

HEALTH AND WELLBEING BOARD: 5 SEPTEMBER 2013

REPORT OF LEICESTERSHIRE PARTNERSHIP NHS TRUST

**FAMILIES YOUNG PEOPLE AND CHILDREN'S DIVISION OF
LPT - SERVICE DEVELOPMENT INITIATIVE PROGRESS
UPDATE**

1 Introduction

A range of universal, targeted and specialist community health service provision for children and young people came together in Leicestershire Partnership NHS Trust in 2011. The transformational programme within the Families, Young People and Children (FYPC) commenced in September 2012 and aims to join up community health services within neighbourhoods, which reflect those of our local partners. This service development initiative is consistent with outcome one of Leicestershire's Health and Wellbeing Strategy 2013; Getting it Right from Childhood.

2 Purpose

The purpose of this paper is to provide a progress update in relation to the consultation, which shaped the Service Development Initiative within the FYPC division of Leicestershire Partnership Trust. It highlights the operational differences that will be experienced by partners and other stakeholders from October 2013.

3 Recommendation

The Leicestershire County Health and Wellbeing Board is asked to:

- (a) Receive and note the progress to date in relation to the Service development Initiative;
- (b) Consider the future integrated commissioning of services for children and young people, based on health outcomes in preference to uni-professional inputs.

4. Background

4.1 The development of the transformational programme within FYPC commenced in September 2012 and has been informed by the works of the Kings Fund; 'Making Integrated Care Happen at Scale and Pace' (Ham C. Walsh N. 2013) and 'Patient Centred Leadership'. The programme aims to join up the different tiers of intervention within the division, which is part of Leicestershire Partnership NHS Trust (LPT) to reduce the complications for children and families, thereby improving outcomes and releasing efficiency savings.

4.2 The programme has been developed through numerous conversational events

- 19 neighbourhood forums Dec – March 2013 over 800 FYPC staff (round 1)
- 17 neighbourhood forums May – July 2013 over 600 FYPC staff (round 2)
- commissioner focus events
- Strategic Forums - Children's Trusts, Supporting Leicestershire Families (SLF), Think Family
- Service user insight and focus groups - 200 contributors
- Consultation documents for commissioners, partners and staff - 170 responses

4.3 The following areas of work have emerged from the conversations and consultations to underpin the first implementation phase of the Programme

- Develop unified access arrangements into and across services.
- Develop neighbourhood focused inter-disciplinary provision that allows for care to be responsive to the specific needs of the local population and to reduce escalation of care within the health system.
- Further develop integrated pathways that enable service users to be more active participants in their own care.
- Develop a multi-skilled workforce introducing assistant practitioners to support the delivery of integrated care.

5 What Will Be Different as of October 2013

New roles have been created to provide Neighbourhood Leadership across the eight geographical areas in Leicestershire County and Rutland (see Appendix 1) and eight neighbourhoods in Leicester City. These individuals have now been recruited and will be:

- bringing LPT professionals together to generate locally integrated interdisciplinary teams through development groups and clinical decision making forums,
- interacting with existing local authority neighbourhood leadership, GPs, schools, social care and Voluntary Community Services (VCS) local providers operating in each neighbourhood to join up services and improve the visibility of our service offer
- developing plans to meet identified health priorities locally and reduce inequalities of access and outcomes
- building community capacity to deliver services locally to influence the shape of service provision for the local area
- focussed upon agreeing a suite of measures that can be used to evidence improvement in the outcomes of children and young people within the neighbourhood population.
- beginning to establish local multi-agency and community involvement in supporting, shaping and governing service delivery

- 5.1** New Care Navigators' roles have been recruited and will take an active role in co-ordinating, tracking and reducing complexity in patient journeys through our health system.
- 5.2** Develop new skill mix support for services through the introduction of Assistant Practitioners (South Leicestershire College enrolment commences January 2014) and Review of Band 2 to 4 clinical support roles.
- 5.3** Better utilisation of estate across all neighbourhood areas to maximise care delivery to meet local needs.
- 5.4** Increase functional partnerships with VCS and other agencies to strengthen areas of service delivery within local areas.
- 5.5** Neighbourhood forums and MDT meetings established for joint care management and professional learning and development.
- 5.6** Purchased new telephone infrastructure to launch a Single Contact Point for October 2013.

6 What Will Be Progressing for the remainder 2013/14

- 6.1** Recruiting an increased number of Primary Mental Health Worker's to provide improved mental health support and focus across neighbourhood teams.
- 6.2** Joining up Professional Advice Services (Safeguarding, CAMHS, Disabled Childrens team).
- 6.3** Centralisation of scheduling of Health Visitor universal contacts and other professional diary management to improve efficiency and consistency.
- 6.4** Integrating divisional administration support to create improved standardisation and alignment to new systems and processes.
- 6.5** Changing internal referral behaviour through an emphasis on relationships and introduction of conversational approaches to organising care between professionals.

7 Expected Experience from October Changes

- 7.1** Visible increase in local contact and local focus of professionals and local leaders, allowing the services to be better understood and more flexible to meet local needs.
- 7.2** Easier to access professional advice or specific departments through Single Contact point. Better coordination within FYPC reducing the need for re-referral by GPs.
- 7.3** Increasing service user satisfaction from greater local coordination of complicated cases.