

Case Study - Camden Integrated Children's Service

The London Borough of Camden and four NHS trusts - Whittington Health NHS Trust, Tavistock and Portman NHS Foundation Trust, the Royal Free London NHS Foundation Trust and CNWL NHS Foundation Trust – have come together to form the [Camden Integrated Children's Service](#).

What was the challenge?

Community health services for children with additional needs in Camden had been delivered by multiple providers for many years, working alongside London Borough of Camden who provide Social Care.

The different providers added value through specialism and local knowledge, and staff and teams worked well together on the ground to provide comprehensive and high quality care to children and young people and families.

A challenge was that each provider used different electronic patient records, with different IT drives attached to each organisation, which made information sharing cumbersome.

Camden already had a strong model of collaboration between health and social care within Central North West London Foundation Trust's (CNWL) MOSAIC, the integrated service for children and young people with complex and additional needs. MOSAIC comprises the Child Development Team and specialist services such as autism assessment as well as Camden's Single Point of Referral (SPOR) for children with complex and additional needs. The SPOR had been established before the formal alliance was agreed, testament to the relationships between local providers and the desire to work together to best meet the needs of children and young people and families. Commissioners and providers wanted to expand this way of working to improve coordinated care and support for all children's health services in Camden.

How did we address it?

Working with local NHS providers, Camden Clinical Commissioning Group and the London Borough of Camden jointly commissioned an outcomes-based integrated service incorporating many of the services for children and young people with additional needs in Camden. The four NHS providers maintain their commissioned services, and are all equal partners under the terms of the Alliance Agreement.

Staff are employed according to profession by different providers, for example all children's Speech & Language Therapists are employed by Whittington Health and children's Occupational Therapists are employed by Royal Free London. This model ensures strong professional leadership and accountability, and clinical safety as a result.

CNWL has an operational lead role, providing the electronic patient record (EPR), performance information and clinical leadership to align integrated working between

professions.

All staff use CNWL's EPR, SystemOne, as the single record for children in Camden. This is achieved through a process of honorary contracts which provides the governance to allow access across providers.

All partners are expected to achieve the same outcomes, outlined in five Key Performance Indicators (KPIs);

1. Timeliness – how quickly children and young people are able to access a service
2. Families' experience – whether families would recommend the service
3. Multi-disciplinary planning – whether children accessing more than one service long-term have a care plan in place
4. Transition planning – whether young people aged 16+ have a transition plan in place
5. Individual goals – whether children with long-term support achieved agreed goals within time limits

Each organisation is accountable to the service's joint governance structure and Partnership Board.

If all providers meet the quarterly KPIs the integrated service receives additional funding which we jointly agree how to use. If one service fails to meet a KPI no organisation receives the reward. This incentivises collaboration between providers and has been a lever to support services with challenging issues, for example investing in a poorly achieving service to improve outcomes.

The Single Point of Referral, already electronic, moved onto the single EPR, SystemOne. Complex cases are discussed at a fortnightly intake panel, and others routed to individual services immediately through SystemOne on receipt.

What was the impact/outcomes of implementing the change?

The service has consistently met or surpassed most key performance targets. Average wait to start assessment is under 6 weeks, and under 12 weeks for those on an autism assessment pathway. The incentivised reward scheme has encouraged a collaborative approach to challenges, which has enabled investment and re-design of some pathways to improve performance and user experience.

Family confidence following intervention and satisfaction levels are high. We conduct an annual deep dive into parent/carer feedback, which tells us that families are experiencing greater levels of collaboration between staff than a few years ago, as demonstrated by our aim to have a single joined up plan of care. We learn from complaints and concerns, as well as from feedback in the deep dive about what might improve families' experiences. Learning is translated into an action plan addressed across providers and professions, and we are held to account for this by the Partnership Board.

We are moving to a single outcome measurement process, the Goal Based Measure (GBM), across all services. Using the GBM, staff and parents/carers and young people will set goals for the children and young people together.