



DERBY CITY COUNCIL

**COUNCIL CABINET**  
17 January 2009

**ITEM 26**

Report of the Corporate Director for Children  
and Young People

## **Integrated Locality Services – City-wide Roll Out**

### **SUMMARY**

- 1.1 This report seeks Cabinet approval for the next step towards integrating children and young people's services across the city as a whole through a co-ordinated approach. The proposals arise from the work that has been undertaken by the Council with its partners (the City for Children and Young People) in response to the Every Child Matters agenda and specifically the requirement to develop integrated services for local children and young people.
- 1.2 The learning from the 'trailblazer' integration of front line services in Locality One, the Derwent, Chaddesden, Oakwood and Spondon wards, has informed the proposals for the next stages development.

### **RECOMMENDATION**

- 2.1 To maintain the arrangements in the trailblazer area and adopt a staged approach to implementing integrated front line services for the city as a whole.
- 2.2 To implement a city wide integrated services model for children and young people that is based on co-ordination.
- 2.3 To work towards introducing the integrated team leadership model that has been piloted in Derwent, Chaddesden, Spondon and Oakwood wards across the city.

### **REASONS FOR RECOMMENDATION**

- 3.1 The Council and the City for Children and Young People (the Children's Trust arrangements for Derby) is working towards the delivery of integrated front line services in order to meet the requirements of Children Act, 2004 and the Every Child Matters agenda. The intention is that, through delivering services that are better co-ordinated and more responsive, Children's Trusts will improve outcomes for local children and young people.
- 3.2 In view of the critical importance of delivering safe services the partnership decided to test integrated front line services in one area of the city in order to learn lessons to shape a city wide model. A partnership group led by the Council (the Locality Services Steering Group) has overseen the implementation and evaluation of the trailblazer.

This has been completed and proposals have been developed for the city as a whole. It is of course vital that arrangements for delivering services to children and young people maximise the ability of all agencies to safeguard children. The Derby Safeguarding Children Board has therefore been consulted.

## SUPPORTING INFORMATION

### 4.1 ***A pilot approach***

The trailblazer was launched in November 2006 with an intention to move from the co-ordination of virtual teams through the work of identified integrated team leaders, to co-located teams. The role of the team leader was to support team members to use integrated processes (information sharing, common assessment and lead professional role), provide informal advice and guidance and manage informal personnel matters. Within the model, workers from three separate organisations were to be moved into co-located multi-agency teams; the Council, Derby Primary Care Trust (now NHS Derby City) and Connexions Derbyshire.

4.2 The model brought together family support staff; youth workers; education welfare officers; Connexions personal advisors, and health visitors; nursery nurses; and school nurses into multi-professional teams. A separate social work team was to provide services within the area with the team leader operating as a full member of the management team. NHS Derby City staff were to be physically located in the teams and supported by a health co-ordinator, also operating as a member of the management team. At the time of the launch it was anticipated that the teams would be co-located within six months. In the event, it took just over a year to co-locate the first team and the last team became fully co-located in September 2008.

### 4.3 ***Outcomes for children and young people***

A series of case studies have been reviewed by the integrated management team and collectively they demonstrate a number of factors that indicate qualitative improvements in services to children and families that are likely to lead to improved outcomes. They provide evidence that as a result of working more closely together, staff have a better understanding of the contribution different professionals can make to supporting children and families. They indicate that information is shared appropriately and different professionals within the locality are brought in quickly to support families where their intervention is needed. Services are demonstrably better co-ordinated and more able to meet a wider range of needs. Professionals were found to have better knowledge of local resources and therefore more able to signpost families to services appropriately.

4.4 A flexibility of service response in the area is also reflected in the case studies. There is some evidence that false barriers of thresholds and 'gate keeping' are reducing and there is increasing capacity for professionals to come together to ask the most important question; *What is life like for this child/young person and what can we do to help?* It is noteworthy that a flexible integrated approach has secured the engagement of some families where this previously had been an issue. The outcomes indicate that the model of service delivery is improving the ability of all agencies to provide appropriate support and in particular to close the net around the most vulnerable children and young people in the community.

- 4.5 A review of the performance monitoring framework shows improving performance in the majority of indicators; over 90% of indicators show an improvement. Although a degree of caution must be adopted in relation to some performance areas as small numbers are involved, this is very encouraging, particularly when the performance is set against the degree of change that has occurred in the trailblazer area. Examples of performance improvements include the rate of children needing a child protection plan for the second time (a national performance indicator), teenagers in education, employment and training, incidence of child obesity, school attendance (primary and secondary) and participation in positive activities. Performance has fallen in two areas; ethnicity profile of children in need and smoking prevalence at birth.
- 4.6 ***Impact on staff and managers***  
The model of integrated services tested in the trailblazer represented a significant change in the way services are delivered and it was recognised that it would have a very significant impact on staff, both those directly involved in practice and those in leadership roles. Staff report that they feel appropriately supported and a strengthening of their professional identity. The feedback also indicates that the trailblazer model of integration makes multi-professional working easier at a practical level and staff report that they are more efficient and effective.
- 4.7 The trailblazer has shown that the role of managing an integrated service is very different from managing a single service. Integrated team leaders and the head of service have had to manage the change to integrated practice, manage new service areas safely whilst at the same time managing in their own professional area. There are very considerable differences across the partnership in the amount of supervision and support provided to staff. For primary health care staff the arrangements have resulted in significant improvements in the availability of support and guidance and frequency of supervision. The amount of supervision and support to social care workers has remained high. Integrated team leaders also need to manage the demands and expectations of members of the wider teams and identify time to network and develop relationships with key partners, notably schools and GPs. The integrated leadership role is a demanding one and carries a high workload.
- 4.8 ***Logistics***  
Resolution of logistical issues; accommodation; administrative support; record keeping; ICT and supplies and services was extremely protracted within the trailblazer and resulted in the significant delays in co-locating staff. All three employing organisations had different approaches to these strategic support issues and each individual organisation's internal governance requirements had to be met. However, the trailblazer has done its job and a way through these difficult issues has been found with the result that the partnership will be able to co-locate staff employed by different organisations with greater ease, subject to the availability of funding and an adequate planning period.

#### 4.9 ***Factors that impact on a city wide model***

There are a number of factors that impact on the next steps. The most important is the requirement to deliver services safely to local children and young people. Additionally, there is the amount of change already experienced or being faced by the partner organisations. The arms length provider organisation of NHS Derby City has structured primary health care services on locality lines. This step was taken some time ago and the arrangements have settled. The organisation of these services for the future is yet to be resolved as a result of the World Class Commissioning agenda within the NHS and there are some issues arising from the division of universal and specialist services that require resolution over the next 15 months.

- 4.10 Children's social care services re-organised in the summer of 2008. This created the specialist service for children in public care which is located in the Specialist Services Division of the Children and Young People's Department. At the same time, locality social care teams were set up for children in need, children in need of protection and children in care (whose future permanent care arrangements are subject to assessment). These teams are located in the Locality Services Division.
- 4.11 The new structure was a major step towards the local delivery of services and represented a significant change for staff and managers. It resulted in the establishment of slightly larger social care teams for children under 11 and over 12, and the allocation of staff to new teams. These teams work to a defined geographical area (a locality) and are now well positioned to work closely with schools and staff from other agencies. The arrangements have yet to settle down and social care managers are still developing their knowledge about the staff and cases allocated to them. The service is under pressure following the introduction of the national electronic social care recording system. As a result of these factors, there is no first line management capacity within social care to support a citywide implementation of the integrated team leader role.
- 4.12 The city now has integrated youth support services in place meeting government requirements. A significant amount of workforce development activity has been undertaken with Youth Service and Connexions managers. More latterly the development activity has also involved managers from the NHS Derby City provider arm, youth offending service, voluntary organisations, social care and education welfare. This integration is based on the co-ordination of services for young people. Monthly meetings of the managers from all the key organisations are now taking place. The arrangements involve the local voluntary sector agencies as well as youth offending and neighbourhood teams. The arrangements now need to be supported by the identification of a clear locality lead for co-ordination.

- 4.13 There is evidence to suggest that the development of prevention services (Sure Start Children's Centres, extended services, closer partnership working) has increased the identification of children in need in the city. In turn this has increased the demand for services experienced by all agencies and notably social care. There is also some evidence to suggest that increased population mobility has increased the level of complexity of casework faced by officers across the partnership. Additionally, there is the impact of cases in Haringey and Doncaster, which has also increased the pressure on all agencies working with children and families and particularly social care. These pressures must be considered alongside the current financial climate. There are no unallocated resources within either the Council or the partnership to support the implementation costs associated with introducing the integrated team leader role, city wide.
- 4.14 **Next Steps**  
It is proposed that the next step towards integrating service delivery for the city as a whole is taken by implementing a city-wide co-ordination approach for the next 12 months (1<sup>st</sup> April 2009 to 31<sup>st</sup> March 2010). This will continue the staged approach to delivering integrated services that the Council is already committed to, but stop short of introducing the integrated team leader role. Although the evaluation of the trailblazer has been extremely positive, there are sufficient concerns about the degree of change some staff have recently experienced and the level of pressure on services across the partnership to warrant a staged approach to ensure that further change is safely managed. This approach has been considered from a safeguarding perspective and endorsed by the Derby Safeguarding Children Board.
- 4.15 It is proposed that from 1<sup>st</sup> April 2009 a city wide approach to delivering services to children and young people will be based on co-ordination. Staff will be gradually co-located wherever possible but supported by their employing agency's resources and line management structure. The roles of existing Heads of Service will be developed to provide leadership for the co-ordinations of services for both under 11s and over 12s services for each of the three clusters of wards that the partnership is already familiar with; Locality One and Five (Derwent, Chaddesden, Spondon, Oakwood, Darley, Allestree and Mackworth); Locality Two (Alvaston, Boulton, Sinfin and Chellaston); and Locality Three and Four (Arboretum, Abbey, Normanton, Blagreaves, Littleover and Mickleover). These six officers will work to establish a locality co-ordination structure supported by formal arrangements including meeting arrangements. Management co-ordination meetings will involve managers from the range of agencies as appropriate.
- 4.16 The trailblazer has been successful and it is proposed that the existing arrangements for that area continue. The role of the integrated team leaders for Derwent, Chaddesden, Spondon and Oakwood will be maintained whilst the co-ordination of service delivery will become linked with Locality Five (Darley, Allestree and Mackworth).

## OTHER OPTIONS CONSIDERED

- 5.1 Two alternative options have been considered. Firstly, the option of rolling out the fully integrated team approach and integrated team leader role across the city has been carefully assessed by the Children and Young People's Department and the partnership. However, this option is considered to present too great a risk to the partnership's ability to deliver safe services in view of the level of change already experienced by key staff and the increase in service demand resulting from rising need and complexity. There is no funding available either in the current budget circumstances for this option.
- 5.2 The option of leaving existing arrangements in place for the remainder of the city has also been considered. However, there are service improvements that can be made through the implementation of a co-ordinated approach building on the lessons from the trailblazer. The Council and the partnership have a responsibility to work together to improve the well being of local children (The Children Act 2004) and moving to an integrated approach for the city as a whole based on co-ordination will provide a basis from which further improvements in multi-agency and multi-professional working can be made.

<b>For more information contact:</b>	Name 01332 711247 e-mail <a href="mailto:rachel.dickinson@derby.gov.uk">rachel.dickinson@derby.gov.uk</a>
<b>Background papers:</b>	None
<b>List of appendices:</b>	Appendix 1 – Implications

<b>IMPLICATIONS</b>
---------------------

**Financial**

- 1.1 The costs of the trailblazer in Derwent, Chaddesden, Spondon and Oakwood have been met by the Children and Young People's Department and under spend within the Area Based Grant. Partner agencies have made in kind contributions from staffing budgets through service alignment. The support from the Area Based Grant will not be available for 2009/10 and the costs of maintaining the arrangements in the trailblazer area will be met from existing budgets within the Children and Young Department and partnership contributions. A shortfall of £70,000 has been identified and built into the budget proposal for 2009/10.
- 1.2 From 1<sup>st</sup> April 2009 the accommodation costs associated with the trailblazer will be shared between the Children and Young People's Department and NHS Derby City. The administration support costs will be met by existing budgets within each organisation (the Children and Young People's Department, Connexions Derbyshire and NHS Derby City). The costs of the integrated team leader posts will continue to be met by employing agencies and the post of Head of Service for the trail blazer will be mainstreamed using the grant to Connexions Derbyshire with a small contribution from existing budgets within the Children and Young People's Department.
- 1.3 The proposal to adopt an integrated model of service delivery for the city as a whole is based on re-positioning existing resources. The costs will therefore be met from existing budgets within the Children and Young People's Department and partner agencies. It is expected that the progressive steps towards integration will yield opportunities for efficiencies. The Children and Young People's Department has met the expectation of a saving of £35,000 to date. A further proposed saving of £50,000 has been built into the budget proposal for 2010/11.

**Legal**

- 2.1 Derby City Council is a Children's Services Authority and has a legal obligation under the Children Act 2004, to lead a local partnership (or children's trust arrangement) in order to improve the well-being of children. A key part of children's trusts are the arrangements for integrating service delivery in order to improve outcomes for children and young people.

**Personnel**

- 3.1 Front line staff and managers employed by the Council in Children and Young People's Services are already required to work in a multi-agency context and use integrated processes (information sharing, common assessment and lead professional). This requirement is built into existing job descriptions.

- 3.2 Plans to re-locate staff that arise from the proposal (moving to co-location where practicable) will be developed through a process of consultation. Staff who are co-located at different sites to professional/employing agency managers will be supported by formal arrangements set out in the Welcome Pack identifying the role of the site manager and the role of professional/employing agency managers. This means that whilst site managers may provide information and advice, all governance responsibilities for both personnel and practice matters will remain with the employing agencies. These arrangements will be supported with a partnership workforce development plan that assists staff to develop competencies in multi-professional practice and to use integrated processes.
- 3.3 The proposal will require a limited re-positioning of the roles of existing officers across the partnership in order to identify locality based leadership for co-ordinated youth support. Consultation has taken place with the officers concerned with a positive outcome. The Head of Service for the Youth Service and the Head of Service for Education Welfare Service will continue to hold the professional lead and management responsibilities city wide for their respective disciplines. In addition they will take lead responsibility for co-ordinating youth support in an identified area of the city (Locality Three and Four, and Locality Two respectively). This approach will be mirrored by the Head of Service Connexions Derbyshire, who will assume lead responsibility for co-ordinating youth support in Locality One and Five.
- 3.4 The proposal also requires a limited re-positioning of the roles of existing officers in order to identify locality based leadership for co-ordinating local support for children up to the age of 11. The social care re-organisation resulted in allocating a locality remit to two Heads of Service and an Assistant Head of Service for Social Care. These officers will remain in place and will take up the responsibility for co-ordination within the partnership. The proposal will involve the re-grading of the Assistant Head of Service. The officers concerned have been consulted about the proposal in principle and are in agreement. The job descriptions of all the officers will be amended to reflect the changes.

## **Equalities Impact**

- 4.1 The proposal will further improve the ability of the Children and Young People's Department and its partners (both within the City for Children and Young People and the Community Safety Partnership) to provide locally based services in response to local needs. The plan to improve co-ordination of service delivery within localities will enable the agencies within the partnership to be more responsive to communities and issues of diversity. The proposal will be supported by strengthened locality planning arrangements which will integrate planning for children's centres, extended services, positive activities etc., in order to work towards a comprehensive and cohesive map of local services for local children, young people and families.

## **Corporate objectives and priorities for change**

- 5.1 The proposal furthers the Corporate Plan priority of helping us all to be healthy, active and independent, and specifically the Council along with its partner's ability to respond quickly and effectively to local needs of children, young people and their parents/carers.