

The Highland Council
ADULT & CHILDREN SERVICES COMMITTEE

13 November 2013

Agenda Item	7.
Report No	ACS/98/13

Integrated Family Teams in Children's Services

Report by Director of Health & Social Care

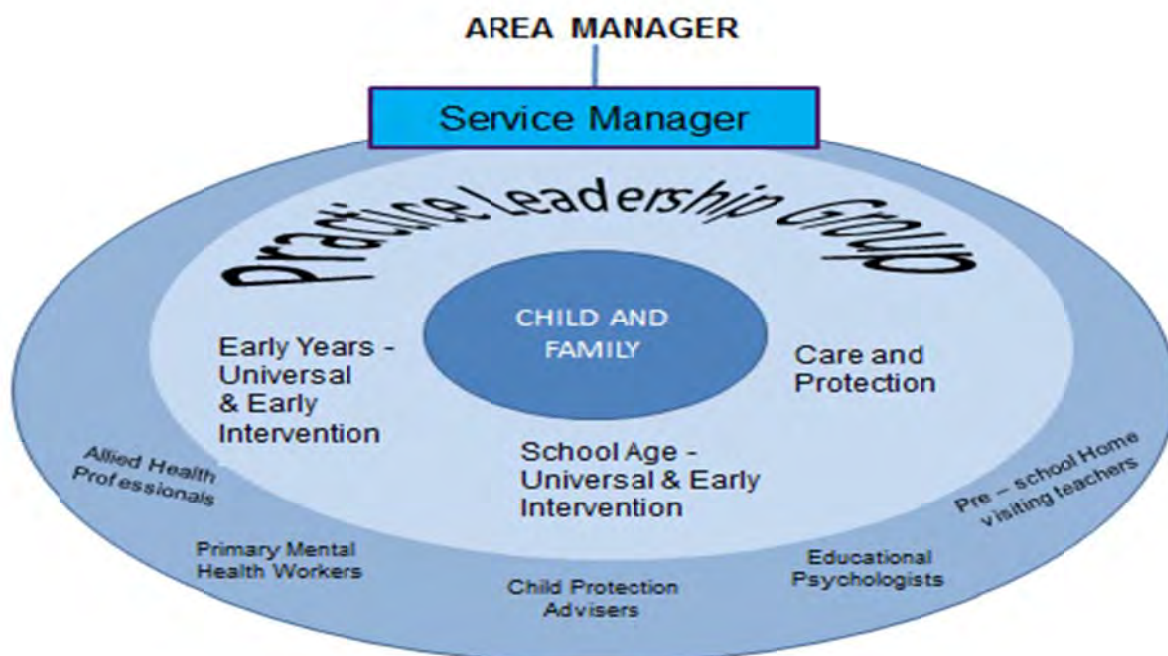
Summary

The report sets out the detail of the proposals for enhanced early years services, as part of the Council's commitment to preventative spend and the implementation of integrated Family Teams. It is intended that there is a short final period of consultation, enabling recommendations to be presented to the next meeting of the Committee.

1 Background

- 1.1 In November 2011, the Scottish Government established the Early Years Taskforce, alongside the Early Years Change Fund, to take forward a significant change programme to prioritise the early years of children's lives and early intervention, as set out in the Early Years Framework.
- 1.2 In January 2013, the Scottish Government launched the Early Years Collaborative, "to make Scotland the best place in the world to grow up in by improving outcomes, and reducing inequalities, for all babies, children, mothers, fathers and families across Scotland to ensure that all children have the best start in life and are ready to succeed".
- 1.3 The Council has committed £2m in 2013/14 and 2014/14, as part of its commitment to preventative spend, to enhance early years services, and to ensure that children in Highland have the very best possible start in life. Previous meetings of the Committee have endorsed that this should involve:
 - The integration of health and care teams at a District level
 - Increased numbers of early years staff in these teams
 - Comprehensive support to parents and families
 - Earlier assessment of children's needs and any developmental difficulties
- 1.4 As has been reported to the Committee, consultation has since taken place across the Service, to confirm the detail of these proposals.
- 1.5 The consultation confirmed the following key aspects of the new integrated Family Teams:
 1. Unified group of professionals across maximum range of activities
 2. Engage with parents early and through universal services
 3. Enhanced preventative approach in early years, promoting attachment
 4. Workforce is competent and confident, with clarity of roles
 5. Strong and effective single management
 6. Reconfiguration of Family Support
 7. Best linkage with colleagues from other critical services/systems

- 1.6 The consultation resulted in the preferred model being a single integrated team, with specialisms in three particular functions, as illustrated below:
- Universal Services and Early Intervention in Early Years
 - Universal Services and Early Intervention in School Age Children
 - Care and Protection



- 1.7 Other staff would be aligned to Areas or Districts. As the full integration of Education, Health and Social care develops, this would facilitate the creation of a pool of additional support needs staff in each Area.

- 1.8 Detailed proposals have now been developed, and these are set out below. It is intended that there is a short final period of consultation, also enabling further examination of costings, allowing recommendations to be presented to the next meeting of the Committee.

2 Proposals

Team Detail

- 2.1 It is proposed that there are ten Family Teams across Highland, largely based on the Districts and the corresponding Associated School Groups. The only variation would be in the South Area, due to the larger population and geography, where it is proposed that:
- There continues to be a discrete team for families and children affected by disability;
 - Nairn and Culloden are grouped together;
 - Grantown, Kingussie, Millburn and Inverness Royal Academy ASGs are grouped together.

- 2.2 Each Team would have a Service Manager, and Practice Leads for the three functions.
- 2.3 The proposed staffing levels for the new Teams, including the enhancements for early years, are based on need, population and geography. There has been an explicit attempt to achieve a level of equity across the authority, as shown below:
- 1 Health Visitor for every 200 pre-school children in high deprivation and rural communities, and for every 250 children in low deprivation communities.
 - 0.60 Early Years Worker for every 1 Health Visitor
 - 1 Social Worker for every 7 looked after children (assuming additional case load of 2 Child Protection, 6 complex non statutory cases)
- 2.4 These allocations will achieve the agreed savings of £0.025m this year, and £0.075m next year.
- 2.5 The number of Practice Leads in each Team is then associated with the number of reporting staff, such that:
- One Early Years Practice Lead = 7 supervision reports (assuming 20% case holding responsibility)
 - One School Age Services Practice Lead = 1800/2200 children (taking account of the number of schools)
 - One Care & Protection Practice Lead = 5 supervision reports (assuming 20% case holding responsibility)

Enhanced Early Years Services

- 2.6 Consultation with practitioners, managers and professional leads, has led to the following proposals for the enhanced early years services. These are further detailed in **Appendix One**.
- 2.7 Health Visitors:
Five posts have been calculated using the formula above, which aims to ensure an equitable and enhanced service to the early years across Highland.
- 2.8 Early Years Workers
A formula of 0.60 early years worker per health visitor results in 7 additional posts being proposed.
- 2.9 Staff Nurse
0.5 post to provide necessary additional support to the team in Easter Ross.
- 2.10 Public Health Nurse Training posts
As already agreed by Committee, 2 posts will support work force planning into the future. Funding for a practice teacher resource for these posts will also be required.
- 2.11 Pre-school Home Visiting Teachers
2 additional posts are being proposed. This service works with pre -school children and their families where there are additional educational support needs which may adversely affect their educational achievement. Additional

resource in this service would allow staff to also focus on the needs of children with social, emotional or behavioural difficulties.

- 2.12 **Substance Misuse Workers in the early years**
6 posts: 2 South and Mid; and 1 in West and North Areas are proposed. This would provide enhanced skills and knowledge within the Family Team, with additional focus on assessing the quality of parent/child relationship on pre-birth and young children where parental substance misuse is an issue. It has been highlighted during staff engagement sessions that this expertise being within the teams would help inform assessment at an earlier stage. This post could also strengthen links with adult services in relation to drug/alcohol/mental health.
- 2.13 **Primary Mental Health Workers**
2 additional posts are proposed to address shortfalls in South and West Areas. This enhanced provision would allow focussed work in the early years, particularly where there are concerns as to the quality of parent/carer/child relationship, as well as consultation in individual cases with foster carers/adoptive parents of children who have behavioural and emotional difficulties related to poor attachment experiences. The proposal is also that 0.4 FTE will cover backfill to allow provision of a practice lead for the PMHW's.
- 2.14 **Health Improvement Policy Manager and Officer**
These posts have already been approved by Committee, to take forward health promotion initiatives across the new Service.
- 2.15 **Early Years Educational Psychologist**
This post has also been approved, to support capacity building in early years staff. The post holder will provide training, support development work, and carry out small scale research in the area of psychological wellbeing of children and their families.
- 2.16 **Autism Practitioner**
An additional 0.5 post would enable more responsive post- diagnostic support and intervention in the early years. Diagnosis is often made prior to five years of age, and strategies can be put in place at an early stage to support significant transitions, into nursery and primary school.
- 2.17 **Children's Community Workers (Care & Protection)**
4 additional posts: 1 in the West and North; and 2 in Mid Areas are proposed. The need for these posts emerged from discussion regarding the existing posts that are based only in the South, and the conclusion that the work they contribute to teams is at a much higher level of skill than basic support work. Approximately 59% of children currently on the register, and approximately 25% of LAC are under 8. There are currently sufficient numbers of CCW's in the South to allow, with some possible redistribution of staffing, to cover specific focussed work with these children.
- 2.18 **Occupational Therapists**
An additional 0.8 fte posts have already been agreed, to create capacity Highland wide, to focus on the early years. This will support implementation of the neo-natal quality framework.

2.19 Mainstream Family Nurse Partnership Programme
Should the Council wish to mainstream the Family Nurse Partnership programme from 2016, it is likely that 50% of current costs would be required.

2.20 Administrative staff
2 posts are proposed, to provide additional support for these various initiatives.

3 Senior posts potentially impacted by service re-design

3.1 In order to implement the ten Family Teams, the following would be required:

- The 5 District Manager posts would cease, and 10 Service Manager posts would be required to provide each Team with a strong and effective single management structure.
- The Team Leader, Team Manager, Integrated Services Officer and Senior Practitioner posts would cease, and Practice Leads for each of the three functions within a team would be required, operating as a collaborative group across each Team to provide leadership and ensure the workforce were clear about their roles, confident, and effective.

3.2 Much discussion has understandably centred around the roles and responsibilities of both the Service Manager and the Practice Leads. Meetings have taken place with a range of practitioners and managers, and from those meetings, draft job descriptions are being developed.

3.3 The current thinking is that the Early Years Practice Lead will require a Health qualification, whilst the Care and Protection Practice Lead will require a Social Work qualification. The Practice Lead for universal services and early intervention for school-aged children, could come from a range of professional backgrounds.

3.4 There are no proposals affecting the number of Child Protection Advisers, which is a shared service also delivering for NHS Highland. However, work is ongoing to confirm the geographies that the posts should cover, and the specific role within the new structures.

4 Support work

4.1 An exercise is being completed to confirm the current spend on support work across Highland, including third sector provision.

4.2 It is proposed that there should be four formats for support work as part of the new structures:

- Community capacity building, outsourced provision for all Family Teams
- In-house Care & Protection provision
- Affordable in-house provision for Disability Services
- Flexible budget for SDS

It is acknowledged that this may involve TUPE obligations to current staff in both Council and out-sourced provision.

4.3 This review will achieve the agreed savings of £0.1m this year and next year.

5 Cumulative Savings

5.1 The Service is also presently having to make £852,600 cumulative savings every year in vacancy management, which includes £379,000 inherited from NHS Highland budgets. This will inevitably impact on a number of early years posts.

5.2 One option would be to use this redesign process to reduce the level of savings, thus potentially achieving a higher level of staff in post at any time. It is possible to allocate around £0.2m in this way.

6 Implications

6.1 Resources

These proposals are funded from the redesign of existing services, enhanced by £2m from preventative spend for early years services in 2013/14 and 2014/15.

6.2 Equalities

These proposals represent a major initiative by Highland Council to significantly address inequalities across the Highlands.

6.3 There are no legal or climate change implications.

Recommendations

Members are asked to consider and comment on these proposals, further to a final period of consultation, enabling recommendations to be brought to the next meeting of the Committee.

Bill Alexander
Director of Health & Social Care

Date: 4 November 2013

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PROPOSED NEW STRUCTURE - INTEGRATED(FAMILY)TEAMS (formula based)																	
Team	Service Manager	Practice Lead (e/ys)	H/V posts	early years workers	add. staff nurse post	Add.l H/V training posts Nurse	Add.l pre-school home visiting teacher post	Substance misuse workers (e/yrs)	Add. PMHW post with e/yrs focus	Add. autism prac(e/yrs)	Practice Lead (school years)for mula based	CSW (schools)	school nurses	Practice Lead(C&P) formula based	SW FORMULA BASED	Support work co-ordinator	Add. CCW(care & protection
IRA, Millburn, Grantown & Kingussie	1	2	10.4	6.2							2.4	7.2	3.9	2	9.4		
High School, Charleston & Glenurquhart& (Inv West)	1	1.5	6.4	3.8							1.4	4	2.1	2	12.6		
Culloden & Nairn (& YAT management)	1	1	6.6	4							0.8	2.4	2.6	1	4.6		
Child Health & Disability	1	1							0.5		1	3		1	7.6	2	0
Youth Action(overall management as above)														1	4		
totals	4	5.5	23.4	14		1		2	1		5.6	16.6	8.6	7	38	2	
Sutherland & Disability(& YA management)	1	1	2	1.2							0.8	2.4	1.2	1	2	1	
Caithness - East & West(2 'hubs')	1	1.5	6.6	4							1.8	5.4	3	1.5	6.4		
Youth Action(overall management as above)													4.2	1	7		
totals	2	2.5	8.6	5.2		0		1	0.2		2.6	7.8	4.2	3.5	15.4	1	1
Easter Ross(& disability overall management)	1	1	6	3.6	0.5						1.4	4.2	2	1.6	8.2		1
Mid Ross	1	1	5.6	3.2							1.4	4.2	2	1	5	1	1
Children with Disability Team(overall management as above)												1		1	3.2		
totals	2	2	10.6	6.8		1		2	0.3		2.8	9.4	4	3.6	16.4	1	2
Skye& Lochalsh (&Disability)/Wester Ross & Assynt(2	1	1	2.8	1.8							1.2	3.6	2	1.5	5.2		
Lochaber & Disability	1	1	5	3							1.6	4.8	2.8	1.5	5.6	1	
totals	2	2	7.8	4.8		0	2	1	0.5		2.8	8.4	4.8	3	10.8	1	1
Total FTE	10	12	50.4	30.8	0.5	2	2	6	2	0.5	13.8	42.2	21.6	17.1	80.6	5	4