risk rating
SEND revisit identifies additional gaps or areas for development	There is a risk that SEND inspectors identify areas for further improvement that could put additional pressure on a service that has recently stabilised	MCH are members of both the operational and strategic SEND boards and are well sighted on the inspection findings and actively working with commissioners to deliver against the written statement of action	C3
Pressure in relation to early intervention	Specialist services are under increased pressure due to a lack of consistency in the early intervention delivered across children's workforces.	Partners are working on developing and publishing a "ordinarily available provision" document that will help parents, carers and stakeholders understand the key offer available prior to referrals being made to specialist services	C2
Neurodevelopmental (ND) pathways	There is further work to be done on developing the neurodevelopmental pathways for children. These pathways are complicated and cross providers and have several points of transition where risk of dropping out of services is higher.	Work is underway jointly between commissioners and providers to develop shared pathways more robustly. This will feed into a wider piece of work that is happening around ND pathways across health and social care in Kent and Medway.	C3
Recruitment	There is a national shortage of key personnel in relation to these services e.g. paediatricians, therapists, health visitors and school nurses. Any vacancies that arise in these posts could take considerable time to fill.	MCH have a workforce development strategy in place and through positive engagement and promotion successfully filled high risk posts. During times of vacancies they are able to engage agency staff to cover high risk posts.	D3

9. Implications for Looked After Children

- 9.1 The children's specialist community health contract includes the looked after children's health team. This team is managed by the Head of Service for children's public health nursing within Medway Community Healthcare.

- 9.2 The Designated Consultant Nurse for Looked after Children (Kent and Medway) gives oversight to the work undertaken by Medway Community Healthcare within the MCH contract, providing consistency across Kent and Medway.
- 9.3 There is an improving picture relating to initial and review health assessments being completed within the statutory timeframe.
- 9.4 The MCH service is now up to date with all 'Health Histories' for care leavers, following a period during which a backlog had developed. Commissioners will develop links with wider health and voluntary sector services to ensure that MCH looked after children nurses are able to effectively identify and direct care leavers to additional support on transition to adult services.

10. Financial implications

- 10.1 No financial implications are linked to this report as there is a fixed pricing schedule for the length of the contract.

11. Legal implications

- 11.1 There are no immediate legal implications arising from this report.

12. Recommendations

- 12.1 That the Committee note the report.

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Appendices

There are none.

Background papers

There are none.