



**ANEURIN BEVAN UNIVERSITY HEALTH BOARD**  
**CHILDREN'S CENTRES**



**A WAY FORWARD FOR THE FUTURE**

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# **ANEURIN BEVAN UNIVERSITY HEALTH BOARD**

## **CHILDREN'S CENTRES**

### **A WAY FORWARD FOR THE FUTURE**

#### **Part 1**

#### **1 HISTORICAL BACKGROUND**

Aneurin Bevan University Health Board (ABUHB) delivers health care services to a population of 576,754 across Gwent. The regions within Gwent are illustrated on the graph in Appendix 1 and include Blaenau Gwent, Monmouthshire, Torfaen, Caerphilly and Newport.

Children and young people with a disability or developmental difficulty have their therapy and paediatric services from within three geographical sectors centred around the three children's centres:

#### **Caerphilly Children's Centre - serving Caerphilly**



*\*[consultant paediatric outpatient appointments take place at Ystrad Mynach Hospital]*

#### **Nevill Hall Children's Centre - serving Blaenau Gwent, North Torfaen and North Monmouthshire**



*\*[paediatric outpatient appointments take place at Nevill Hall Hospital and Ysbyty Aneurin Bevan]*

## **Serennu Children's Centre - serving Newport, South Torfaen and South Monmouthshire**



The three children centres have developed independently and somewhat organically to meet local need and demand and without an overall coherence. They have not been developed from a strategic service model / delivery plan hence whilst there are similarities in services provided from all three centres, equally there are differences. In addition and most importantly there are differences in arrangements relating to the management, accountability and reporting relationships, funding and partnerships.

The challenge for ABUHB is to ensure equitable service provision across all three children centres in respect of treatment and care, partnership working and enhanced service delivery.

## **Caerphilly Children's Centre**



Caerphilly Children's Centre was a hospital ward conversion in 1990, has had several building additions in its 22 year history and is owned and managed by a charity, Action for Children. Health Board staff are based in the centre along with staff from the charity. Local Authority staff and third sector agencies use the centre on an in-reach basis. The Health Board, as the lead agent, supported by the Local Authority (LA) and the Local Education Authority (LEA) as secondary and tertiary 'agents', commission from the charity to provide a base and infrastructure that supports service delivery to children aged 0-18 years with a disability and their families. Funding arrangements are negotiated on an annual basis between the commissioning agents and the service provider (Action for Children). The

centre is managed by a regional manager who is an employee of the charity and is responsible for the running of the centre.

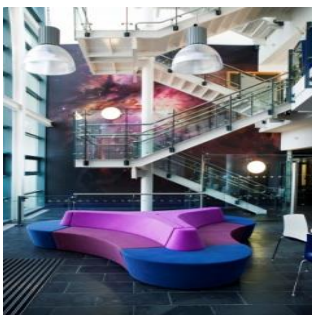
Caerphilly Children's Centre provides treatment and care mainly related to therapies and limited leisure activities / enhanced services.

### **Nevill Hall Children's Centre**



Nevill Hall Children's Centre was purpose built in 1991 with monies raised through a fund raising appeal, the Umbrella Appeal, and is owned and funded solely by the Health Board. Health Board staff from a range of different professions and services are based there and there are no staff or services based there or delivered from there on behalf of any other agencies. The centre does not have a dedicated manager but an administrator whose role is to provide administrative support services to the staff based there.

Nevill Hall Children's Centre in the main provides treatment and care services related to therapies.



Serennu Children's Centre is the newest of the three, built with monies granted by the Welsh Government following the fundraising efforts of the South Gwent Children's Foundation - Sparkle Appeal, a charitable foundation which is still a major stakeholder in the centre. The centre and the land on which it sits was gifted to the Health Board and the centre opened for families in April 2011. Health Board staff from a range of professions and services are based there along with Torfaen and Newport local authorities children with disabilities teams. A range of charitable organisations use the centre on an in-reach basis, providing information for

families who attend the centre. The running costs of the centre are largely met by the Health Board with some contributions from the two local authorities who are partners in the development of a multi-agency service provision for children and young people with disabilities. The centre has a dedicated manager who is an employee of the Health Board and is responsible for the running of the centre.

Serennu provides therapy treatment and care, paediatric outpatient services, social, recreational and leisure activities and provides a holistic service to families. All of the enhanced services provided at Serennu are funded and delivered by staff employed by Sparkle.

## **2 GOVERNANCE AND ORGANISATIONAL STRUCTURES**

At a strategic level within the Health Board, Sian Millar, General Manager for Families and Therapies Division is responsible for the three children centres. Operationally, there is no one who has a dedicated role with overall responsibility for the day to day running of the centres. The development of Serennu, with its range of co-located and enhanced services, has highlighted that there is need for a strategic vision for the development of the three children's centres as centres of excellence for health and social care services needed by families of children and young people with a disability or developmental difficulty.



The staff based at the Caerphilly Centre are employed by ABUHB and Action for Children. There is no multi-agency (health, education, social services, voluntary sector, parent representative) executive group in place responsible for strategic decision making although plans to implement one are currently underway.

Nevill Hall Children's Centre provides a base for ABUHB staff only. Meetings take place between professionals based in and also in-reaching into the centre, however there is no operational management meeting and no executive group in place with responsibility for strategic decision making.

Organisations based at Serennu include ABUHB, Newport County Council, Torfaen County Borough Council, Sparkle and MediCinema. The governance structure includes a management meeting at operational level, chaired by the centre manager and an Executive Group (with senior representation from all partner agencies and parent representation) responsible for strategic decision making.

There is no overarching partnership planning forum for the three children centres comprising of health board, local authority and voluntary sector staff. There is also little opportunity for the three centres to come together at an operational level to share good practice and learn from each other.

IT services are fragmented and there is no integrated IT system at any of the children centres.



### 3 SUITE OF SERVICES

Services are categorised as follows:

1. Health care services
2. Social care services
3. Enhanced services

The following table provides a comparison of services available at the three centres:

#### **Health Care Services**

	Caerphilly	Nevill Hall	Serennu
Occupational Therapy	✓	✓	✓
Physiotherapy	✓	✓	✓
Speech and Language Therapy	✓	✓	✓
Dietetics	✓	✓	✓
Podiatry	✓	✓	✓
Orthotics	✓	✓	✓
Child Development Advisors (Portage)	✓	✓	✓
Community Children's Nursing Service	x	x	✓
Audiology	x	✓	✓
Child and Family Psychological Health Services	✓	✓	✓(limited)
Community Dental Service	x	x	x
Paediatric Clinics	x	2 consultants	20 consultants
Hearing impairment clinic	x	✓	✓
Visual impairment clinic	x	x	✓
Facilitated visiting speciality clinics from Cardiff and Bristol	x	x	✓
Continence clinic	x	x	✓
Epilepsy clinic	x	x	✓
Home enteral feeding clinics	✓	x	✓
Rehabilitation Engineering services	x	✓	✓

## **Social Care Services**

	Caerphilly	Nevill Hall	Serennu
Duty service	x	x	✓
Children with disabilities team based at the centre	x	x	✓
Children with Additional needs service (CANS)	x	x	✓
Education/Inclusion services/Education psychologists	x	x	x
Assessment nursery provision	✓	x	x
Key working/Care Co-ordination/Lead professional services	✓	x	✓
Multi Agency meetings	ISCAN &TAF	CDT & MATS	CDT & MATS

## **Enhanced Services**

	Caerphilly	Nevill Hall	Serennu
<b>Holistic</b>			
Information and Advice service	x	x	✓
Information events (external organisations)	x	x	✓
Family liaison	x	x	✓
Clinical Psychology service (parent/carer and siblings)	x	x	✓
Parent support groups	✓	x	✓
Children and Young people support group	x	x	✓
Sibling support groups	x	x	✓

Parent befriending service	x	x	✓
Child/sibling support by play worker	x	x	✓
Voluntary agency drop in clinics	✓	x	✓
Respite	✓	x	x
<b>Leisure</b>			
Stay and play club	x	x	✓
Play club	x	x	✓
Play scheme	✓	x	✓
Youth club	x	x	✓
Parent and toddler swim	x	x	✓
Family swim	x	x	✓
Swimming lessons	✓	x	✓
Independent skills club	x	x	✓
After schools club	x	x	✓
Multi skills	x	x	✓
Dance	x	x	✓
MediCinema	x	x	✓
Fun day events	✓	x	✓
Day trips	✓	x	✓
Residential trips	x	x	✓
Outdoor disabled play ground	✓	x	✓
Outdoor multi use games court	x	x	✓
Sensory garden	x	x	✓

## 4 DEMAND AND CAPACITY

In attempting to collect demand and capacity data from the three children centres, it was evident that this is a huge gap in the existing performance infrastructure. There is no single system collecting comparative data across the three centres and outdated, manual systems are being used across them all. We were able to collect some data, from some centres which is recorded below.

The following table shows a weekly average for children and young people:

	<b>Caerphilly</b>	<b>Nevill Hall</b>	<b>Serennu</b>
Appointments booked for treatment and care	n/k	n/k	325
<b>Attended</b>			
Appointments attended for treatment and care	88	71	200
Children attending social and enhanced activities	16	0	170
<b>Total attended</b>	<b>104</b>	<b>71</b>	<b>370</b>

Rooms available for booking:

	<b>Caerphilly</b>	<b>Nevill Hall</b>	<b>Serennu</b>
Meeting rooms	6	1	13
Treatment rooms	5	7	21
<b>Total</b>	<b>11</b>	<b>8</b>	<b>34</b>
Other facilities			
Designated parent area	✓	x	✓
Hydrotherapy pool	✓	x	✓
Rebound treatment room	✓	x	x
Full size gym	x	x	✓
Fully kitted out independence flat	x	x	✓
MediCinema	x	x	✓
Café	x	x	✓
Gait analysis	x	x	✓

Electronic wheelchair tracking	x	x	✓
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#### Room usage

	<b>Caerphilly</b>	<b>Nevill Hall</b>	<b>Serennu</b>
Capacity	Majority of rooms available a minimum of 30% of the time	n/k	Majority of rooms available a minimum of 30% of the time

The following table shows staff based at the centre:

	<b>Caerphilly</b>	<b>Nevill Hall</b>	<b>Serennu</b>
All staff	38	31	135
Of which - admin staff supporting reception/general admin, etc	3.75wte	2wte	2.67wte

The following shows the population of each area.

	<b>Caerphilly</b>	<b>Nevill Hall</b>	<b>Serennu</b>
Population	<b>178,806</b>	Blaenau Gwent 69,814 Monmouthshire (North) 49,434 Torfaen (North) 42,540 <b>Total: 161,788</b>	Newport 145,736 Monmouthshire (South) 41,889 Torfaen (South) 48,535 <b>Total: 236,160</b>

#### Costs

Full comparative costs for the three centres is not available, however the known projected full year costs to the division for 2013/14 was as follows:

	<b>Caerphilly</b>	<b>Nevill Hall</b>	<b>Serennu</b>
Net cost	149,000	23,000	217,000
Average Cost per appointment (based on children attending for treatment/care)	£32.56	£6.23	£20.86

## **Part 2**

### **1 WHAT SERVICES SHOULD BE PROVIDED**

Interviews with professionals based at all three centres and some parents strongly supported the view that all children and young people across Gwent should be able to access a full range of treatment and care, social services and leisure services which will meet the specific needs of children or young people with a disability or developmental difficulty.

The majority felt that children and young people should be given the choice of accessing segregated specialist provision or integrated community provision particularly in relation to enhanced and leisure services.

Most people felt that the three children centres should provide an equitable suite of holistic services. However, realistically delivery of the full range of services from all three existing sites would not be possible for reasons highlighted within this report.

A research project undertaken by Susan Booth as part of her MSc in Physiotherapy explored the context of co-location in respect of services for children with complex disabilities at Serennu. The findings were very positive with the co-location of sports and leisure enhancing the “team around the child” model. Professionals reported that co-location enhanced good practice and for some transformed good practice. It was felt that communication and information sharing were major benefits in terms of timeliness and quality, improved relationships, better access to families and timeliness of service delivery. Additionally, informal exchanges in the staff room and the open plan office made staff more accessible and enhanced local intelligence in regard to information about families and services.

Sue also reported that interpersonal staff relationships, team building and staff/family relationships as a result of co-location led to greater mutual respect, trust, awareness, appreciation and understanding of each other’s roles. Additional benefits included joint training, cross fertilisation / inter professional seepage of knowledge and innovation, facilitated as professional barriers are broken down.

If a full suite of holistic services with staff co-located at Nevill Hall and Caerphilly is unlikely, it is important that children and young people are able to access these services close to home or elsewhere in the Health Board catchment area.

A hub and spoke model where core services ("spokes") are delivered from each of the children's centres and/or locally and more specialist services are delivered from a "hub" i.e. any centre that has the ability to deliver a highly specialist service to the whole population, appears to be a more realistic way forward.

Some suggestions on what could be categorised as core services are below:

#### Treatment and Care

Physiotherapy

Occupational therapy

Speech and Language

Dietetics

Podiatry

Orthotics

Child Development Advisors (Portage)

Consultant Paediatric appointments

Child and Family Psychological Health Services

Community Dental Services

Visual impairment clinic

Orthoptics

#### Local authority

Children with disabilities social services team

Duty officer service

Education / inclusion service

Respite provision

Play scheme

Key working/care co-ordination services

#### Third sector – enhanced services

Information / Family Liaison Officer

Play worker available to support professionals and parents

Play scheme

Youth club, play club, parent and toddler club

Swimming lessons / family swim

Fun days / events / day trips

Drama / dance / theatre group

Multi skills (sports based activity teaching children basic skills)

Independent skills / after schools clubs

Siblings group

Disabled access playground

Parent befriending  
Parent support groups  
Children and young people group  
Sensory room

There are benefits to the children, young people and their families if services can be delivered under one roof however, as previously stated, this would present challenges at both Nevill Hall and Caerphilly for different reasons. Core services do not necessarily need to be delivered from the children centres however they should be delivered within the locality and be easily accessible for parents and children. To achieve this it is important that the children centres play a co-ordination role and ensure that parents are aware of the services available in their community.

The number of children and young people presenting with mental health problems is increasing significantly against a diminishing service, it is therefore critical that this is a core service available to children and young people attending the children centres.

Some suggestions on what could be categorised as specialist services are listed below:

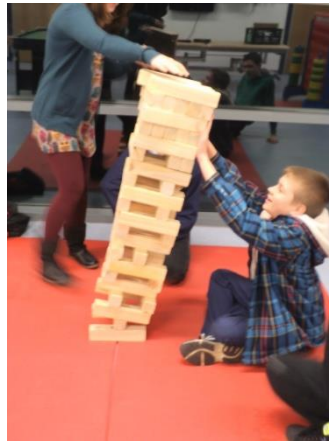
#### Specialist services

Facilitated visiting speciality clinics from Cardiff and Bristol  
Audiology  
Enteral feeding  
Continence clinic  
Epilepsy clinic  
Hearing impairment clinic  
Clinical Psychology service for parents and siblings  
MediCinema  
Independent skills training (ADL flat)  
Gait analysis  
Rebound therapy  
Electronic wheelchair track training  
Assessment nursery  
IT assessment suite  
Specialist seating clinics  
Rehabilitation engineering services



## 2 SUSTAINABILITY OF SERVICES

ABUHB Children and Families division has a net cost of £389,000 for the running of the three children's centres. This excludes the social and enhanced provisions.



It is essential therefore that we evaluate and consider whether the current service model is efficient and effective for the future. In considering this we need to know if the current service model:

- Provides equitable services which meet the needs of children, young people and their families
- Is affordable
- Is the most efficient model
- Is sustainable

Each of these will be looked at below:

### **A] Provides equitable services which meet the needs of children, young people and their families**

The current service model is not equitable and does not meet the needs of children, young people and their families across Gwent. The inequity predominantly arises in respect of the enhanced services, however, there remains some inequity with the provision of health and social care services also.

Parents have stated that they would like to receive services as close to their home as possible but they could be consulted on whether they would be prepared to travel if the service was specialist and not available locally.

In relation to the Serennu Centre, as it is located close to the Caerphilly border, a number of parents and professionals have asked for services to be delivered from the children's centre closest to them. This is possible but

will have implications in terms of availability of facilities and the ability of individual services to move staff resources from one centre to another.

For Serennu this would mean extending services to parts of Caerphilly and potentially areas currently categorised at North Torfaen and North Monmouthshire. In reality, a number of the professionals at Serennu, particularly consultant paediatric clinics already invite Caerphilly patients to receive some aspects of their treatment and care at Serennu. This causes difficulty for those families if they wish to access enhanced services or other professional services at Serennu but are told they are not able to as they do not reside in the catchment area. Newport parents are concerned that extending the geographic boundaries at Serennu could create disadvantages for existing Serennu families.

The impact on demand for services at Nevill Hall and Caerphilly Children Centre could change if the boundaries for Serennu were extended and this would require consideration and consultation.

A number of parents accessing Serennu from Caerphilly and North Torfaen in particular have requested that they have access to the enhanced services at Serennu to include the specialist play clubs, MediCinema, clinical psychologist, etc. These are not available at the Caerphilly Children's centre and parents are not aware if these services exist in Caerphilly.

Newport parents were keen to access the ISCAN model which exists in Caerphilly and is viewed positively by parents. Essentially this offers families a lead professional to help co-ordinate the myriad of services and professionals that families have to communicate with. This does not operate within the other two children centres and it would appear that the type of service offered in each borough is dependent on resources within each local authority. For example, key working operates within Torfaen however care co-ordination takes place within Newport. Both of these services are different and neither maps very closely to the ISCAN model in Caerphilly.

Serennu is looking at how a single care co-ordination model can be developed throughout the centre and is working with parents and professionals to develop a model of service which focuses on good practice and not paperwork and process.

Due to the complexities surrounding care co-ordination/ISCAN/CDT and single point of entry, it was agreed that this area of work is outside of the remit of this piece of work and hence will only be referenced within this report.

In Caerphilly, some parents expressed concerns that they were not aware of any specialist provision for their children once they were discharged from the assessment nursery. If there is a suite of services available then parents were not aware of these.

Professionals spoke highly of the enhanced services provided at Serennu and were of the view that these were very important for families. All staff would like to see enhanced provision within their own locality.

## **B] Is affordable**

The division contributes a small sum of money towards the running of Nevill Hall children's centre but the contribution towards Caerphilly and Serennu is significant.

If we look at the net cost to the division per child/young person visit, Caerphilly is the most expensive model at £32.56 per child visit, followed by Serennu at £20.86 and Nevill hall being significantly cheaper at £6.23 per child visit. It must be remembered that these crude figures represent the cost to the division and not the actual cost of the service as other parts of the health board and contributions from local authorities are excluded.

Additionally, these figures exclude all of the enhanced provision at Serennu and Caerphilly which is funded by Sparkle at Serennu and part funded by Caerphilly Borough Council and Action for Children at Caerphilly children's centre. There are no enhanced services provided from Nevill Hall.

## **C] Is the most efficient model**

The current model is not only failing to meet the holistic needs of children, young people and their families, but is also inefficient. There is a significant amount of capacity in the centres which could be utilised more effectively. In both Caerphilly and Serennu, the majority of the rooms are available for a minimum of 30% of the time. At Serennu, the Executive group have agreed to extend the criteria to children outside of the core group (children with a disability or developmental difficulty) to utilise some of the spare capacity however, the core group will remain the priority group at all times.

It can be seen from the available capacity that should Serennu widen its geographical boundaries then there is capacity to accommodate this. There are however, implications in terms of the staff resources to deliver services, not only from the professional services but also in terms of additional work placed on the reception and administrative service.

## **D] Is sustainable**

With ever increasing demands to deliver more efficient services with decreasing resources and the requirement to offer an equitable provision across Gwent, it is a concern that the current position may not be sustainable in the longer term.

Parents are, more and more, demanding services that are as close to their home as possible and are requesting high quality diverse services to meet their children's needs.

It is evident that parents are concerned about the lack of holistic or enhanced services at some centres, engagement with the third sector is therefore required to enable the enhanced services to be developed and sustained.

This may not be something that is a priority for ABUHB as their focus may be concentrated on how best to deliver treatment and care and therapy services across Gwent. This requires further debate with partners from education and social services.

## **Part 3**

### **1 QUALITY AND STANDARDS**

#### **Monitoring and evaluation**

There is no single overarching Children's Centre Charter, Memorandum of Understanding or document of this nature which specifies the standards that children, young people and their families can expect from the children centres. There is therefore, no method of evaluating whether the children centres are meeting acceptable standards and delivering the treatment and care that is required by families.

Additionally, up until now, there has never been a single evaluation of the three children's centres, which includes an evaluation of the full suite of services offered. Whilst there are a number of service specific evaluations taking place in all three children's centres, these are usually only specific to one service.

Within Serennu there is an in-depth evaluation of enhanced service provision. This includes formal and informal mechanisms for engaging with parents, children and young people and ensuring that their voice is heard. Similarly in Caerphilly there is a detailed evaluation of ISCAN.

Whilst Sparkle undertake a considerable amount of service evaluation exercises mainly in respect of the enhanced provision, this is not evident at Caerphilly with the last service wide evaluation taking place some years ago (The Tribal Report). There is no evidence of evaluation of Nevill Hall children's centre services and there is no evidence of engagement with the children and young people at Nevill Hall or Caerphilly centres.

#### **Targets and Referral criteria**

Performance targets and referral criteria vary from one service to another and data is only available on a service by service basis. Whilst waiting lists for some services are the same whichever centre you attend, it is evident that for some services, therapies in particular, waiting times can vary significantly across centres. Reasons for this are largely due to available staffing resources and level of demand for services. Some services will move staff between centres to respond to inequitable waiting lists but this is not always possible.

## **2 COMMUNICATION**

### **Children/Young People**

There is no evidence of evaluation / engagement with the children and young people at Nevill Hall or Caerphilly. At Serennu, children and young people have their own “Fun and Furious” forum run by Ieuan Coombes, the Serennu Ambassador and evaluation of services is regularly undertaken via questionnaires, observations, games and activities. The evaluation outcomes demonstrate the importance of enhanced activities at the centre.



### **Parents**

There are no parent groups that meet at Nevill Hall. At Caerphilly, parents who have children in the assessment nursery meet in a dedicated parent room during the nursery hours. Serennu has five parent groups that meet and feed into the Serennu Executive Board which has two parent representatives in attendance. There is also a care co-ordination forum comprising of parents and professionals which meets quarterly. Evaluation of enhanced services is regularly undertaken by the team of Sparkle staff and independently analysed by Sian Thomas, Consultant Paediatric Nurse.



### **Staff**

Staff within all of the children's centres reported that communication on an informal, operational level was good. Opportunities to meet with colleagues from other parts of the health board, social services and other external agencies was more limited in the smaller centres however.

It was widely reported that the absence of a management meeting at both operational and strategic level at both Nevill Hall and Caerphilly led to staff confusion about a clear pathway for reporting non-service specific concerns. For example, if an OT had concerns about the IT in a particular centre or had suggestions for a joint project then this would have to be fed via the OT line management route as there was no avenue for services to come together at management level to discuss these issues.

It was also felt that there was no clear direction at a senior level, particularly in terms of service development. Many staff appeared to be keen to improve and develop services but felt they did not have the opportunity to share these ideas with other services at the centre and with senior managers in their respective organisations.

At Serennu where a governance structure does exist, staff speak positively about having a place where managers can share ideas and concerns. However there has been some concern expressed by one service in particular about the Executive Group being too far removed from the day to day issues that are important to staff. Full staff meetings take place six monthly but these are poorly attended.

There has not been any recent children centre staff survey in any of the three centres which would be important for ensuring that staff are consulted and their opinions valued.

### 3 PARTNERSHIPS



The organisations based at each of the three children centres varies as follows:

Caerphilly Children's Centre has staff from ABUHB and Action for Children based within the centre. Additionally, Enable is the charity that fundraises for the centre, although they are not based there.

At Nevill Hall, only ABUHB staff are based at the centre. The Children's Centre Trust are the charity that fundraises for the centre, however the charity is not based at the centre.

Within Serennu, the partners based at the centre include ABUHB, Newport City Council Children with Disabilities team and Torfaen County Borough Council Children with disabilities team. MediCinema is one of the charities based at Serennu and the charity that fundraise for the centre "Sparkle" are also based at the centre. Some joint charity partnership work exists at Serennu to include Newport City Council Youth, Scope for the Face to Face parent befriending service and Leonard Cheshire Disability for the Independent skills club.

Other partner organisations offering services include GAVO, ALAS and CHC.



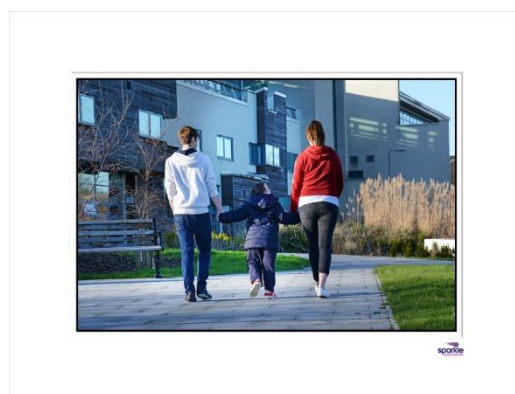
#### **4 EXTERNAL INFLUENCES**

These are some of the key major external influences on service delivery:

- Current economic climate and the continuing downward pressure on the availability of public sector finance
- The ever growing upward pressures of demand for services
- Co-production - delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours / the public sector and citizens making better use of each other's assets and resources to achieve better outcomes and improved efficiency
- Legislation, for example the Health and Social Care Bill, Welsh Government White Paper to create a fairer system of support for children and young people with additional needs in Wales
- New proposed working arrangements for local authorities (Commission on Public Services Governance and Delivery Jan 2014 [The Williams Report])
- The emergence of social networking sites, blogs, twitter, Facebook, mobile technology etc, has created alternative forms of instant communication
- Demographic changes to include a rise in the number of children with a developmental difficulty
- The Equality and Inclusion agenda
- The drive to reduce bureaucracy and increase efficiency
- The requirement for information sharing and data protection

## Part 4

### 1 IS THIS WHAT SUCCESS LOOKS LIKE?



The best way of illustrating this is to share with you Melanie's story:

My name is Melanie and my son's name is Josh. Josh is 8 years old. He has cerebral palsy and some mild learning difficulties. He attends mainstream school and has a statement of special educational needs. He has a younger brother aged 5 and a younger sister aged 18 months. He attends one of ABUHB's children centres where he receives care and treatment from a range of professionals based there. We, as a family, also have contact with services based in other locations throughout the locality.

There are three children's centres in the ABUHB catchment area and we attend the one which is nearest to us. One of the centres is larger than the others and has more facilities than the other two and we are able to attend there if Josh needs something more specialist than his local centre can provide. It is good to know that this is available and that we do not have to travel too far to access additional specialist services which help Josh to progress and develop to his full potential.

With two other small children it is helpful that when I visit my local centre I can park easily and do not have to walk far, particularly when it is raining. The reception staff in the centre are very professional and friendly and always greet myself and Josh by name and already know what appointment we have come for. The waiting area has lots of toys and is very child friendly and if I have one or both of Josh's siblings with me I am happy that it is a safe and secure environment for them to play in while we wait. There are tea and coffee making facilities and I can have a hot drink which I wait and the children play. The appointment system at the centre is very effective and we never have to wait long which is helpful when I need to

get Josh back to school and get on with the million and one things I need to do before he arrives home in the afternoon.

The centre is an important part of our lives as we visit there often and the services we receive as a family are co-ordinated from there. The staff at the centre are very well trained, not just in their individual professional specialism, but also in how to work with children and families in a more holistic sense. By this I mean that I always get a sense that they are caring and have respect for me as a parent and for Josh as a child who has additional needs but also has potential to grow and develop new skills and abilities. The centre has bought into the Team Around the Family model which means that there is a real sense of partnership working between them and us as a family. We have a multiagency plan for Josh which details all his goals, the services which are involved and how his care will be co-ordinated and delivered over the coming 12 months. This plan is reviewed every year with his whole team ( I think this meeting is called MATS) or more often if his needs change significantly. This gives us great assurance as a family that we know what to expect and can discuss his changing needs with individual professionals who can help us to develop new goals as we go along. Josh does not have a key worker but as all the professionals are trained in working with families I know that I can discuss any aspect of his care with any professional and they will help me to sort out problems if I am unsure about where to go. Sometimes Josh has to attend for more than one appointment in the week and I can phone up and arrange to have him seen on the same day by more than one professional which saves me having to travel there more than once and makes a huge difference to my stress levels as it gives me more time to do all the other things I need to do being a busy mum with three children.

As a parent of a child with additional needs I often feel lost and isolated and I worry that I need to stay strong for Josh and the rest of my family. The centre I attend has a parent support group for other mums and sometimes dads who also have children with are disabled. It is great that the centre provides a location where I can go to spend with these other parents, relaxing without the children and talking to other people who understand what I am going through. The centre arranges it that a local authority duty officer attends on a regular basis which saves me having to travel to another location to find out more about my entitlements as a parent of a child with a disability. I can also find out from them what services are available in holiday time to enable Josh to have some fun with other children and to enable me to have a break if I feel tired. The centre also has a family liaison officer who is a mine of useful information in regard

to what is available in the local area that we can access as a family and who acts as a sign post to other services from the statutory and voluntary sector. She is so friendly and supportive and I feel that I can call her up or go and see her whenever I am unsure about anything.

As Josh grows and develops it is increasingly important to me that he has access to opportunities to develop his social, communication, physical and independence skills. Some of this can be accessed through his local centre by way of out of hours youth and other age appropriate clubs and some of it he has to travel to the Serennu centre in Newport to access. They have a wonderful independent living skills area that they call the ADL flat and there Josh can work with his OT to develop skills that will enable him to be more independent in the future. He does this as part of a group of similar kids and this provides him with opportunities to develop his social and communication skills which I am really pleased about. He likes going there and always comes home buzzing about what he has done and if we are lucky with some cakes that he has made! Facilities in the local area have improved greatly over recent months and the local school runs music and dance sessions for children with additional needs which is fantastic as Josh loves music and this is something that we want to encourage for him. Occasionally as a family we get tickets to attend the cinema in the Newport Centre which is a real treat as all the children love Disney and we can all enjoy the experience together. We have tried going as a family to the local cinema but because Josh is not very good at staying quiet this can be difficult and therefore we do not go as often as we would like.

From an educational perspective Josh is doing ok at school but he does miss out when he has to attend the centre for appointments during the school day. It would be great if the centre offered out of school sessions and I know that this is something that they are thinking about. When Josh has his MATS meetings professionals from school attend and this is very reassuring for me to know that the professionals from health and education are communicating about Josh's current and future needs. I know that the therapists visit Josh in school which is very helpful and they are very good about keeping me fully informed about what they are doing. His social worker also talks regularly to the health professionals involved in Josh's care outside of the MATS meetings and occasionally they will come and talk to me together if there are issues that require resolution from both of the agencies.

All in all we are very happy with the services we receive from our local children's centre. We feel that the centre itself, the services and the staff

are easily accessible. We never have to wait too long for an appointment and if we need to have appointments at the local hospital I always get a sense that the centre has communicated with the hospital in advance so that they are fully informed of Josh's current treatment and interventions. This saves us explaining everything to a doctor who is not familiar with Josh's case. The thing that we value mostly is the framework for partnership working that the centre creates and which allows us to develop very positive relationships with all the professionals we come into contact with. Josh has a long way to go but I am sure that he will continue to develop to his full potential with all the help and support that he is getting which is all we feel we can ask for as a family.

## **2 A HUB AND SPOKE MODEL – WHAT COULD THIS LOOK LIKE?**

A hub and spoke model where core services (“spokes”) are delivered from each of the children’s centres and/or locally and more specialist services are delivered from a “hub” i.e. any centre that has the ability to deliver a highly specialist service to the whole population, appears to be a realistic way forward to consider in regard to efficiency and equity.

It could prove challenging to adopt this model for the three children centres given the geography and disparate management arrangements. However we could explore the benefits of developing a primary or super hub which delivers highly specialist services which can then network with community hubs which deliver core services locally to families. This would help to ensure that the smaller centres are part of a larger network of resource making them more sustainable, both in terms of costs but also in providing an increased range of services. More importantly however, is the requirement for all three centres to attain the required quality standards and for core services to remain locally accessible.

None of the children centres could currently deliver a full suite of specialist services. Serennu delivers the majority of these services and has the greatest capacity to develop into a super hub. Caerphilly children’s centre has a rebound room which neither of the other centres has and could potentially act as a smaller hub for this particular therapeutic activity.

### **How this might work in practice**

If we adopted the “super hub” model, where some services are delivered locally and the more specialist services are delivered from the super hub as illustrated in the diagram overleaf, we can then start to model which services could and should be delivered locally and which services would need to be delivered from the super hub.



Services delivered locally could include:

## Health Care Services

- Therapies (OT, Physio, SLT, Dietetics, Podiatry, Orthotics)
- Child Development Advisors
- CFPHS
- Paediatric clinics
- Hydrotherapy

## Local Authority Services

- Social services duty officer service
- Education/inclusion services
- Educational psychologists
- Play scheme provision
- Youth club provision
- Care Co-ordination/Key working/Lead professional services
- Multi Agency Meetings

## Enhanced Services

- Information and Advice service
- Family Liaison
- Parent Groups
- Children and Young people forum
- Sibling support groups
- Parent befriending service
- Respite
- Voluntary agency drop in services
- Toddler, Play and Youth clubs
- Multiskills, Dance, Music, Drama clubs
- Fun days, trips
- Outdoor disabled play provision



Services which could be delivered from a super hub serving the Gwent wide population could include:



To develop this service model would require the investment to develop services both locally and at the super hub. The children centres would become the community hubs which deliver and/or co-ordinate the suite of locally delivered services. It may be more appropriate for children centres to become specialists in a particular area and effectively serve as a super hub to other children centres.

### **3 RECOMMENDATIONS**

The report identifies the complexity of structures and working arrangements in place which serves to highlight the difficulty that parents face navigating through the myriad of systems, services and structures.

Complexity also arises where the children centre boundaries and those of local authorities are not coterminous. Parents find it confusing to understand which centre/ organisation is supposed to serve them.

There is a real need for children centres to be co-ordinated as there is a risk that we are missing genuine opportunities for maximising synergies between centres and organisations to realise efficiencies and create more seamless services for our families.

Governance and decision-making processes need to be in place which are transparent, agile and flexible enough to embrace new ideas and to respond to pressure for change. The current service design, key systems, processes and aspects of governance and scrutiny are not operating effectively enough to support the drive for improvement and service change.

The existing arrangements are not consistently providing internal challenge or recognising and responding to citizens' voices. This means that opportunities for improvement are lost or impeded.

The following is a list of recommendations based on the findings of this report:

- 1** At an operational level, there is a need for an accountable manager who can lead and drive forward service development at all three children centres and support the development of an equitable service model across Gwent.
- 2** Opportunities should be created for the managers/key personnel from each of the three children centres to come together, possibly quarterly, to share good practice and learn.
- 3** Governance arrangements need to exist at both operational and executive level at all three children centres. These arrangements must be co-ordinated, transparent and effective. Consideration should be given to amalgamating the executive level arrangements at a time in the future when operating practices at the three centres are aligned.
- 4** Consideration should be given to the development of one integrated health and social care IT system, however this is largely driven at a national level.

- 5** The absence of a single overarching Children's Centre Charter which specifies the standard that children, young people and their families can expect from the services at the centre needs to be addressed.
- 6** Following the development of a Charter, the introduction of a single evaluation tool for evaluating the suite of services offered at the centres should be introduced.
- 7** Engagement with parents, children and young people must exist at all three centres, to include their voice being heard in the planning, development and evaluation of services. Services need to be developed to meet the needs of the children, young people and their families.
- 8** To truly engage with parents, children and young people ABUHB must utilise existing and modern methods of communication, for example Facebook and twitter.
- 9** Across Gwent, families should receive equitable services which include the provision of "enhanced" services.
- 10** A single database across all three children centres to capture core information in an accurate and timely manner should be developed. This will enable true comparisons to be made across the three children centres to enhance decision making.
- 11** A more equitable admin resource, appropriate to the centres activities needs to be considered.
- 12** Consideration should be given to developing a service model which can be accessed "closest to home". Parents should be given the choice of accessing their "local" children's centre as opposed to only being offered the centre within their local authority catchment area.
- 13** All children and young people across Gwent should have the opportunity and choice to access specialist as well as integrated community provision.
- 14** A "Task and finish group should be set up to take forward the proposal for a hub and spoke model as outlined within this report.
- 15** Services do not necessarily need to be delivered under one roof, however, at the very least, the children centres could lead the co-ordination of services in their geographic areas for families, signposting as appropriate and developing a "directory of services".
- 16** In the current economic climate, consideration needs to be given to ensuring that the utilisation of the centres is maximised, they are being run as efficiently and effectively as possible, are affordable and sustainable.

Consideration should be given to utilising the centres out of hours and on weekends.

**17** Resources need to be identified to co-ordinate information on existing enhanced activities and stimulate the locality to develop holistic and specialist provision. It is suggested that these are funded outside of ABUHB through engagement with existing charitable organisations supporting the centres.

**18** A separate piece of work looking at CDTs, care co-ordination, key working and ISCAN should be undertaken with the aim of developing a single point of entry at each of the children centres.

**19** Co-ordinated appointments should be offered, where possible, to families where this is preferential for their child/young person and minimises the interruption to their educational achievements.

**20** Parent groups and children/young people groups should be encouraged and supported to hold meetings/activities at the centres.

**21** A staff survey should be conducted to ensure that any service development reflects their thoughts, views and recommendations.

## Appendix 1 – Map of Gwent

