



Integrating Services for Disabled Children



Amanda Allard, Deputy Director

It takes leaders to breakdown siloes: Integrating Services for Disabled Children

Aim

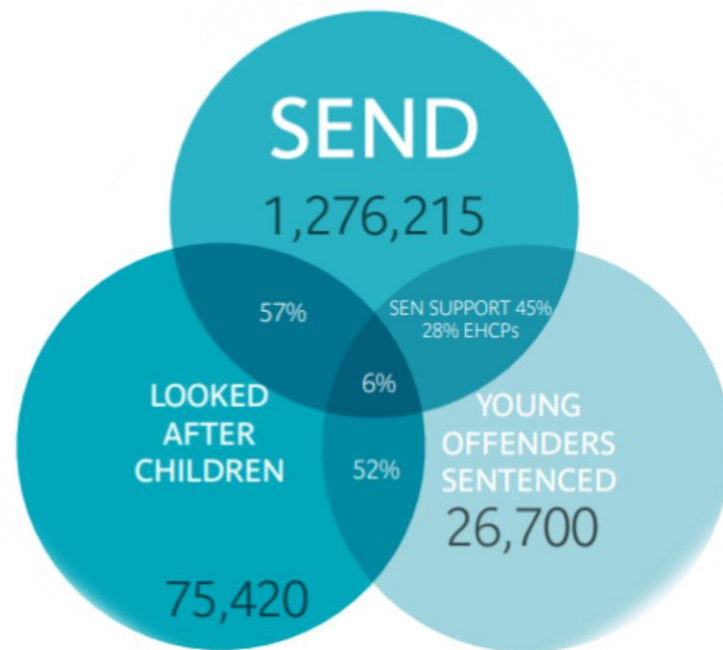
- Explore why the task of integrating the design and delivery of services around SEND is proving so challenging
- Identify the key factors enabling or hindering the integration progress

Methods

- Drawing upon considerable expertise,
- Consulted 76 education, health and care professionals and parent carers in three local authority areas



Overlap between different support needs for children and young people



Key Findings

Helps

- Good leadership
- Good data and info-sharing
- Other change programmes which reinforce the integration message
- Creativity forced by resource constraints

Hinders

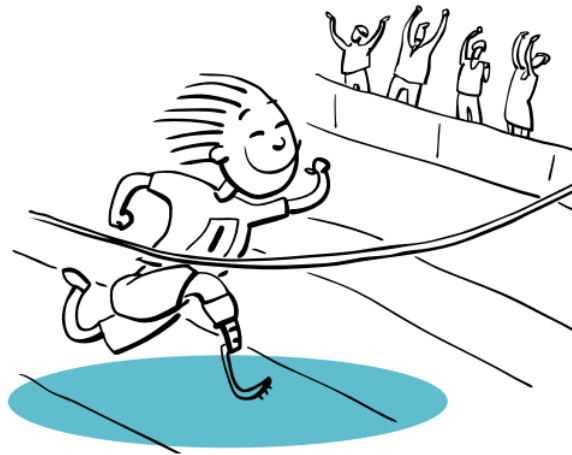
- Lack of leadership
- Differing data systems, processes and governance arrangements between agencies
- The siloed way in which the government introduces change programmes
- Resource constraints leading to protecting instead of pooling budgets together
- Fragmentation: local authorities struggling to influence schools (academisation and declining LA power)



Government's enablers and obstacles

Enablers

- National policy provided clear directives and accountability that aligned with local area's priorities



Obstacles

- Pressure to implement change within tight timescales
- The lack of join up between government and local authorities
- National operating targets did not align between services
- Inconsistent government direction: Outcomes universal services don't include CYP with SEND



Resourcing issues

- **Increase in demand**
 - Numbers of children and young people with complex needs or life-limiting conditions in schools has increased by over 50% between 2004 and 2017. (Pinney, 2017).
- **Funding cuts**
 - Local authorities have seen a 49% real-terms reduction in government funding between 2010-2018 (National Audit Office, 2018)
- **Allocation of resources**
 - Allocation of funding for children's services is often tied up in block contracts and all-age service spending. It is therefore hard for children's commissioners to direct or sometimes to distinguish from spending on adults



The role of leadership

Strategic leadership is the most important factor in enabling or hindering integration

Engagement of local leadership and a shared strategic vision

- local leaders' power to set strategy, influence organisational culture and support initiatives:
 - enable integration,
 - improve positive impression towards local area strategies,
 - increase confidence in receiving support when escalating issues.



The role of leadership

The importance of a strong strategic vision in supporting joint working

"Because of the clear strategy ... it's given us some real value bases that we can collectively work together around... it supports the conversation between what's the health element, what's the care element, what's the education element, because **we're coming at it from the same outcome base.**"



Data and information-sharing

Better quality data and effective information sharing processes should aid integration at both strategic and individual care level

Strategic

Shows the 'big picture'

Identifies gaps and pressure points

Helps collective response

Delivering services in an integrated way

Individual

Allows professionals to timely access the data

Helps professionals to give right advice and support

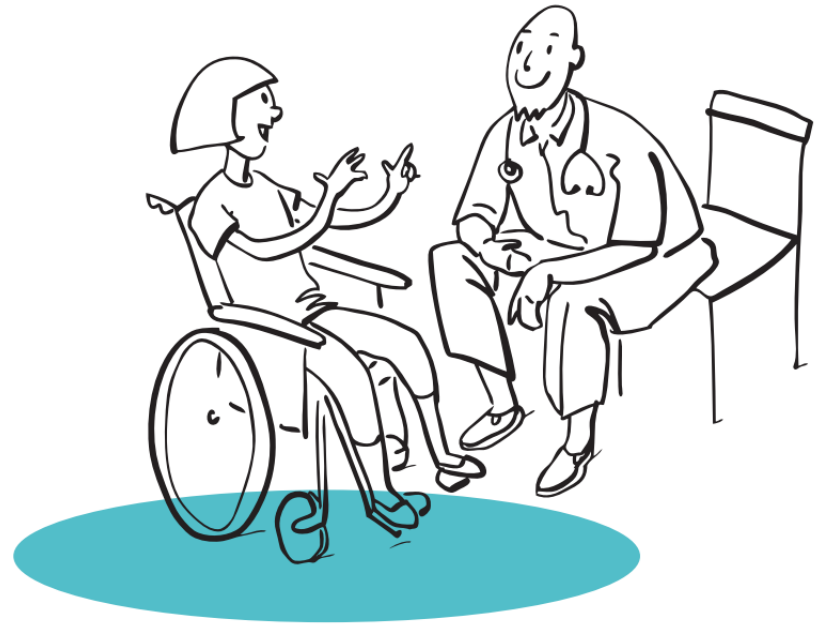
Facilitates coordination of support packages and plans



Data and information-sharing

Challenges

- Poor and patchy population data that hinders the assessment of needs
- Measuring impact in a meaningful way
- Lack of information sharing processes



Making it work

- Joint-commissioning agreements
 - OBA™
 - Camden's Integrated Children's service
 - Rochdale's SEND Alliance
- Joint working arrangements
- Involving families in decision-making





Special Educational Needs and Disabilities (SEND)

Charlotte Mitchell, Head of Commissioning and Steve Kay, Assistant Director of Early Help and Education





- Rochdale founded the co-operative, in 1844, Its philosophy is that a business is owned by its customers and everyone works together for a common goal, that of good service over the pursuit of profit.
- We work as one, we challenge adversity, we are strong and resilient, we are friendly, we are proud and we do things differently



The Vision

- SEND is everyone's business
- SEND isn't just EHCP it requires a whole system response
- Not about diagnosis but support
- Underpinned by self help and building resilience
- Our success will be determined by the lived experience of our children and families
- We have no option than to do things differently
- We can only do this with a whole system response

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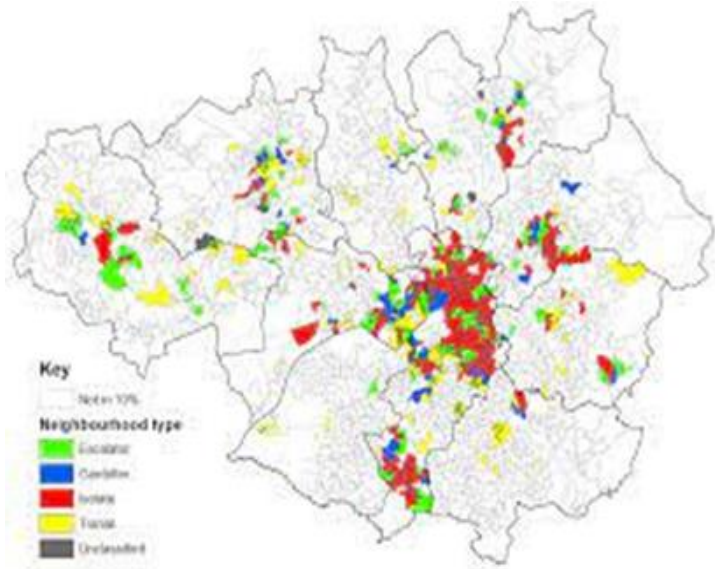


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BOROUGH COUNCIL



The perfect storm?

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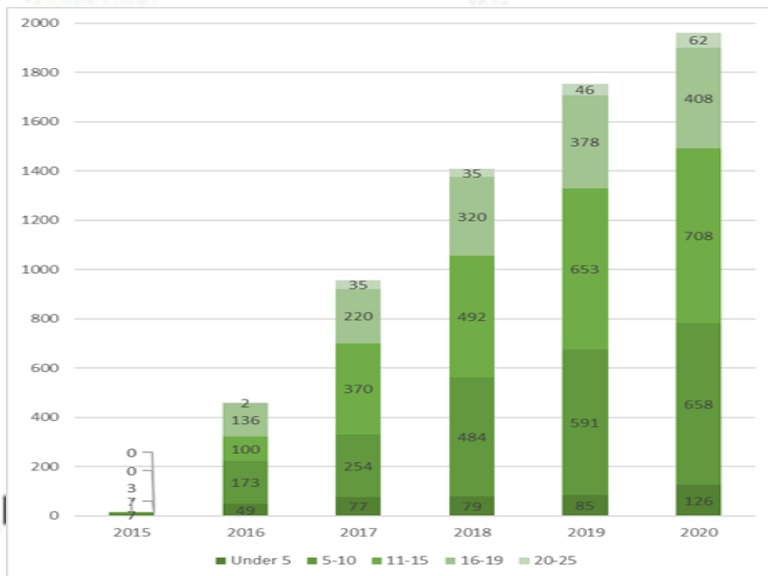


Department
of Health &
Social Care

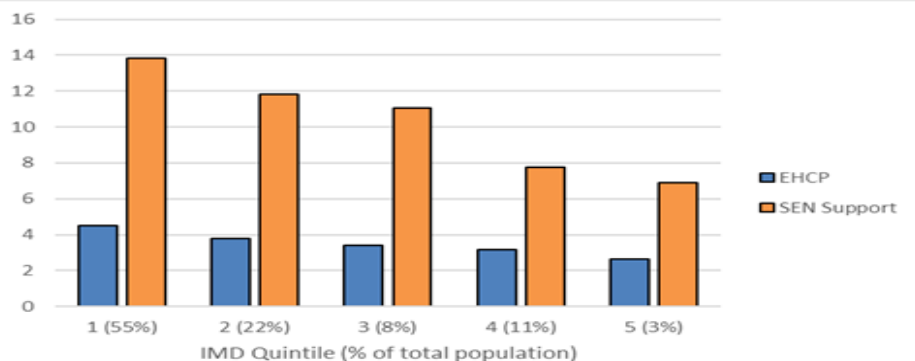
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Integration and Innovation: working together to improve health and social care for all

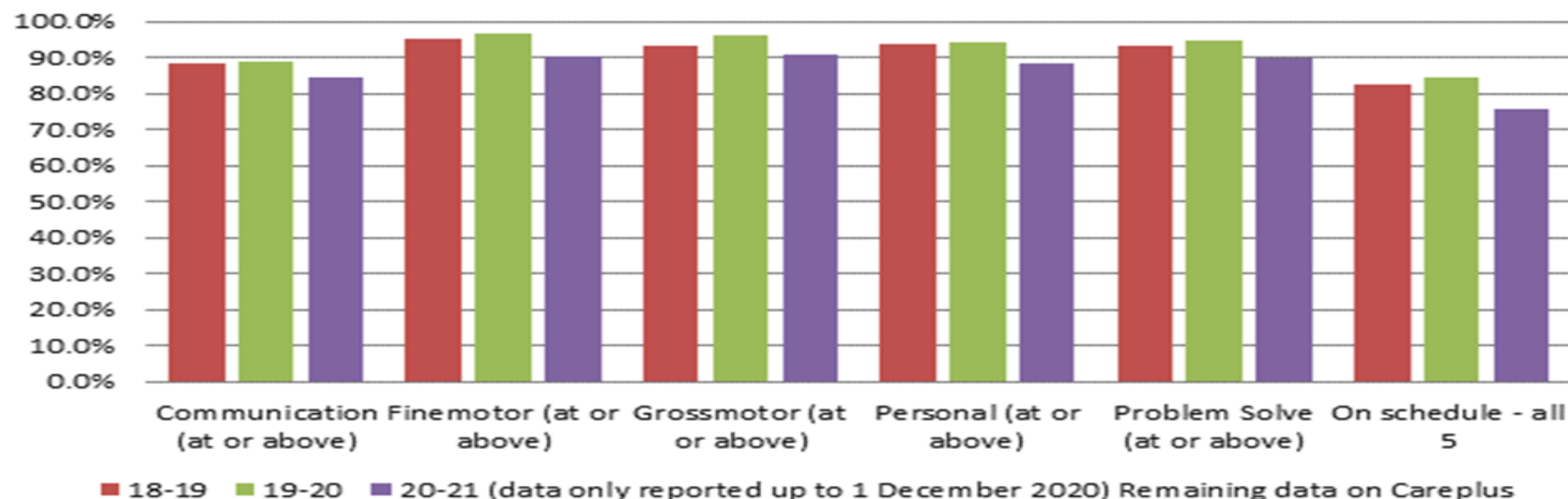
Published 11 February 2021



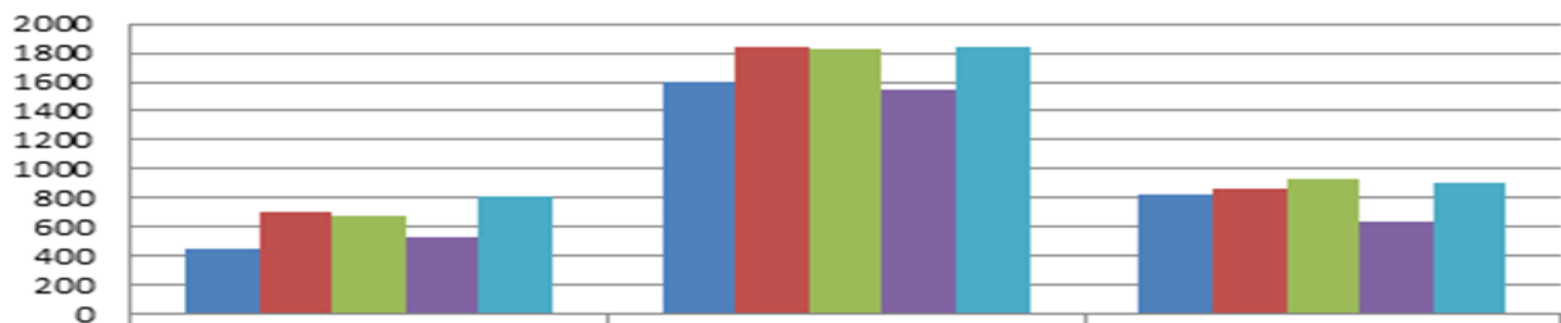
The Department of Health and Social Care's legislative proposals for a Health and Care Bill



ASQ Data



Referrals by Year



	OT	SLT	PHYSIO
2017	455	1598	827
2018	698	1841	860
2019	677	1823	927
2020	535	1552	631
2021 (pro rota)	811	1843	903

Complexity of CYP Mental Health



Or the perfect opportunity?

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"EVERY
CHALLENGE
THAT WE FACE
IS THE OPPORTUNITY
TO BECOME
MORE THAN
WE'VE
BEEN BEFORE."

- Lyena Strelkoff

Recipe For Success

Ingredients:

- 1 Teaspoon of Ideas
- 1/2 Cup of Goodwill
- 1 Pinch of Positivity
- 3/4 Cup of Imagination
- 1 lb of Leadership
- 2 Spoonfuls of Teamwork
- 1 Cup of Market Vision
- 3 Tablespoons of Challenge
- and 1 Bag of Hope!



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Creating the Strategic Conditions - SEND Alliance

What have we done?

- System wide design of Joint Outcomes Framework (65 stakeholders 45 CYP/45 parents)
- SEND JSNA – robust analysis of data
- Logic Modelling and Turning the Curve – what is the change we need to see
- Data – how will we measure this
- Quality Improvement and Statutory Compliance/Inspection Readiness
- System readiness – what do we need to change
- Strategic positioning and alignment to the Local Care Organisation
- Review of Governance and Draft Modeling

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The Golden Thread

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COUNCIL



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Our Shared Vision

"We will support and enable children and families to be happy, healthy, stay safe and to achieve their true potential as valued members of the community. Recognise where we need to develop and learn together - celebrate progress and success - building on what works. focussing on providing collaborative support when and where our families need it ..."

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Drum roll please.....What have we got.....

- The fantastic concept of Raising Rochdale and the Pioneers Trust
- An active and energized 'Inclusion Board' with a plan
- The Strategic Conditions of the SEND Alliance and a system appetite for change and improvement



CHILDREN AND YOUNG PEOPLE PARTNERSHIP



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- **Vision and priorities**
- **“All Rochdale children and young people, achieve their full potential”.**
- There are 2 priorities to realise this vision:
- **Priority 1:** Children and young people in our borough get the best start in life are happy healthy and safe.
- **Priority 2:** Children and young people in our borough will aspire and achieve a better life through access to opportunities, learning and training.



ROCHDALE INCLUSION STRATEGY **NHS**

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- Analysis of current and future gaps in provision
- Identification of strengths, weaknesses and gaps in provision across the borough
- Contributing to both a borough wide vision and strategy for inclusion
- Identification of recommendations of system wide improvements
- Identification of recommendations for remodelling of provision
- Development with partners of clear and flexible pathways to access provision and additional support

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Inclusion board has committed itself to

Determine and agree a shared definition of Inclusion across the primary, secondary and post-16 phases.

- Develop and agree:
- Vision for effective inclusion
- Ethos and values, behaviour and inclusive language
- Ensure alignment with work undertaken by the Pioneer's Trust, SEND Strategy, Outcomes Framework, Transition Strategy and SEND Alliance
- Review and update the Inclusion review recommendations to take account of the impact of the pandemic on children, young people and families



Refounding the Pioneers Trust

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BOROUGH

Rochdale
sixth form
college



MATTHEW MOSS
HIGH SCHOOL
Learning for Life



Cardinal
Langley
RC High School



Holy Family
RC & CE
College



Middleton Technology School



St. Cuthbert's
Roman Catholic High School



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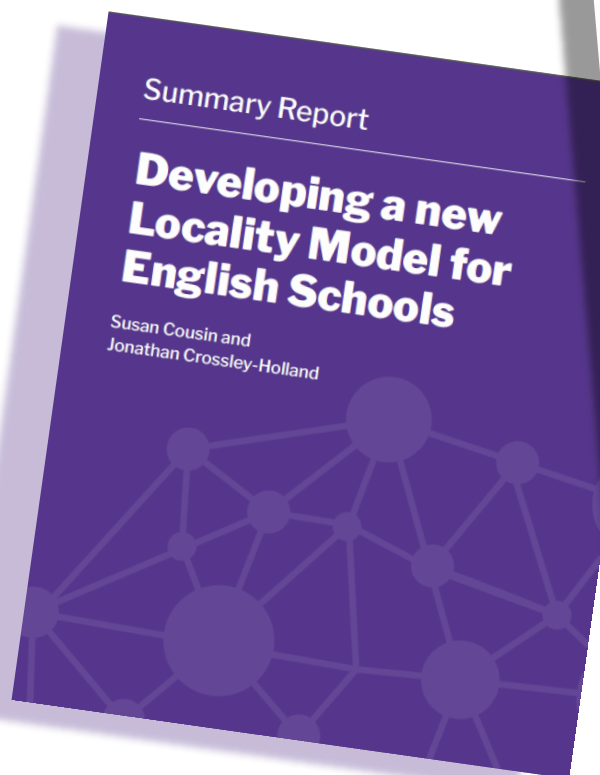
Three elements:

1. A strategic plan
2. Vision and values
3. Behaviours

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1: The plan



Rochdale Pioneers Trust Strategic Plan 2021/22



The Rochdale Pioneers Trust is rooted in the principle of co-operation reflecting the values of the original Rochdale Pioneers. We exist to serve the young people of Rochdale and have developed this strategic plan to provide a framework for continued improvement in a post-pandemic world.

The strategic plan is expressed in seven sections, based on the research report *Developing a new locality model for English schools* (Cousin and Crossley-Holland 2021):

- | | |
|---------------------------------------|---------|
| 1. Recruitment & retention | page 10 |
| 2. Support for vulnerable pupils | page 2 |
| 3. Curriculum | page 6 |
| 4. School improvement | page 12 |
| 5. Accountability & quality assurance | page 14 |
| 6. Admissions & place planning | page 15 |
| 7. Building the system for the future | page 16 |

The second and third of these (*Support for vulnerable pupils* and *Curriculum*, in that order) have been identified by the Trust as the overarching priorities for 2021/22 and therefore come first in this plan.

Rochdale Pioneers Trust Strategic Plan 2021/22 - page 1



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1. Recruitment & retention
2. **Support for vulnerable pupils**
3. **Curriculum**
4. School improvement
5. Accountability & quality assurance
6. Admissions & place planning
7. Building the system for the future

1
2



2. Vision and Values

We, the Pioneer Trust commit to Raising Rochdale. Our joint mission leading change to constantly improve our systems and practice, ensuring that every individual and institution can thrive, both now and in the future.

This means we commit to the co-operation of all members within a culture of professional trust and respect, sharing expertise, data and resources, to ensure equity and excellence across five key practices.

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Our obsessions driving this work are

Progress

Attendance

Exclusions

3. Behaviours

- Behaviours, not just values
- Habits, not just intentions
- In context

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What gifts are we bringing to the party?



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1. My opinions are valued
2. I am emotionally well
3. I am as healthy as possible
4. I am safe and supported
5. I am active and involved
6. I am hopeful and prepared for the future
7. Those that care for me are supported

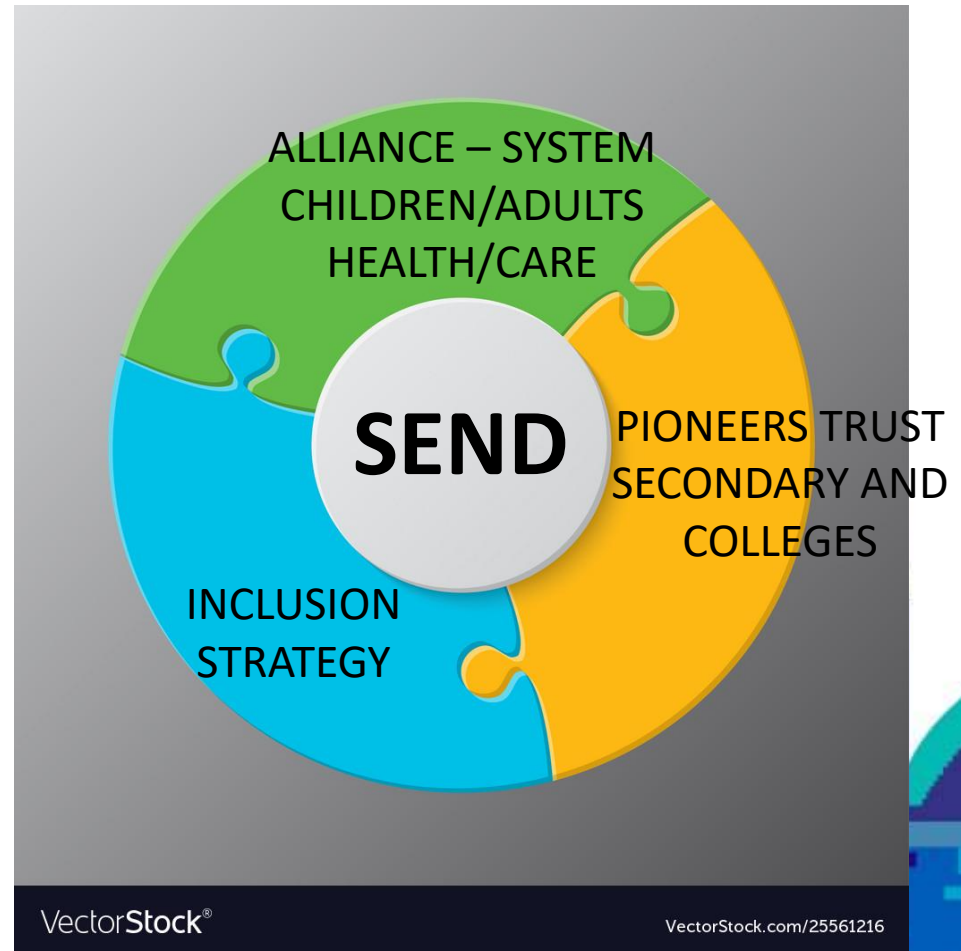


Our Obsessions

Keeping Children in
Education (Exclusion and
Attendance)

Keeping Children in
Rochdale
(External Placements and
Educational Provision)

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We are on a journey
We have our building blocks in
place
Our friends have been very
important
We would like to give special
thanks to the Council for
Disabled Children (our new
BFFs)





Central and
North West London
NHS Foundation Trust

Camden Integrated Children's Service

**An alliance between 4 NHS providers and London
Borough of Camden, commissioned by Camden CCG.
Established in October 2014.**

Royal Free London 
NHS Foundation Trust

Whittington Health 



Camden



Camden

Clinical Commissioning Group

Central and North West London 
NHS Foundation Trust

The Tavistock and Portman 
NHS Foundation Trust



Wellbeing for life

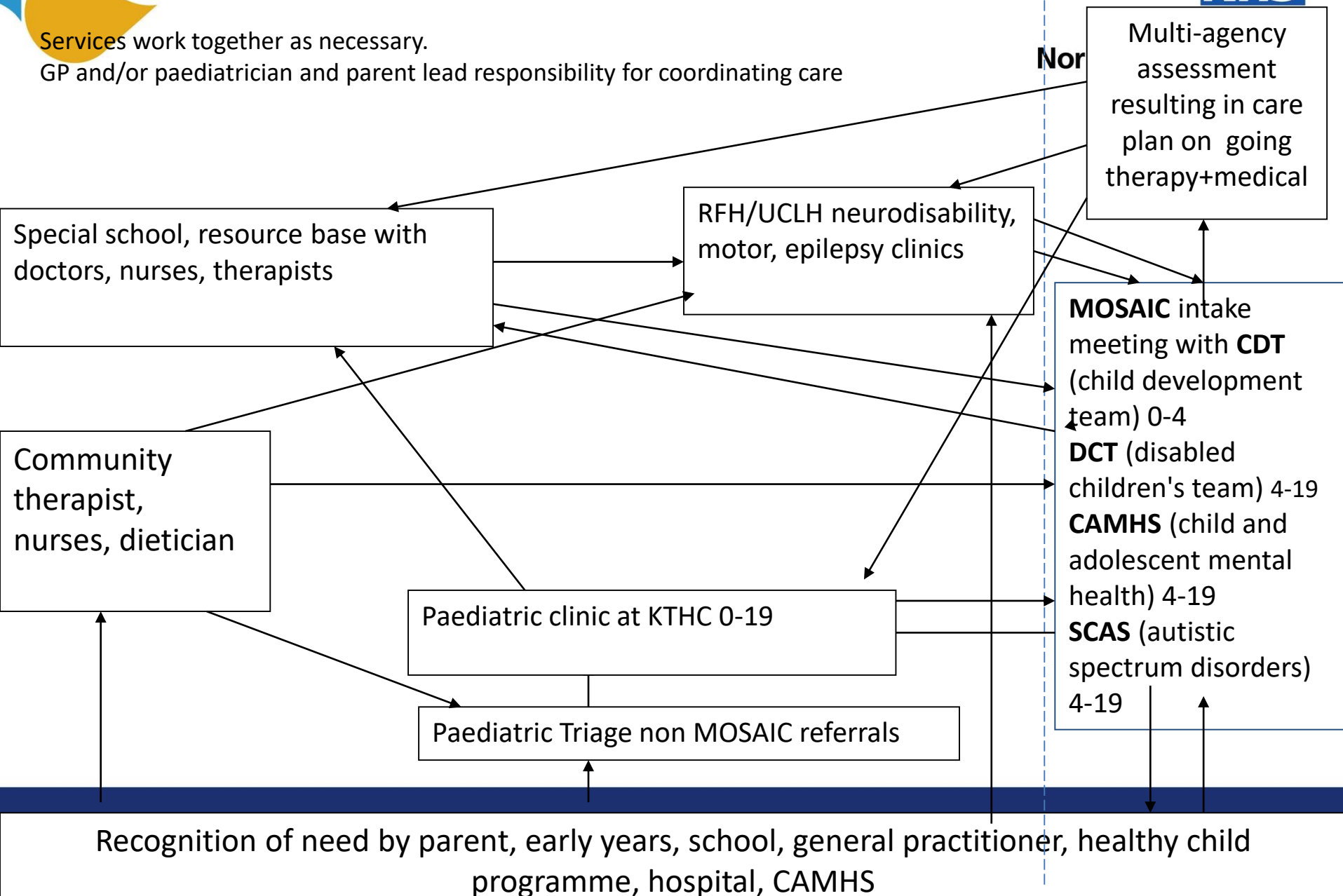


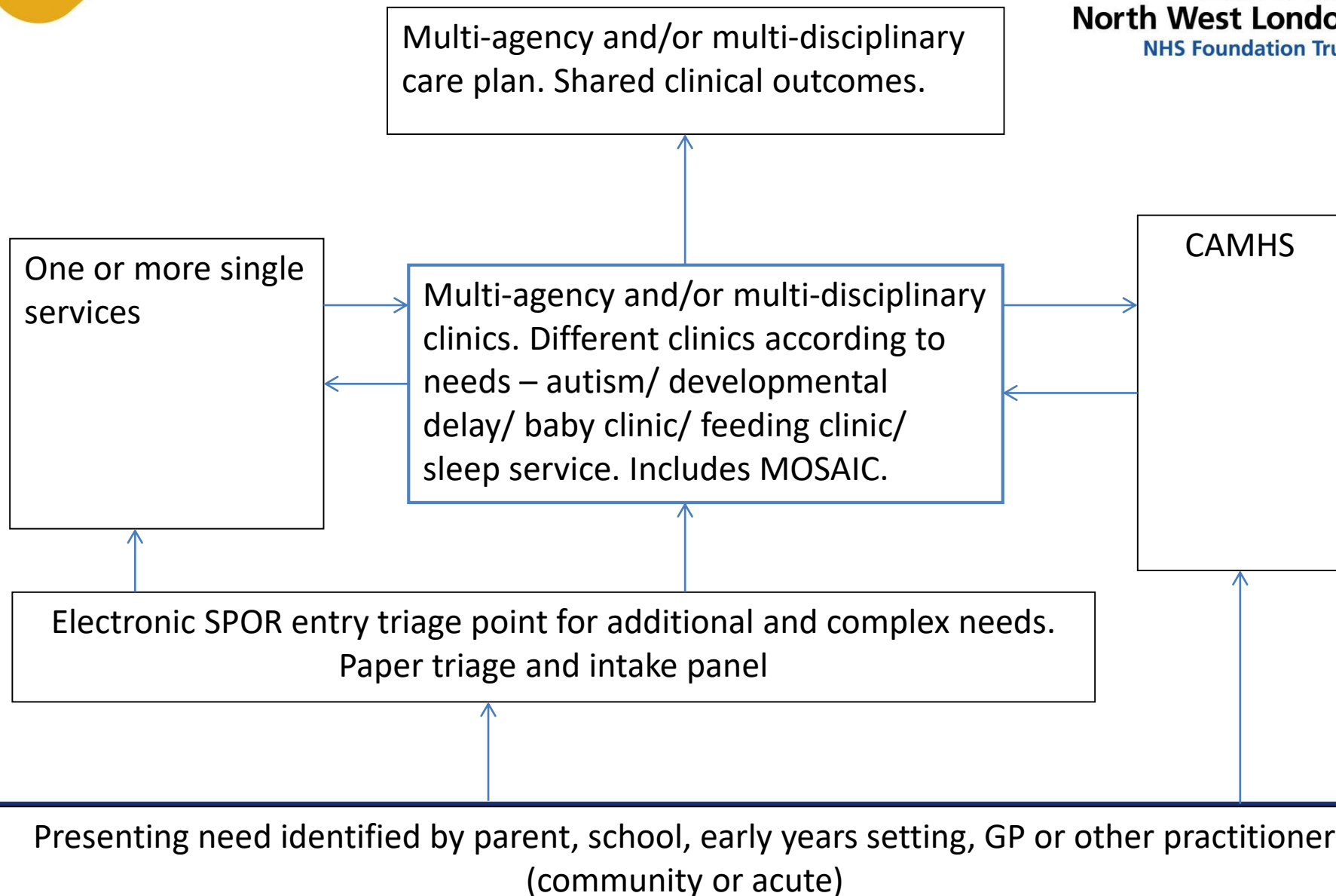
Where we started from

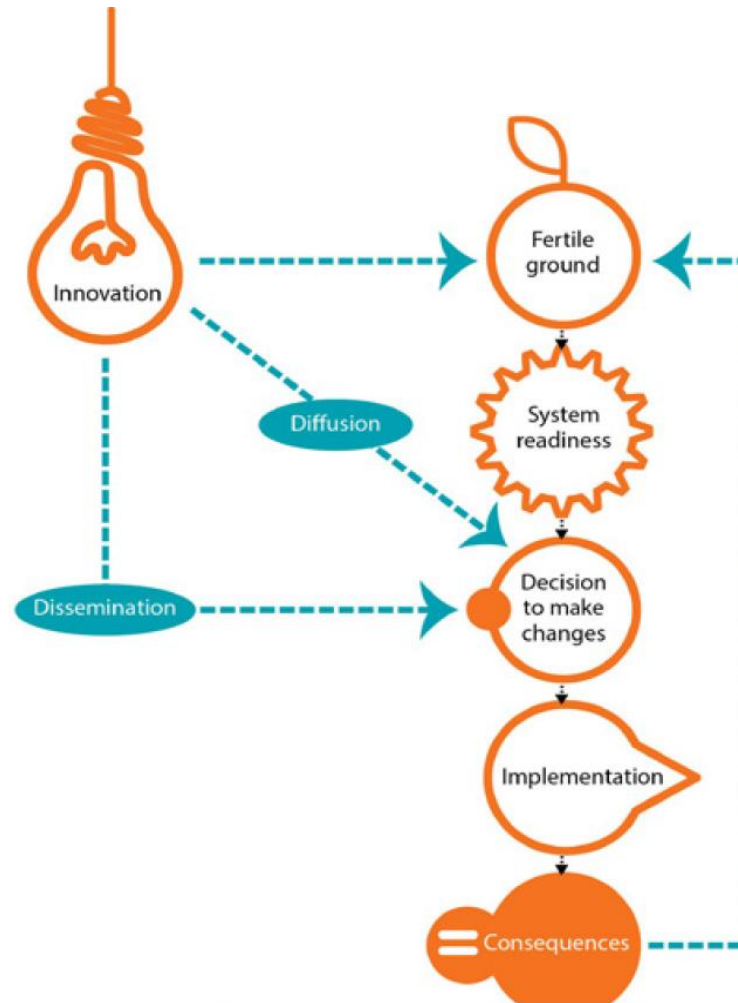
Services work together as necessary.

GP and/or paediatrician and parent lead responsibility for coordinating care

NHS









Fertile Ground

The providers and the local authority were already used to working together, joint commissioning was well established

Wealth of local knowledge and stability amongst the clinical leads

Senior leaders respected the relative strengths of partner organisations = collaboration rather than competition

Desire to improve outcomes and that a change to a more integrated approach was possible and that people were ready.

History of partnership working with economies of scale = trust





System Readiness

Facilitated by commissioners who demonstrated flexibility and allocated resource to giving things a go.

All providers were engaged in collaboratively developing the financial model

Operational leads from the 4 NHS trusts spent a year discussing how to achieve the outcomes through partnership.



Decision to make the change

Getting people on board: Reward-based commissioning helped, all providers were keen to improve services

Everyone compromised because no provider wanted to lose out

Family drivers;

- Children's needs should be identified early
- Children and parents should report an improvement in their quality of life



Implementation



Unique features

Every child has a single electronic record with multi-disciplinary report, shared care plan, unified outcome measurement system

Clinical Leadership spans the organisations and professions

Shared accountability for performance and governance – 5 KPIs

Strong professional leadership

Reward based commissioning (for a while!)



Latest performance Q1 2021-22

Average wait for first appointment is just under 4 weeks

85% CYP aged 4+ start assessment for autism within 12 weeks

86% have a multi-disciplinary care plan *

82% children with long term input achieved agreed goals *

89% would recommend the service and 91% report an improvement in their confidence to manage their child's needs *

All complex 14 year olds have a transition plan in place

*** COVID**



What families say ...

"Proper assessment
which was a cut above
anything they'd received
before"

"Every stone
overturned"

"Well planned"

"Because they use the same plan but
in different ways and work on X to
improve his skills of life"

"Good handover at
transition to school,
they did so much
behind the scenes"

"Health professionals work well together and share information effectively"

"The Single Point of Referral is effective at coordinating health provision for children with additional and complex health needs" SEND Inspection report, 3rd May 2019



What helps it work?

- Getting to the new arrangements
 - Alliance Agreement
 - Finance
 - Honorary Contracts
 - Governance
 - Relationships
- Focus on families and co-production
- Ongoing improvements



Benefits to the partners

1. Financial
 - each provider maintains its financial stake
 - shared decision making on investment/ underspend to meet needs of the whole system/ pooling of resource
 - recent examples of investment
 - Royal Free – MSK physio for babies
 - Whittington – SLT into Youth Offending
2. Performance
 - shared responsibility to meet 5 KPIs
 - improved outcomes for CYP
 - support for fragile services eg: CNWL's Bladder & Bowel nurse linking into the RFL pathway



3. Governance - shared responsibility for risks and incidents
related to MDT working

- system-wide learning

4. Safer services- single EPR for every Camden child

- allows for better sharing of information

- Professional leadership - staff were TUPEd from
CNWL to RFL to enable this

- using economies of scale eg: SLT for deaf
children, smaller services



Sarah Hulme

**Head of Children, Young People and Family Services
CNWL Inner London**

sarahhulme@nhs.net

Thank you!

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<https://iassn.onlinesurveys.ac.uk/dbot-national-webinar-evaluation-2207>

