

Agenda item: XX

Subject:	Common paper on establishment of the Children and Young People's System Collaborative
Presented by:	
Prepared by:	<p>Anne Borrows; Associate Director of Special Projects, NHS Norfolk & Waveney Integrated Care Board (N&W ICB)</p> <p>Steve Bush; Director of Children and Young People's Services, Cambridgeshire Community Services NHS Trust (CCS)</p> <p>Rebecca Hulme; Director - Children, Young People and Maternity, N&W ICB</p> <p>Steff Kamara; Interim Director for Children, Families and Young People's Services, Norfolk and Suffolk Foundation NHS Trust (NSFT)</p> <p>James Wilson; Service Director – Children's Service Norfolk County Council (NCC)</p> <p>Peter Witney; Senior Project Manager - Place Development and System Support, N&W ICB</p>
Submitted to:	<ul style="list-style-type: none"> • NCC Cabinet • N&W ICB Board • CCS Board • NSFT Board
Date:	March/April 2023

Purpose of paper:

To update on the progress in establishing the Children and Young People's System Collaborative.

To secure a mandate from each of the key partners to create streamlined governance arrangements which empower the appropriate leaders to drive forward the new collaborative at pace. This would likely include integrated and co-located teams, new ways of working together, shared leadership and the sharing of caseloads.

Context

Discussions over collaboration across mental health (MH) in Norfolk and Waveney (N&W) have been a focus for several years. In 2019 both the adult, and children and

young people's (CYP) MH strategies respectively placed integration at the heart of their service models moving forward.

The 2022 Health and Care Act established the legislative framework to promote better joined-up services. This includes a duty for all health and care organisations to collaborate to rebalance the system away from competition and towards integration. For local government the 2021 national review of Children's Social Care and recent government response provide a further clear national policy direction towards the creation of integrated services and a role for local authorities to bring the system together around a common cause.

Working in this way should mean that health and care providers, including voluntary sector organisations and primary care, will organise themselves around the needs of the population rather than planning at an individual organisational level, in delivering more integrated, high-quality, and cost-effective care.

During 2022 the formation of system collaboratives for mental health was further accelerated in light of:

- The need to support local providers – namely Norfolk and Suffolk Foundation NHS Trust (NSFT) – in delivering optimal patient care and, in so doing, respond to the objectives laid in in their CQC Improvement Programme,
- The desire to align timescales and ambition with neighbouring ICSs – namely Suffolk and North East Essex (SNEE) – to ensure our population does not observe or experience inequity of provision (particularly relevant on the boundaries of our systems),
- To meet national expectations – as referenced above.

Current Challenges

Across the public sector we continue to see high levels of need within communities and demand for services. In particular this manifests in high and increasing numbers of referrals for acute or more specialist support which leaves those specialists struggling with capacity. In turn this stifles investment in more preventative or early intervention support which all recognise is so badly needed. We see this for example in the extremely high rate of referral per head of population to Children and Young People's Mental Health services in Norfolk, in high and increasing numbers of children referred for Education Health and Care Plans, the long waiting times for support and diagnosis across key pathways and in pressure on the social care system which has high caseloads and more children and young people identified with the most complex needs.

Alongside demand pressure, the other key challenge relates to our ability to connect our interventions together across different services. As needs become more complex within children and families it is more important than ever that health and care professionals from different backgrounds can come together as a single team and that we can make support as easy and simple as possible to access and to understand.

It is recognised that although current partnership relationships are strong and there are good examples emerging of integrated work, we cannot achieve the step-change

we need without deeper integration of the offer and greater ambition around collaboration.

Ambition

The creation of a new collaborative presents an extremely powerful opportunity to realise our ambition that all children FLOURISH and to create a nationally leading model.

Our intention is to look creatively and holistically at all the resources across the key partners and to re-design the support model to achieve the best outcomes. The ambition includes making structural, operational, and cultural changes required to deliver community based multi-disciplinary team working across organisations, to ensure collective support to meet the physical, emotional and mental health and care needs of the child or young person and their family. This is a clear step beyond 'partnership collaboration' to a fully integrated approach.

Some of the key features and opportunities we want to embed within the new approach are;

- A focus on early intervention and prevention – moving the resource and support further upstream over time and reducing the reliance on specialist and acute support
- A focus on 'place', looking to offer support within local communities and provide help where children, young people and families are day to day – with less reliance on specialist settings, clinics or institutions
- To look holistically rather than separately at needs – resulting in strategic integration but also joined up casework for each child, young person and family and aiming for a single personalised assessment and plan in each case. It is clear that physical and mental health, education and social needs all interact and that we have greater chance of success in any area if we look at the whole – so we want to design ways of working for teams that enable that
- A move away from a clinical model which focuses on diagnosis or labelling of needs to one which is rooted in community-led early help and which exploits the capacity within children and families and communities to help themselves
- An opportunity to look at our portfolio of resources across the partnership and make things more efficient and effective, sharing 'back-office resource' leading our staff teams together and putting our collective scale to work in the interests of children, young people and families

Scope

Our intention is to ultimately consider all community-based support (teams, resources, and pathways) that meets the mental and physical health, education and social needs as within the scope of the new collaborative. This can only be achieved

when all health, care, education, community and voluntary sector providers and system leaders (the ICB and Council) fully collaborate to improve the outcomes for our children and young people.

The only resources defined as 'out of scope' are those covered within the Adult Mental Health System Collaborative and the Regional Specialist Collaborative.

It is envisaged that the children and young people's system collaborative will be established in phases over a number of years and that the scope will therefore expand as the work develops.

Initially, and beginning from 1st April 2023, the focus will be on the redesign of community-based support to meet mental health needs and for neurodiverse children and young people, individuals with SEND and their families. All resources and pathways in those areas will be 'in scope' for the first phase.

Flourishing in Norfolk

The Flourishing in Norfolk Strategy (2021- 2025) outlines several guiding principles:

- Child and young person focused
- Positively framed – based on aspirations rather than just needs
- Places importance on how children, young people and families feel about their lives
- Inclusive of all children and young people in Norfolk
- Recognises our shared responsibility for children, young people, and families
- Co-produced with young people
- Represents the interests and focus of all Children and Young People Strategic Alliance members

We will be working with our partners to embed FLOURISH as an ambition that underpins all our work, but FLOURISH isn't just an ambition for social care, education, health, and other professionals working directly with children, young people, and families. Our businesses, communities and every person living or working in our county has a role to play in helping Norfolk's children and young people to Flourish.

Governance and Delegation

In order to achieve our ambitions, it is recognised that we need to create streamlined governance arrangements which empower the appropriate leaders to drive forward the new collaborative at pace. The intention of this paper is to secure such a mandate for each of the key partners to move forward. This would include integrated and co-located teams, new ways of working together, shared leadership and the sharing of caseloads.

At this stage the proposal does not go as far as recommending consideration of pooled budgets, formal financial delegation, formal delegation of existing accountabilities or the TUPE transfer of staff between organisations. However,

potentially as the work develops, these could become recommended options and if so a further paper would be taken through the partnership governance and that of the key partners for approval.

From a partnership perspective the existing Children and Young People Strategic Alliance will provide the strategic endorsement for the creation of the new collaborative and will have oversight of the work as it develops. Achievement of this will support delivery of the objectives within the ICB Joint Forward Plan and the Integrated Care Strategy.

The core partner organisations who will co-design the new collaborative are the NHS Norfolk and Waveney Integrated Care Board (N&W ICB), Norfolk and Suffolk Foundation NHS Trust (NSFT), Cambridgeshire Community Services NHS Trust (CCS) and Norfolk County Council (NCC).

As such each of these organisations will also seek strategic endorsement for the creation of the collaborative from their key governance boards, specifically

- NCC Cabinet
- N&W ICB Board
- CCS Board
- NSFT Board

To complete the design and implementation work we envisage the following new governance being established.

A Strategic Steering Group made up of senior executives from the core partners. This group would be empowered to work on behalf of the Alliance and their own organisations to create the collaborative and would make the key design and partnership decisions. The CYP financial resources currently deployed by the ICB, NHS England and NCC (social care and public health) would be used to transform care under this partnership model. The representatives on this group would be

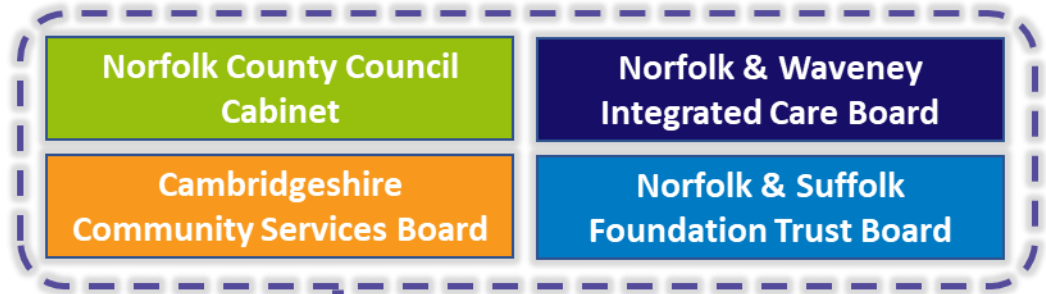
- Executive Director Children Services, NCC
- Chief Executive, CCS
- Chief Executive Officer, NSFT
- Acting Director of Mental Health Transformation, N&W ICB

A core design and implementation group will work on behalf of the Steering Group to undertake the detailed redesign work and to oversee its delivery on the ground. This group will have representatives from the core partners as well as project, change, communications and other programme roles as required. This group will be the engine room for the programme but will take all key design decisions/options for consideration at the Strategic Steering Group.

The core design group would commit to working in an inclusive way and involving strategic partners as needed. After the initial mandate is established, regular reporting on progress will take place at the Strategic Alliance. Additional opportunities will be provided for members of the wider alliance to engage with relevant detailed design work as it develops.

The diagram below provides an overview of those arrangements.

Children and Young People's Strategic Alliance



Provides strategic partnership endorsement for collaborative and gives oversight to its work

Key governance board from each organisation provides strategic endorsement for collaborative

Children and Young People's System Collaborative

Strategic Steering Group

- Makes key design and partnership decisions on behalf of the Alliance and their own organisations
- Made up of Senior Executives from four core partners

Core Design & Implementation Group

- Undertakes detailed design work and oversees implementation on behalf of Strategic Steering Group
- Made up of representatives from core partners and project, change, communications etc. roles as required

Workstreams

- Multiple workstreams created as required for design and delivery of programme
- Made up of core partners, other partners, and specialist roles as appropriate

Approach and How We Will Work Together

The Collaborative's remit is to build on the Children and Young People's Strategic Alliance and bring together health, care, VCFSE and education partners to support this work and further develop systems to support people using these services.

The CYP system collaborative is not intended to replace the CYP Strategic Alliance; the latter will receive and develop the strategic proposals and oversee delivery.

It is acknowledged there are some co-dependencies with the Adult Mental Health System Collaborative, notably for the 18-25 age group. The responsibility for the focus on transition services (18-25 yrs) will need to be agreed for one of the collaboratives to lead, with the ambition to converge over time. There may need to be an overarching committee in common, or at least a joint meeting to agree on areas of interdependency or commonality either instead of or until such a time as convergence occurs.

The transition in Waveney will also require attention, as for services for children and young people the current decision taken is that this would fall under the remit of the Suffolk Alliance and are therefore not part of this collaborative. This will remain under review by both N&W ICB and SNEE ICB.

However, it should be noted that for adults, the services within Waveney are within scope of the Adult Mental Health System Collaborative.

We will adhere to the following principles:

- a) collaborate and co-operate with integrity and respect.
- b) be accountable to each other.
- c) ensure open and transparent communication, discussing major concerns or issues openly, exhibiting clarity where conflicts of interest arise, and working together to realise opportunities relating to any joint undertakings.
- d) deploy appropriate resources to support collaboration and coproduction.
- e) act in a timely manner, recognising the time-critical nature of joint activity and respond accordingly to requests for support.
- f) make 'best for our population' decisions. Work collaboratively to deliver person centred, sustainable, high-quality care and service outcomes for people using mental health services
- g) adhere to statutory requirements and best practice. Comply with applicable laws and standards including procurement rules, competition law, data protection and freedom of information legislation.
- h) manage stakeholders effectively.
- i) develop capacity and opportunity for greater integration, including joint management/leadership.

Working in Year 1

The initial aim is to develop the governance for this group and set out aims and ambitions which support the existing integrated work being done (see Examples section below).

Some of the principles for this are detailed below:

- The implementation of the Thrive model and outcomes associated with Flourishing in Norfolk. This will include ensuring multi-disciplinary teams working across organisations are in place
- The development of a system collaborative to develop a social model of prevention and intervention; with an initial focus on the redesign of community-based support to meet mental health need and for neurodiverse children and young people, individuals with SEND and their families.

Examples of Integrated Work

The examples below are areas of integration which are either in place or planned to be in place. These areas could be expanded across Norfolk and similar services could be implemented as needed:

- Integrated Front Door, involving the ICB, CCS, NSFT and VCSE partners
- Castle Green (a short-stay unit being developed collaboratively with NCC and NSFT)
- An integrated practice model for children with complex emotional needs which has been co-created by NCC and NSFT
- Flourishing in Norfolk strategy

Considerations / Risks

Some of the risks which have been identified are:

1. Currently CYP and Adults Mental Health services are commissioned separately, which potentially misses areas of co-operation and can make aligning the services challenging.
2. 18-25 years provision and transition.
 - a. Different services work to different age ranges, making transition between services complicated.
 - b. The distinct needs of 18–25-year-olds can be overlooked. NCC Children’s services are only responsible for 18–25-year-olds if they are care leavers or have an identified SEND. The criteria for adult services is different to children’s services, which may result in some people no longer receiving care.
3. There is a lack of alignment of planning, development, and provision of maternity services.

Recommendation

To comment on and endorse the continued establishment of the Children and Young People’s System Collaborative, and to proceed to design. In particular, the creation

of streamlined governance arrangements which empower the appropriate leaders to drive forward the new collaborative at pace. This would likely include integrated and co-located teams, new ways of working together, shared leadership and the sharing of caseloads.