

AGENDA ITEM**4.1****EXECUTIVE**

DATE: 30TH MARCH 2009

SUBJECT: INTEGRATED CHILDREN'S CENTRE – BID FOR CAPITAL

REPORT BY: CORPORATE DIRECTOR CHILDREN & YOUNG PEOPLE

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IMPLICATIONS:

LEGAL	✓	STAFFING	✓
EQUAL, COH AND INC FINANCIAL	✓ ✓	COMMUNITY SAFETY RISKS	✓

OTHER**CONSULTATIONS:**

COUNCILLORS CONSULTED ✓	SCRUTINY COMMITTEE CONSULTED (BSF COMMISSION CONSULTED ✓)
STAKEHOLDERS CONSULTED ✓	OTHER

WARDS AFFECTED: ALL

LEAD EXECUTIVE MEMBER: CLLR TAHIR KHAN

RECOMMENDATION(S)

1. The Executive is asked to support a bid for capital money. The Department of Children Schools and Families (DCSF) are currently inviting bids for a “co-location fund”. The Children’s Trust partnership has a project and delivery plan for a suitable project which will deliver services for local priority groups.

REPORT

2. In mid February the Department of Children Schools and Families (DCSF) issued criteria for a capital “co-location” fund. The fund is aimed at projects for

children and young people which will deliver integrated services across the system e.g. the co-location of health, education and social care.

3. This gives Luton an opportunity to bid for an integrated centre for children and young people with disabilities and fill a huge gap in our local facilities. Currently we have a fantastic range of staff delivering services from poor accommodation at sites throughout Luton. Many other areas already have such a facility known as a child development centre.
4. The timetable is challenging – bidding closes on 6th April, the go ahead will be given at the end of May and projects need to be open and delivering services by September 2011. The existing Building Schools for the Future (BSF) programme would be used to deliver the build and the BSF team.

Luton's Children's Trust proposal

5. The Integrated Centre for Children and Young People would deliver co-located world class "one stop" facilities for those children and young people who have disabilities from across the borough of Luton. The Centre would also incorporate the full range of services being delivered out of an existing Children's Centre, bringing the benefits of integrated working to a broader range of need and a larger number of children and families. It will allow targeted support from a multi-agency team to some of Luton's most vulnerable children.
6. Families of disabled children have told us that whilst local teams from across the system do work effectively together, the current dispersed and poor facilities do not maximise our opportunities of delivering high quality and integrated services.
7. This project would involve a new build on the current site of the Children's Centre at Lea Manor High School. The School/LA are asked to contribute the land to the scheme. The Local Authority are likely to own the building with a partnership arrangement in place with NHS Luton.

The project

8. This project would provide a full range of facilities where health, social care, early years, education, voluntary sector and mental health staff can assess and deliver programmes for children and young people with disabilities. The Children' Trust is currently re-structuring services into integrated teams and this project will means staff working with children and young people with disabilities from education, social care and health staff would be based together and work to deliver an integrated seamless service.
9. We are strongly committed to delivering services around the child and family and co-location with the existing Children's Centre will enable a wider and more diverse multi-agency team to form. Having childcare and crèche facilities on site will enable young children with special needs and disabilities

to access education and play facilities alongside their more able peers and provide opportunities for professionals to observe the children's activities and behaviour patterns in a natural and non-stigmatising environment. Family Support and Parenting services currently provided by the Children's Centre will be further developed to provide additional support to the families of children with disabilities, and existing outreach staff can extend their remit to these vulnerable families.

10. **Key Principles**

Access - improved physical access and shorter waiting times

Simplicity – a “one stop” approach to care co-ordination

Avoidance of duplication – a single assessment process

Environment – a first class physical environment.

Co— location multi-disciplinary integrated working

Non-stigmatising – a normal, high quality one-stop-shop environment

Integration – of children with special needs and disabilities with more able children enabling enriched experiences for both groups.

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Model of care – Appendix 1

LEGAL IMPLICATIONS

11. Having regard to the provisions of the Children Act 2004, contracts would need to be drawn up to support the partnership agreement between the PCT (NHS Luton) and the Local Authority in support of both the capital and revenue elements of the project. Approved by Graham Cole, Principal Solicitor (Social Services) on 16.3.09.

STAFFING IMPLICATIONS

12. The new building would be staffed by existing health, social care and education staff working with children with a disability and children's centre staff

EQUALITIES, INCLUSION & COHESION IMPLICATIONS

13. Access to high-quality education buildings and facilities should be available to all disabled children and young people from across Luton increasing their life chances. Approved by the Children & Learning Equalities Officer on ??

FINANCIAL IMPLICATIONS

14. NHS Luton is prepared to commit £1m capital to the scheme over 2 years and contribute £100k to the facilities management costs. The balance of FM costs would be met from the existing costs of the existing Children's Centre. The bid

to the fund would be for the balancing figure of £4-5m capital. The building would open for use in September 2011.

15. The Centre will be staffed from existing establishments and every opportunity to offset FM costs will be taken.
16. At present the land on which the Children's Centre is situated is leased by the school to Marsh Farm Community Development Trust (MFCDT) at a peppercorn rent. Should the bid be successful, discussions and negotiations will need to take place with MFCDT in respect of the current building. An agreement in principle by Lea Manor Governors is being sought on 19th March 2009. This would secure a firm foundation for a successful bid to the Co-Location Fund.
17. The financial implications as shown above require no additional budget provision. This has been confirmed by the Finance Manager (Children & Learning) on 16th March 2009.

RISK IMPLICATIONS

18. The main risks are that the services to this vulnerable group continue to be provided from sub-standard accommodation and the opportunities to integrate services across agencies are not realised. The potential currently exists for children and young people to fall between the gaps between organisations.

COUNCILLORS CONSULTED

19. Councillor Sheila Roden has been fully consulted about this scheme.
20. Councillor Tahir Khan sits on the Children's Trust Board and children and young people with a disability and vulnerable families have both been identified as priority groups.

STAKEHOLDERS CONSULTATIONS

21. Consultation with parents and children and young people with disabilities has been extensive through:
 - Being Young in Luton 2006 – a large consultative exercise with young people with specific themes on disability
 - Pursuing perfection project where which has involved large stakeholder events and a working group with parental representation
 - Annual conference for parents of children and young people with a learning difficulty /disability
 - Aiming Higher for disabled children – University of Hertfordshire consultation
22. Families of disabled children tell us that whilst local teams from across the system do work effectively together, the current dispersed and poor facilities

do not maximise our opportunities to deliver high quality and integrated services.

23. The message is clear – our services need to be better co-ordinated, more accessible and from a one stop shop where possible.

OPTIONS

24. The options are to bid or not to do so. If we do not we will miss a key opportunity to develop these services

APPENDICES

25. Appendix 1 - Integrated Centre for children and young people – model of care

Appendix 1 - Integrated Centre for Children and Young People

Model of Care

This proposed new facility would deliver

- co-located world class “one stop” facilities for those children and young people who have disabilities from across the borough of Luton
- the full range of services being delivered out of an existing Children’s Centre

It will bring the benefits of integrated working to a broad range of need and a large number of children and families. This paper describes the model of care proposed for delivery.

Services being co-located and facilities provided

This project would provide a full range of facilities where health, social care, early years, education, voluntary sector and mental health staff can assess and deliver programmes for children and young people with disabilities. The Children’s Trust is currently re-structuring services into integrated teams and this project will mean staff working with children and young people with disabilities from education, social care and health staff would be based together and work to deliver an integrated seamless service.

We are strongly committed to delivering services around the child and family and co-location with the existing Children’s Centre will enable a wider and more diverse multi-agency team to form. Having childcare and crèche facilities on site will enable young children with special needs and disabilities to access education and play facilities alongside their more able peers and provide opportunities for professionals to observe the children’s activities and behaviour patterns in a natural and non-stigmatising environment. Family Support and Parenting services currently provided by the Children’s Centre will be further developed to provide additional support to the families of children with disabilities, and existing outreach staff can extend their remit to these vulnerable families.

Key Principles

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Children and Young People with a Disability

The remainder of this paper describes the model of care which the new element of service (the Child Development Centre or CDC) will provide. This is the integrated provision for children and young people with a disability

Client Group - Our client groups will be children and young people up to 18 across the following range:

Developmental problems

- Physical disability e.g. cerebral palsy, metabolic disorders
- Learning difficulties e.g. Down's syndrome
- Motor delay and co-ordination impairment

Complex needs

- Complex and multiple needs
- Child Protection

Parenting

- Complex / social
- Infant feeding and nutrition

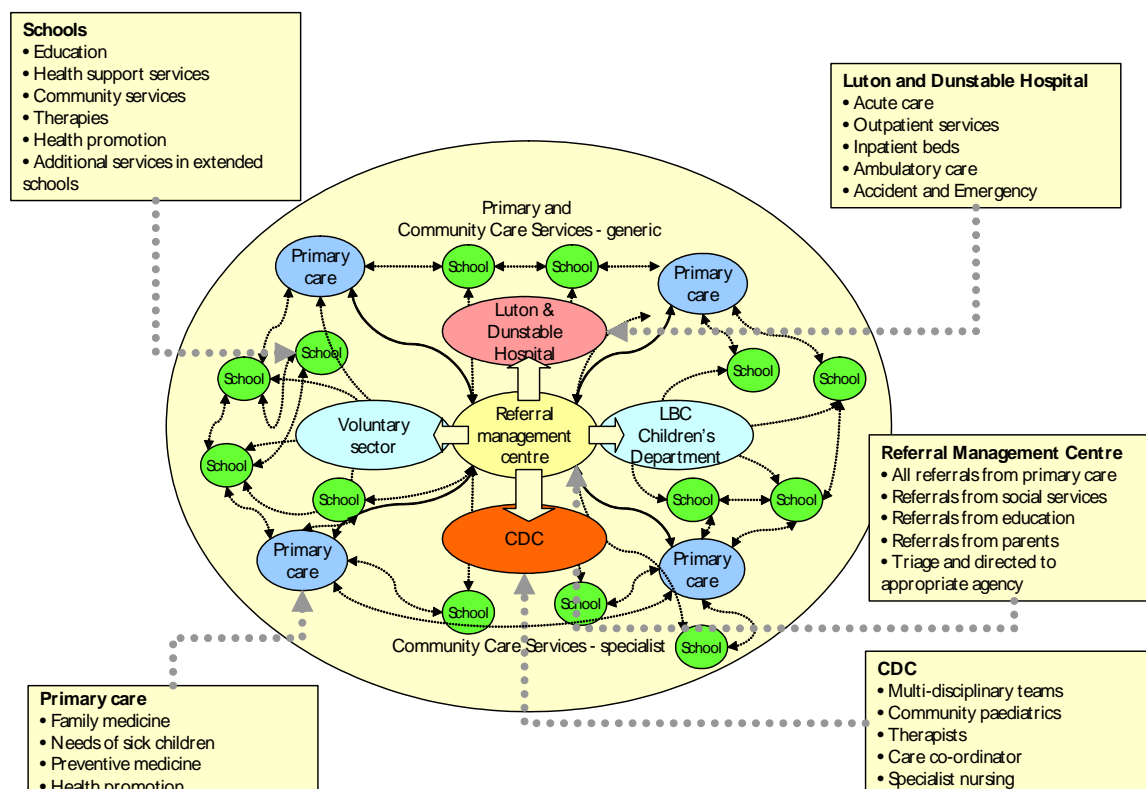
Behavioural

- Social communication disorders
- Asperger's syndrome, autism
- Attention deficit hyperactivity disorder (ADHD)

Model of care – Children with a disability

The following diagram indicates the new model of care diagrammatically.

Figure 1: Schematic representation of the new model of care



Elements of care

Referral management centre

Referral Management Centre

- All referrals from primary care
- Referrals from social services
- Referrals from education
- Referrals from parents
- Triage and directed to appropriate agency

The referral management centre will collate and collect all referrals to achieve a common referral path and a single access point

Luton and Dunstable Hospital

Luton and Dunstable Hospital

- Acute care
- Outpatient services
- Inpatient beds
- Ambulatory care
- Accident and Emergency

The principal effect on the acute hospital will be the avoidance of duplicate referrals to community and acute services, freeing time in outpatient clinics. There are opportunities for hospital based clinicians to use the facilities in the new centre.

New facility

CDC

- Multi-disciplinary teams
- Community paediatrics
- Therapists
- Care co-ordinator
- Specialist nursing

At the centre of the new model of care is the new facility that meets the needs of the core client group.

Its overall purpose is to:

“To provide a one-stop shop for children and adolescents 0-16 years through the provision of integrated services aimed at minimising the number of appointments and locations for families, and providing a community base to facilitate the shift from secondary to primary care for this client group.”

It is proposed that there are three categories of service:

- Those that are based at the CDC.
- Those that use the CDC facilities but whose service base is elsewhere.
- Services that link to the CDC.

The CDC will become the focus for education and information services and will provide professional and user library and information services. Voluntary sector organisations will also use the CDC as a focus of communication, education and support.

Primary care and community based services

Primary care will continue to provide care that is treatment, health promotion and prevention through general practice and the health visitor service. These will link more closely with the new Centre in that all referrals will pass through the referral management centre. The Centre will become a more visible and usable resource for practitioners in community settings.

Specialist school and community based teams will focus on the Centre as their administrative and professional base. This will allow for greater interaction, better communication and improved education and professional support opportunities.

Schools

It is anticipated that schools will see the Centre as a shared resource particularly for education and training and information acquisition. As the base for many services for children with a disability it will be the clear hub for communication purposes.

Tertiary health services

Improved facilities and a wider range of assessments and treatments may support repatriation of those children whose needs cannot be met locally and who currently have to travel to more remote tertiary centres.

Voluntary sector

The voluntary sector provides a range of support and other services and some commission or fund services for children with particular or specific needs. Closer integration with the Centre and referral management make it possible for those with specific needs to receive better care and information co-ordinated through these routes.

Local authority services

The development of a dedicated children's department within Luton Borough Council offers the chance to integrate services more fully.

Stages of care

For most children there are four identifiable stages in the journey through the system

- **Referral** – This is a key stage that determines the first encounter with whichever agency is accessed through the referral process. As identified above referral management is the route of entry with triage to the appropriate agency.
- **Assessment / planning** – This should be carried out by the most appropriate professional(s) as defined at referral stage. The CDC is one location where assessment and planning should take place but the multi-disciplinary nature of the approach makes this the most appropriate location for those with particularly complex or special needs.
- **Intervention / treatment** – It is likely that this will take place in a variety of settings which may be the CDC, hospital, other community facilities or even at home. Increasingly professionals are training more generic staff to deliver treatments. Parents, teaching assistants and others are crucial to effective care delivery especially where skills may be transferred easily and little or no specialist equipment is required
- **Follow up / review/ discharge** – Many children have long term problems that require continuing care and monitoring of their conditions. The CDC will be a hub for these services.

Summary

The development of a CDC, co-located with a well developed children's centre offers the opportunity to bring about a step change in both the delivery of integrated provision and services to children and young people with a disability through the delivery of a new model of care.