

EPUT



Essex Partnership University
NHS Foundation Trust

THE LIGHTHOUSE CHILD DEVELOPMENT CENTRE: CASE STUDY

Transformational change processes within The Lighthouse Child Developmental Centre hosted by Essex Partnership University NHS Foundation Trust (EPUT) since March 2022.



The Lighthouse Child Development Centre (LCDC) provides community Children's services for the population of Castle Point and Rochford Clinical Commissioning Group (CCG) and Southend CCG (90,070 in South East Essex in total).

The LCDC is a bright, modern, child and parent friendly purpose-built venue. The centre currently provides services for children up to the age of 16. The service provides specialised outpatient care for those with significant delay in more than one area of childhood development and have or are likely to require the support from more than one secondary agency, service or discipline.

The LCDC functions as a multi-agency facility for the benefit of both children and their families, providing an environment that is conducive to multi-agency working and supports the model of delivery. The services offered within the LCDC includes:

- Multidisciplinary assessments and early support
- Neurodevelopmental, behavioural and neuro-disabilities clinics
- Physiotherapy, Occupational therapy, speech and language therapy (SALT)
- Audiology services
- Assessments to support the Education Health and Care Plans (EHCP) and Initial Health
- Assessments for Children who are in the care of the Authority.

On the 19th of May 2021 Mid and South Essex NHS Foundation Trust (MSE FT) wrote to the CCG, now Integrated Care Board (ICB), informing them of their intention to cease provision at the LCDC and willingness to work collaboratively to transfer the service to another provider(s). This was due to significant difficulties in some areas of service delivery over the years primarily because of challenges with the workforce including long term sick leave, recruitment, and retention.

In response, the CCG worked closely with the Mid and South Essex Community Collaborative, which consisted of the following providers, Essex Partnership University Trust (EPUT), Provide CiC and North East London NHS Foundation Trust (NELFT), to develop a solution to address both the current challenges faced by the service and offer a longer-term and sustainable service. EPUT already delivered a range of wider children's community services in South East Essex. Therefore, it was logical to align the provision of the Lighthouse Child Development Centre to those services, and EPUT was awarded the contract to maximise integration, and provide seamless and coordinated care for children, young person's (CYP) and their parents/carers in the South East Essex area. The award presented an exciting opportunity along with our parents/carers, collaborative partners and stakeholders to undertake significant transformation and service improvement, redefining a challenged service to improve outcomes of the services for CYP.

The first step in the transfer of the service from MSEFT to EPUT was the immediate review of the LCDC service provision, with a continuous process of monitoring the transfer between the ICB and EPUT by way of weekly service development plan (SDIP) monitoring meetings.

Wherever possible, EPUT and the ICB made every effort to collaborate with the community and with the parent and carer forums group to improve to service offer at the LCDC and, extend the service provision to 16 – 18-year-old CYP, and provide service for CYP with Tics and Tourette’s syndromes. Throughout the transformation of the service, the ICB ensured that sufficient resources were put in place to support both the change in service model and the service development.

Although a challenging transfer and transformation, the outcomes have been positive resulting in a better service provision for the population in South East Essex, with reduced wait times and wait list (see figure 3 below), an increased service provision, and a broader multidisciplinary team to support the needs of the community.

Introduction

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In December 2023 the Director of Patient Experience and Participation at Essex Partnership University NHS Foundation Trust, Matthew Sisto, commissioned Enable East to undertake an independent evaluation of the Lighthouse Child Development Centre as a case study for working in partnership with the people and communities to drive meaningful change and service improvement.

Enable East is an independent NHS team that works with organisations across a variety of sectors to help solve problems, review practise and process and make measurable service improvements.

The purpose of this document is to provide a simplified and summarised overview of the case study evaluation as completed by Enable East.




Background

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The Lighthouse Child Development Centre (LCDC) provides community Children’s services for the population of Castle Point and Rochford Clinical Commissioning Group (CCG) and Southend CCG, now Mid and South Essex Integrated care board (ICB) (90,070 in South East Essex in total).

The transfer of the LCDC, community paediatric provision was started on the 1st of March 2022 from the Mid and South Essex NHS Foundation Trust (MSE FT). A priority going forward was to develop a strategy for the service to reduce the waiting list times and meet the demands of the service, this meant embracing opportunities for engagement with parent/carers, CYP, staff and other stakeholders to develop the LCDC, whilst continuing to provide services to CYP and their families, also creating and innovating a new service model and provision during times of change, led to a broader review of LCDC community paediatric services. This resulted in both an identified aim and a sustainable way forward that made the most effective and productive use of the specialist workforce and their expertise.

The following objectives were identified:

-  To consider ways in which the existing community paediatric services might change to become more sustainable (e.g. different models/pathways)
-  To engage parents/carers and young people who use the service in a meaningful and collaborative way to improve the service offer
-  To work with the ICB and MSE county council to invest in early intervention, continue to deliver services closer to home advocated for by parents during the transition phase and develop a vision for the future provision of the LCDC for South East Essex.

Transformation

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The purpose of the transformational change process for the LCDC was to improve services for children and young people (CYP) with neurodevelopmental/neurodisability disorders by offering timely access to appropriate services according to their needs, with the possibility of integrated assessment opportunities and a smooth transition into diagnostic services where appropriate.

The transformation programme for the LCDC was a mixture of immediate tactical interventions, and mid to longer-term strategic interventions. The transformation programme was led and coordinated by a strategic transformation group which included EPUT's Director of patient experience and participation, EPUT's Assistant Director for community specialist children's services Southend and Essex, an EPUT senior communications manager, Southend SEND Independent Forum (SSIF), Essex Family Forum (EFF), Mid and South Essex community Collaborative and commissioning partners from Mid and South Essex integrated care system.

The priorities identified for the transformation of the service included planning how to create and innovate early intervention programmes with partners to deliver better outcomes for CYP and their families whilst navigating their way through the service to ensure they got the help they need, when they need it.

'I can honestly say that the collaborative working I was part of to transition and transform the Lighthouse Child Development Centre was a fantastic example of how partnership working should happen, and the impact it can have. This way of working is extremely powerful and helps services and service users get to problems and solutions faster, improving experience, effectiveness, and safety across the board.'

Matthew Sisto, Director for Patient Experience and Participation, Essex University Partnership NHS Foundation Trust.

How did the Lighthouse Child Development Centre respond to service challenges?

Firstly, the LCDC needed to respond to the challenges the service faced from the transition of the service, including the increase in the numbers of people requiring support with their emotional health and wellbeing, resulting in longer waiting times for support, and services becoming overstretched. To address these challenges, the service needed to do things differently and plan appropriately with its partners.

The service set a new clinical vision:

- To deliver the planned changes to improve CYP's care
- To ensure the right support was in place to transform services for CYP
- To involve all partners, parents, CYP, as equal partners

The transformation required to deliver the new clinical vision aligned with the Care Quality Commission's themes (see figure 1) – ensuring the appropriate change activity for pathways happened by:

- Empowering staff to lead the transformation
- Ensuring services are well led, have a quality governance, complaints and serious incidents are addressed quickly and appropriately, providing safe care, Infection prevention and control, Safeguarding, Estates management, and health and safety
- Ensuring services are safe and effective
- Ensuring services are caring and improving patient experience
- Ensuring services are sustainable with an effective workforce programme

'I am now positive about the delivery of care from the multidisciplinary teams, more dialogue and interventions. Quality is maintained, there is a broader sense of improvement'.

Clinical staff member, LCDC, Essex Partnership University NHS Foundation Trust



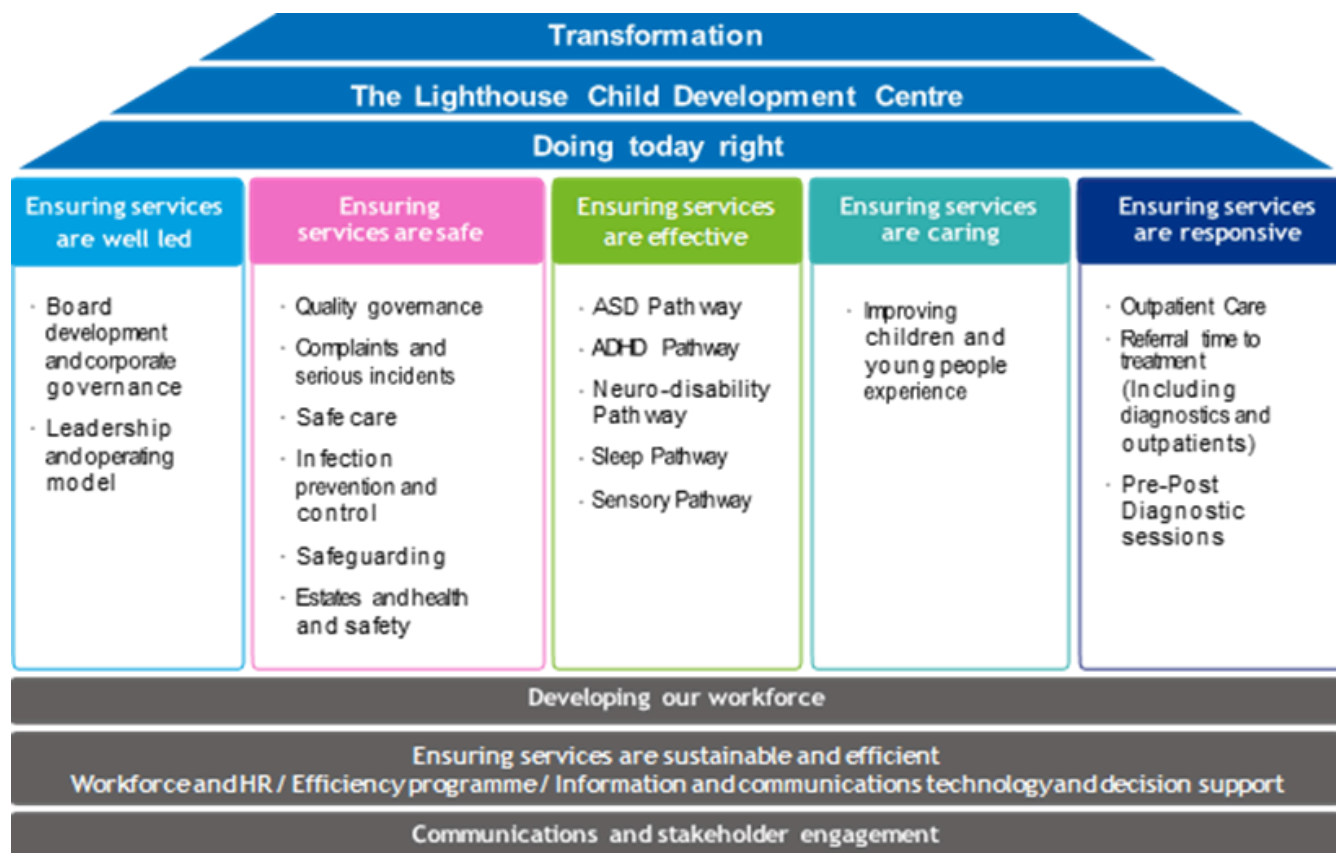


Figure 1: LCDC clinical vision and CQC themes

Co-production

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From the outset of service transfer, EPUT wanted to involve and listen to children and young people and their parents / carers and representative of the Parent Forums, engaging with local communities so that parents had the opportunity to collaborate throughout the service transformation.

EPUT were, and continue to be, committed to working in co-production with parents in all areas of the service development. To support this ethos, time and effort have been focused on the delivery of the actions identified through meaningful involvement with the community which has resulted in the following achievements:

- Making sure that parents and carers are an integral part of our improvement work. Parents are now represented on key groups and are helping us to shape individual projects.
- Publishing regular newsletters to the community with updates on our improvement work.
- Working in partnership with our commissioners, parent's forum and stakeholders to develop a handbook of resources for families who would like to know more about Autism and Attention Deficit Hyperactivity Disorder (ADHD) in children and young people.
- Committed to working in partnership with children, young people, young adults, parents, and carers, to ensure they are actively involved in decisions about their own treatment and could influence service delivery, development, innovation and governance.
- Developed a joint approach to working with children, young people parents to review and design services.
- Working together to achieve the best possible outcomes for our children and young people through children's services positive feedback in the regular Friends and Family reports.

EPUTs recognition of co-production being a core activity in the transformation planning mirrored the wider vision of the EPUT children's specialist health services, and the organisations 'Working in Partnership with People and Communities' strategy. To deliver meaningful involvement, a range of co-production activities happened throughout the transformation phase, including a mapping activity on the 11th of November 2022 to build a shared understanding of the experience of autistic children, young people of all ages and their families/carers.

Through stories, listening events, and the evidence base, it became abundantly clear that the community needed a coordinated offer of support for young people with autism across all levels of need, enabling people to navigate the offer as their needs change, including redesigning the neurodevelopmental diagnostic pathway to address waiting times for diagnosis and ensure the service is designed to deliver the greatest impact in terms of improving access, experience, and outcomes for those that use the LCDC.

It must be acknowledged that there were different perspectives on how far co-production involvement was achieved between partners during the LCDC transformation process. Although a priority for all involved in the transformation, some partners perspectives felt there could have been more involvement during the early stages of commissioning and contract award.

During the case study it was important to gain feedback from different people who use or work in the service. The following are some of the comments gathered during the case study evaluation about how changes have impacted on the service provision.

'With the introduction of the ADHD clinical team and specialist nurse, I can ring the team direct to ask questions.'

Parent carer, using the LCDC services.

'There has been an improvement in support, the Jigsaw team has a more visible presence. They attend preschool sessions on a monthly basis providing face-to-face contact for any parent with CYP.'

Partner organisation – Little Heroes.

'There has been positive change, objectives are clearer and aligned with pathways. We need time to embed processes, train staff and support the waiting lists.'

Allied health Professional staff member – the LCDC Essex Partnership University NHS Foundation Trust.



The transformation journey of the LHCDC looked at creating the best conditions to improve supporting CYP by providing timely assessments and getting them the support they need at the right time. This was done by reviewing the service design and provision to deliver better outcomes. The following shows some of the new innovations introduced;

Actions	Outcomes
Workforce Development	<ul style="list-style-type: none">• Increase in staffing levels to support new administration and clinical roles. Supporting the synergy of the service.• Developing the capacity and service offer, to improve CYP and parent/carer experiences.
Neurodevelopmental pathways	<ul style="list-style-type: none">• Development of new pathway and referral criteria.• Diagnostic screening tools.• Triage process and review of referrals at multidisciplinary team meetings• Coordinated process for gathering information/documentation prior to CYP being seen by paediatrician for assessment and diagnosis.
Introduction of a nurse-led ADHD service	<ul style="list-style-type: none">• Working with CYP supporting assessment and providing post diagnostic sessions and continuing support.
Single point of access	<ul style="list-style-type: none">• Introduced for co-ordinated referral management and processing from health and schools.
New service website	<ul style="list-style-type: none">• Updating information about service developments, resources and new processes.
Complaints process	<ul style="list-style-type: none">• Developing and managing complaints and Patient Advice and Liaison service (PALS) queries more effectively to address issues quickly.
Feedback platform 'I Want Great Care'	<ul style="list-style-type: none">• Collecting patient feedback and sharing
Telephony	<ul style="list-style-type: none">• A new telephony system was designed and created to ensure the volume of calls to the service were handled in a timely way.

‘It’s now easier to have the Lighthouse telephone answered, before no one answered only left a voicemail. Parents can now ring if ‘crisis for support.’

Parent carer, using the LCDC services.

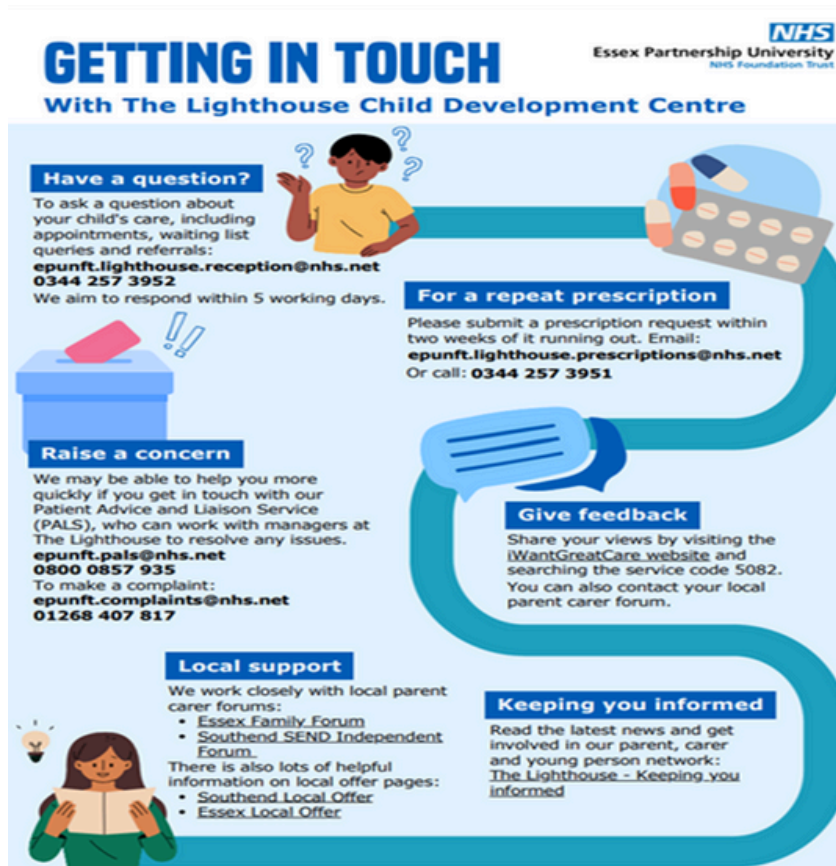


Figure 2: Communication poster for the LCDC

The Impact

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Ultimately, the service has a much greater offer to CYP and their families who have a need to use the service. In addition to this, waitlists have reduced, and along with this it is now easier than ever for referrals to be made. The service continues to be innovative and work collaboratively with its partners, including CYP and parents and carers. To support this, there is a trend in fewer and less serious complaints, coupled with an overall and general increase in positive feedback through I Want Great Care (IWGC), give an indication that things are moving in the right direction.

Within the locality of the Lighthouse Child Development Centre local parent carer forums and charities have a strong voice in supporting CYP and their families. Working relationships have evolved with the Lighthouse Child Development Centre during the transformation process, ongoing support and working with other partners strengthens the support systems and resources for CY and parents. Surveys conducted by local parent forums and partners give an opportunity to understand parent and CYP experiences. It could also be helpful to look at themes these surveys identify and triangulate with IWGC results.

The evidence outlined above indicates that since the transfer of the LCDC to EPUT, significant improvements in the quality of care, and the experience, access, and outcomes for those in receipt of services at the LCDC.

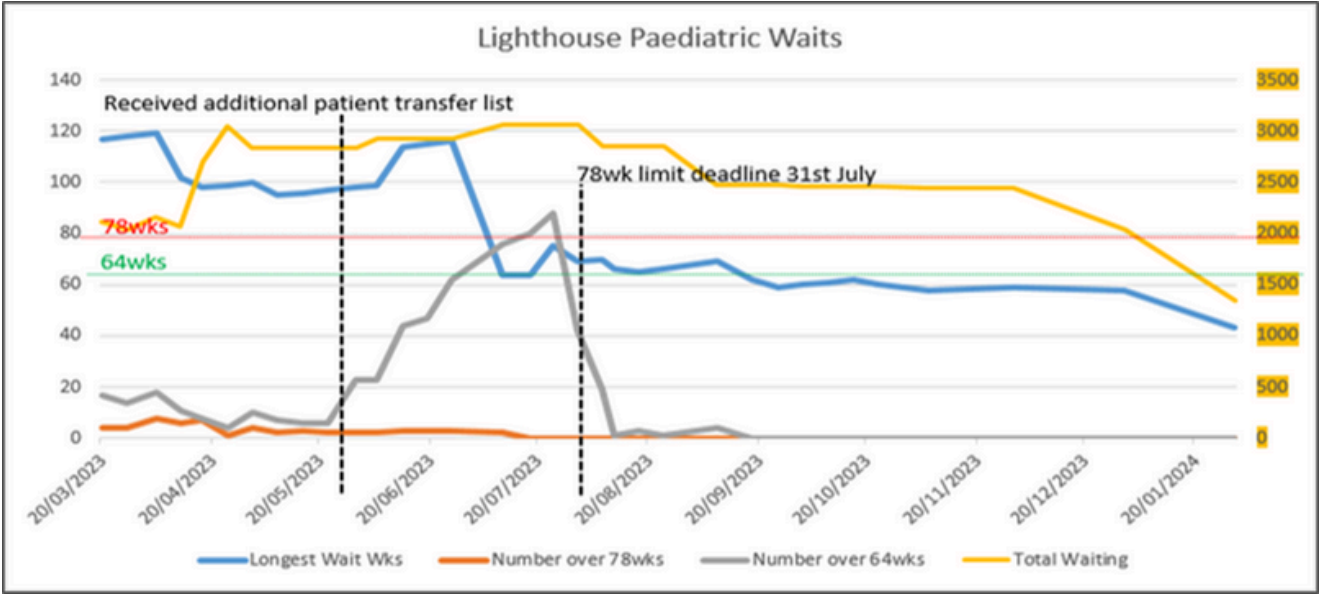
Since the service transferred to EPUT, despite the challenges the service faced, significant improvements have been made to the experience, access and outcomes for people using services at the LCDC. This is evidenced in the progress made towards improving waiting times across the board.

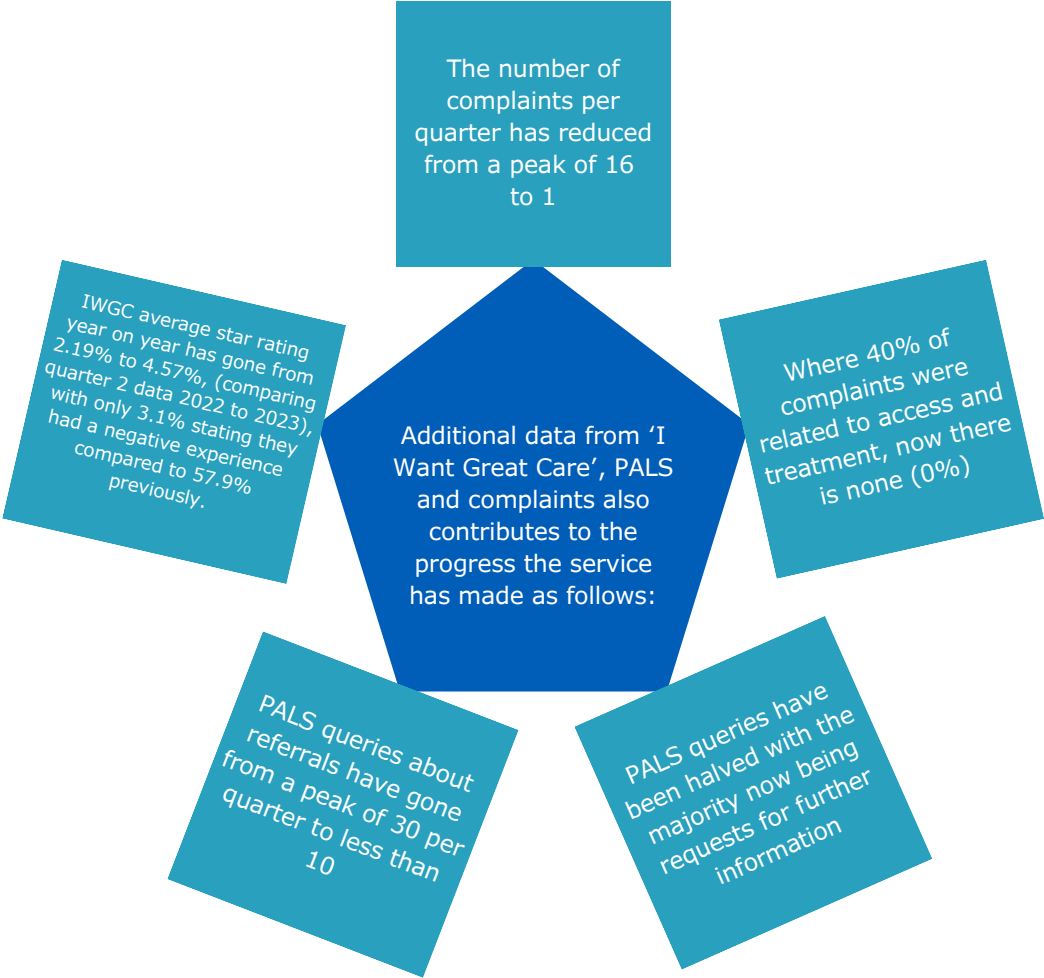
Progress to date shows the following (figure 3):

Progress to date shows the following (figure 3):

- ☒ The number of CYP on the waitlist was halved from 3000 to 1500
- ☒ The longest wait has gone from 120 weeks to 50 weeks
- ☒ The number of CYP waiting over 64 weeks has gone down from a peak of 80 to zero
- ☒ The number of CYP waiting over 78 weeks is now zero

Figure 3: The Lighthouse Paediatric Waiting Lists





Acknowledgements

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