Keyworking for children and young people with a learning disability and autistic children and young people

Proposal Template for Keyworking Services to be implemented in 2022/23 – 2023/24

October 2021

- Areas implementing Keyworking services in 2022/23 are required to complete this proposal template.
- Please refer to the accompanying guidance and information
- Regional NHSE Learning Disability and Autism teams are leading on the review of proposals, including funding allocation for the financial plan.
- Timelines and return deadlines will be confirmed by regional team teams.

SECTION 1: Proposal requirements

1. All local areas seeking funding to implement Keyworking services must have the full support and agreement of partner organisations across the footprint at executive level, evidenced at the end of this proposal including:

   a. Executive Director(s) of Commissioning (with responsibility for children and young people)
   b. Executive Director(s) of Provider Collaborative and
   c. Local Authority Director(s) of Children's services
   d. DfE funded Parent Carer Forum Lead (or Regional NNPCF rep where appropriate)

2. Funding allocation is for 2022-23 and should provide full geographical coverage of the footprint with full scope in 2023-24.

3. Funding may be used to build on an existing offer to enable full delivery of all keyworking functions across the footprint or to create a new Keyworking Service. Funds must provide **additionality** of workforce and activity and must **not** be used to supplement, subsidise or replace existing provision or fund provision that should be available locally. Plans which seek to include clinical roles will be challenged.

4. The proposal should indicate how the principles in table 2 of the guidance are demonstrated in the model and how the proposed metrics in table 3 could be shifted through the model.

5. The proposal has four sections:

   - Local area information
   - Description of the model
   - Enablers
   - Financial plan

NHS

SECTION 2: Proposal

Region:	East of England		
ICS/Area	Norfolk and Waveney ICS		
Pilot Title:	Norfolk & Waveney Transforming Care Navigators		
Lead name(s): Title(s):	Clare Angell Senior Manager for Children, Young People and Maternity Services	**Telephone: Email:**	Clare.angell@nhs.net
Partner organisations involved	Norfolk County Council Suffolk County Council Family Voice Norfolk Parent Carer Network Suffolk Parent Carer Network Norfolk and Waveney Clinical Commissioning Group		

Please confirm:

You have the agreement of all partners required within criteria	X
Your commitment to join the 'Community of Practice', collaborate with other Keyworking sites and national bodies and share learning, including sharing information with a national evaluation	X
You have completed all sections of the proposal	X

1.Local area information
1.1. Please identify the footprint area the Keyworking Service will operate across.
Norfolk and Waveney is a largely rural area in the East of England and is considered a safe place to live. Approximately 270,000 people living in Norfolk and Waveney fall within the 0-25 age group with nearly 69,000 aged 19-24 based on 2017 population estimates. Assuming national prevalence rates for ASD and Learning Disabilities, we would expect there to be approximately 750 individuals with ASD and up to 1500 19-24year olds with a learning disability living across our footprint. There is a mix of high areas of deprivation (particularly in Lowestoft, Great Yarmouth, Norwich, Kings Lynn and Thetford) alongside areas of significant wealth. Employment opportunities to the East and West of the county are challenged and aspirations are low. Demand for mental health services, and for those seeking support with neuro developmental disorders and trauma related care is particularly high; which worsened during the COVID-19 pandemic.
1.2 Please describe any considerations or challenges within the footprint area with potential to impact on Keyworking, including mobilisation and delivery, and plans to mitigate
Gaps in commissioned services mean that some young people cannot access the support they need to prevent crisis. This includes the following groups of young people. ▪ Those with ASD/ADHD and mental health conditions (e.g., anxiety) ▪ Those with Learning Disabilities (LD) who are missing education, training and employment ▪ Those who have developed disordered eating habits resulting in a diagnosis of ARFID

- Those with co-occurring neuro diverse conditions; whose complex presentation affects how they can access services

This has led to a significant number of young people who are out of education or in alternative provision, either because accessing education is so difficult or because some schools are less able to the meet the needs of the young person. Fewer people with LD and Autism are in employment and training in comparison to other parts of the country. Challenges with access to speech, language and communication support have been shown to exclude young people who are typically Looked After or supported by youth justice teams. This is a contributing factor to increasing numbers of young people presenting with behaviour that challenges, and there is an evidenced need to develop the workforce to support them.

System leaders are well sighted on the issues and work well to remove barriers to create congruency across Norfolk and Waveney when risk factors increase for young people and/or their families. Crisis support is exhausting; for the individual, the family and the system and with better planning, and processes across agencies, young people can access the services they choose at a time that's right for them. The pilot will seek to expand the original model further to specifically address these challenges to ensure well-led, responsive, safe and effective services are in place.

COVID has placed additional pressure on our fragile system. Supportive services for individuals ceased for a time, and resilience in our population is particularly low as a result. Access to short breaks activities, which provide valued respite for individuals and their caregivers have not been available and safeguarding referrals dropped to concerning levels. There is a measured increase in reports of heightened anxiety for young people not in school and a marked increase in elective home-schooling applications compared to Autumn 2020/21. Out of hours support remains an area to be developed including safe places and spaces for individuals to access crisis care which isn't too far from their families. For younger adults with learning disability and autism the ability to work has diminished with the introduction of home working and social care support services ceased during the pandemic and are more reduced currently due to immense staffing pressures.

There remains a fragmentation in service delivery because of diverse commissioning models and a varied mix across provider and commissioner landscape. The distance from East to West is significant, creating much more emphasis on the need for locality-based support. Waveney, a district that sits within the neighbouring local authority, often 'misses out' on Suffolk wide services but doesn't sit entirely across all Norfolk based services.

We are only three months into live mobilisation of the team, most of who started in September. Our project manager has been in place since May 2021 and has led much of the work to implement the necessary processes to develop a robust Navigator service. We will use the learning to do the following.

- Accelerate the expansion of the model implemented to date to ensure consistency of outcomes across adult health services
- Protect, and continue to expand with, a project management approach
- Share learning from the CYP DSR process to inform and align to the Adults DSR process
- Support transitional arrangements for YP known to the existing team and help to implement new transition arrangements for those new to the service

1.3. Please describe how young people and parent carers have been involved with co-developing the proposal and plans for continued strategic engagement and co-production

In 2020, a working group was invited to develop an expression of interest for Norfolk and Waveney in which colleagues from our local parent carer networks who participated in developing the national pilot scheme, became involved. The design of the service was informed by regular engagement meetings with these groups which increased to bi-weekly throughout COVID, and through feedback

received from families by service providers, commissioners and frontline professionals. One of the changes made when developing the local model was a change from the term **Keyworker** to **Navigator**. This was to prevent confusion with the existing commissioned keyworker service and this submission makes reference to navigators throughout. Surveys and annual conferences have provided opportunities for parents to highlight the challenges they have experienced in accessing the right information for and about their child and in navigating between various health and care agencies.

There are several established stakeholder forums spanning Speech, Language and Communication Needs, Neurodevelopmental disorders and Mental Health where common themes around support for young people with ASD and LD emerged and a 'Let's Talk' session facilitated by Family Voice Norfolk provided a great opportunity to capture the needs and wishes of young people. Parents could choose to speak on behalf of their son/daughter or seek responses by means appropriate for their understanding and abilities. We will continue to utilise existing forums e.g. Suffolk YP engagement hub and specific themed events organised by our PCN groups.

Although the Navigator Team is hosted by Norfolk & Waveney CCG, we acknowledged early on that it was imperative to the success of the roll-out and implementation of the service that integration between health, education, social care and the voluntary sector was key. In June 2021, a dedicated Navigator Stakeholder Group was established which allowed the team to coproduce elements of the service, not only with our professional colleagues, but most importantly young people and parent/carers.

To date, the team has produced the following policies and procedures:

Table 1.

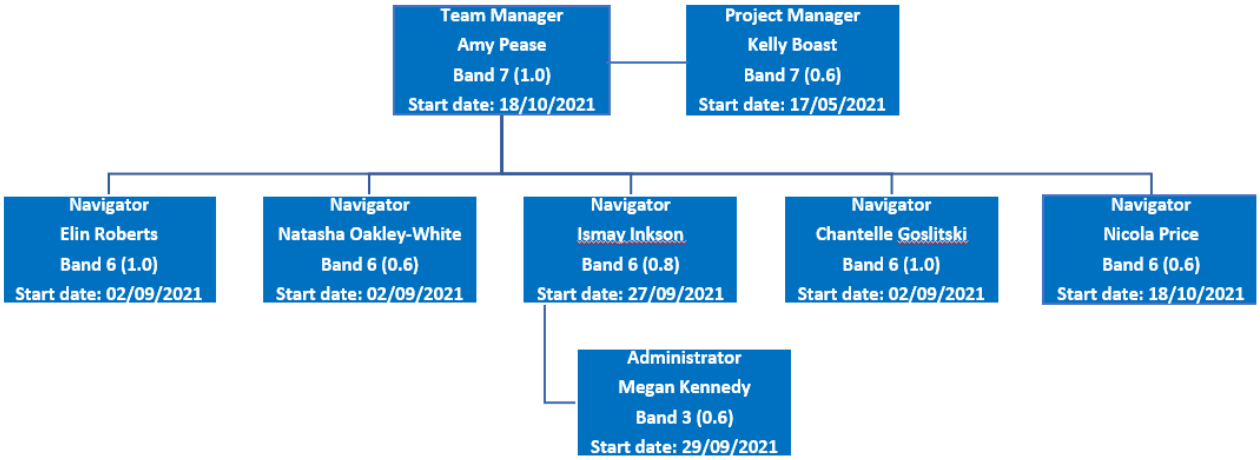
Policy Name
Data Protection Impact Assessment (DPIA)
Equality Impact Assessment (EIA)
Clinical Quality Impact Assessment (CQIA)
Standard Operating Procedure (SOP)
Lone Working Policy
Risk Assessments: • Visiting a family home • Visiting a hospital setting • Visiting an educational setting • Meeting a YP in the community • COVID-19 • Attending a virtual appointment/meeting
Pre-visit Checklist
Pre CETR-Checklist
DSR Consent Form

This stakeholder group will expand to include stakeholders who have clear mandate towards adult services.

1.4. Please describe any initiatives or provision in the local area your Keyworking service will build on or link with (including what has already been established in Keyworker role already)

The current Norfolk and Waveney Navigators are a small team working across Norfolk and Waveney and across organisations for young people supporting the system to create the right structures and interventions around the young person early on and enabling early identification, recognition and accountability.

Figure 1. Navigator Team Structure – Year 1:



We were reassured by the interest in the job roles from the system and shortlisted from a very high number of applications. The successful candidates include qualified teachers, mental health and LD workers, and those with lived experience. We were able to realise our ambition of hosting a team reflective of the sectors we work alongside.
Our team of Navigators are providing highly personalised, flexible, face to face support to young people with a learning disability and/or autism and their families. Contact is intensive and navigators often work with each family for multiple hours, several times a week. Navigators tailor their intervention according to the identified need of the young person. The Navigators deliver a child-centred and whole family approach, with support defined by the desired outcomes identified by the young person and their family.

The Navigators are also providing a coordinator role by pulling together different services to ensure there is joined up provision and support to enable young people to live a safe and happy life in the community. Navigators participate in CETR's to ensure recommendations are implemented in a timely manner.

The key principles of the Navigator team are:

- Relationship Building
- Maintaining a Holistic Approach
- Multi-agency Working
- Advocating for the young person and their family

The key outcomes are:

- Prevent hospital admission
- Prevent home breakdown
- Maintain community school placement

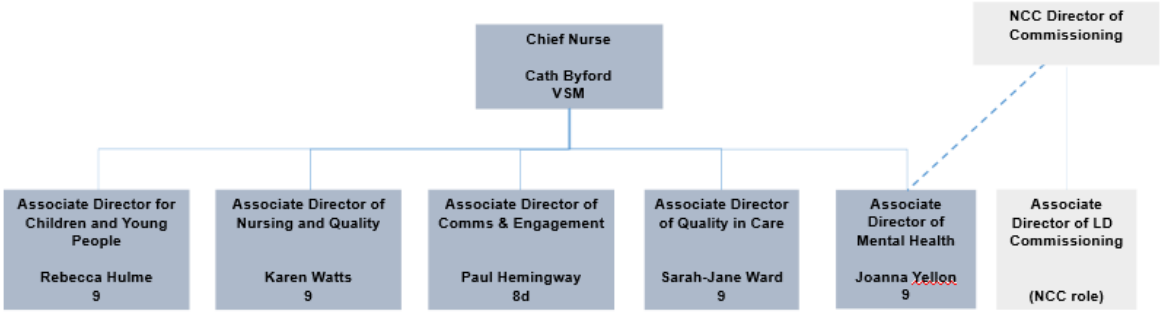
- Maintain respite and social care support

The aim of the service is to prevent problems from escalating to the point of crisis and to prevent admission or re-admission to hospital. The service therefore works closely with children, young people and families to improve their quality of life, the ability to cope and put in place the confidence, skills and knowledge to keep themselves safe and well in the community in the long-term.
The role of a Navigator is to:

- Provide personalised face to face support to young adults in the community to support them to achieve their desired outcomes and goals.
- Offer family support.
- Assist with personal health budgets to address particular 'pinch points'.
- Work as part of a multi-agency approach by coordinating services and support around each young adult, whether in education, health services or social care to ensure joined up working and a consistent, aligned approach.
- Attend the young adults' CTR.
- Ensure recommendations from the CTR are actioned and within the specified timeframe.
- Help the individual and care givers to understand the young adults' needs and to 'navigate' their journey through the system.
- Support the individual at multi-agency meetings by attending with them or for them.
- Support other professionals to support the young adult and any care givers to develop skills and strategies that will help them live life in a meaningful way.
- Advocate and champion the young adult and ensure they are at the centre of any planning or discussions around their care.
- Facilitate effective communication between the adult and those professionals that are supporting them.
- Identify, guide and refer to other services when required e.g., carer support, mental health services, peer support groups, short breaks provision etc.
- Advocate for the STOMP national project to support the prevention of the over-use of medication.

The Navigator Team currently provide an additional layer and resource to existing children's statutory services, the ambition to is expand and reach a wider age range and align work alongside the community learning disability teams for adults. In January 2022, we will commence roll out of a seven-day offer.
The service sits within the Chief Nurse Directorate, under Rebecca Hulme, Associate Director for Children and Young People:

Figure 2. Senior structure of Chief Nurse Directorate:



Quality in
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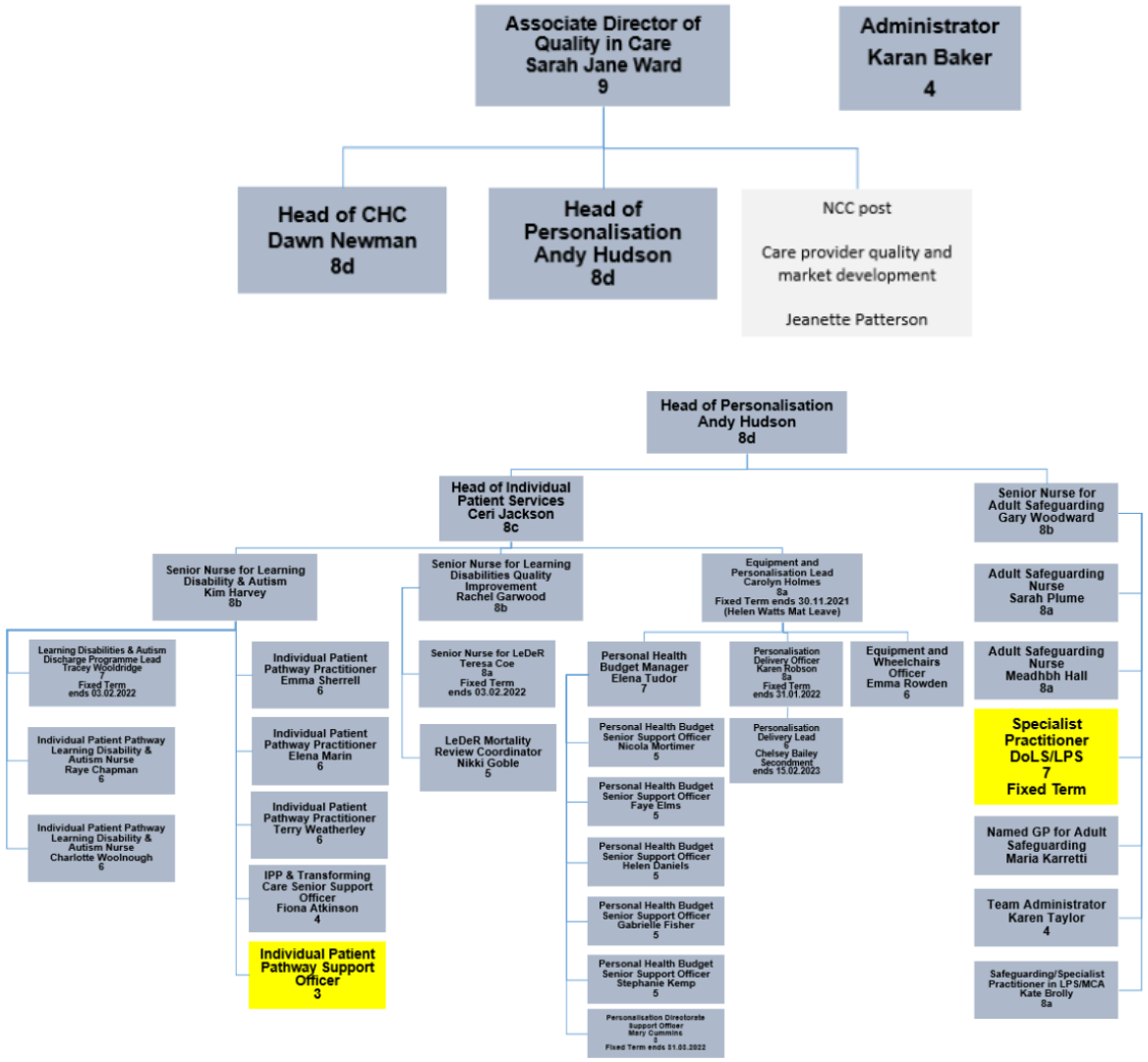
Figure 3. Quality in Care Team:



*yellow boxes reflect existing vacancies

The benefit of this structure includes working alongside LD nursing teams, Continuing Healthcare, Safeguarding and Individual patient pathway practitioners.

1.5 Please tell us about your dynamic support register (DSR), how many young people are currently included, how effective has the DSR been in identifying children and young people? Please outline any challenges and plans to develop.

Following a CCG restructure in 2019/20, the dynamic support register transferred from the local authority and now sits within a system wide Children, Young people, and Maternity team, supported by a team of clinicians who each carry a caseload. Oversight of the register has improved, demonstrated by the low number of Tier 4 admissions for this cohort of young people. Length of stay is also low. The register has been effective for many reasons including commitment across the system to meeting the needs of this group of young people, collaboration across the system to contribute to the process. Formal and structured as well as ad hoc discussions and collaboration around children and young people at the right time and with the right people. During COVID there has been a weekly meeting to discuss this group of children which has been extended to enable earlier identification and more proactive work and intervention to prevent crisis.

1. Plans to further develop this include development of an emergency short breaks provision (as an alternative), access to high quality training and consultation for children and young people including those who are autistic.

2. Raising the profile of CETR remains a challenge but one that could be addressed through effective stakeholder engagement. Training is available for system professionals but there is work to do to highlight the CETR process as a mechanism for implementing support.
3. Early discussions have focussed on what those 'markers' or 'flags' are prior to a young person being placed on the register. These could include.

- Young people who require emergency intervention services such as ambulatory, police and Accident and Emergency for atypical reasons
- Young people who are 'missing education' or who require a high ration of adult: pupil support e.g., 3:1 care
- Young people subject of a significant funding request who are previously 'unknown' to the CCG team
- Young people whose families' experience a notable shift in resilience, often highlighted or observed by a supporting professional
- Other young people, who may not fit any of the above criteria but for whom professionals are sufficiently concerned to sponsor a referral

Table 2. Current number of individuals on DSR's across CYP and Adult services:

	Norfolk & Waveney
0-18 Inpatient	4*
0-18 Rag Rated RED on the DSR	9**
0-18 Rag Rated AMBER on the DSR	12
0-18 Rag rated GREEN on the DSR	3
18-25 Inpatient	3
18-25 Rag Rated RED on the DSR	1
18-25 Rag Rated AMBER on the DSR	0
18-25 Rag Rated GREEN on the DSR	0

*We are currently over trajectory following two inpatient assessments and subsequent Autism diagnosis of two young people. This is a temporary position for Norfolk and Waveney
**This includes 1 young person that originates from Hounslow and remains their responsibility but is currently living in Norfolk with a foster carer.

Dynamic Support Register for 18-25

It is recognised that the DSR for 18-25 requires review as it does not currently show the consistency within the Red-Amber-Green (RAG) ratings, level of admission risk, the fluidity of movement or the individuals support needs. It is also currently managed by each individual locality community LD team.
NHSE transformation monies are funding a 12-month fixed term appointment to develop the governance, consistency, and application of the adult Dynamic Support Register across the system. This will include determining whether a footprint wide model would be more effective. The post holder commences at the beginning of January 2022 and will be useful in helping to build on the expansion of the Navigator service. In recognition of this and to promote consistency, it is expected that the 18-25 Navigators will follow the same processes aligned to the 0-18 DSR.

2. Description of the Keyworking Service model

2.1. Please describe how you envision the Key working functions being delivered / expanded and your vision for Keyworking across your system to full geographical coverage and scope by 2023/24

Year two 2022-2023

Year two includes service expansion of the existing team adopting the same working practices and protocols. In addition, we have included funding to test the impact of Positive Behaviour Support training for families. The training can be split in two parts, a one-day awareness course for families and a more intensive 3-day course. We plan to test the efficacy of the one-day training to families listed as 'green' on the CYP DSR and learning will inform how and when families who have previously been rated as Red or Amber will access the additional and more intensive training offer. It is accepted that families and caregivers could only be offered these opportunities at a time when resilience is stable. This proof-of-concept training model will inform wider expansion into year three assuming the impact is as we would expect.

Year three 2023-2024

Year three will implement the learning from the first 12-24 months. The Navigator service is still new to the system, and it would be premature to assume how the model will develop over the coming months. Listed below are emerging themes that will be developed further with the operational working group in Year one.

Intention	***Work needed in years 1&2***	***Milestone dates***
Expand the dedicated PBS service in NCHC to be 'all-age'	• *Scoping exercise to determine feasibility* • *Engage all stakeholders in service design* • *Develop a costed model*	***Q3 2023/24***
*Consider a Starfish model/person centred intensive support service adopted for individuals with ASD – psychology**	• *Scoping exercise to determine feasibility* • *Engage all stakeholders in service design* • *Develop a costed model*	***Q4 2023/24***
Consider adopting a Social Communication champions model – train the trainer e.g. lego therapy	• *Working with existing NDD and SLCN stakeholder forums to propose design* • *Engage with education sector to determine feasibility* • *Develop a costed model and CPD framework for trained champions*	***Q1 2023/24***
Expansion of model to support residential settings	• *Establish a working group to design model* • *Develop key metrics to demonstrate impact* • *Design a service model for the system*	***Q4 2023/24***

2.2. Please give a detailed description of your proposal, including planned host organisation and service location (or how you will expand what is already in place)

The service expansion is within the model described in the previous submission, the change is that the 18-25 Navigators will sit within the Adults Quality in Care teams alongside Continuing Healthcare, LD nurses and Adult Safeguarding. We believe that the impact of the Navigators will be greater if embedded within and alongside these teams. Strong integrated working between the two directorates will be enabled through the project manager, experienced in implementing the current model. We have

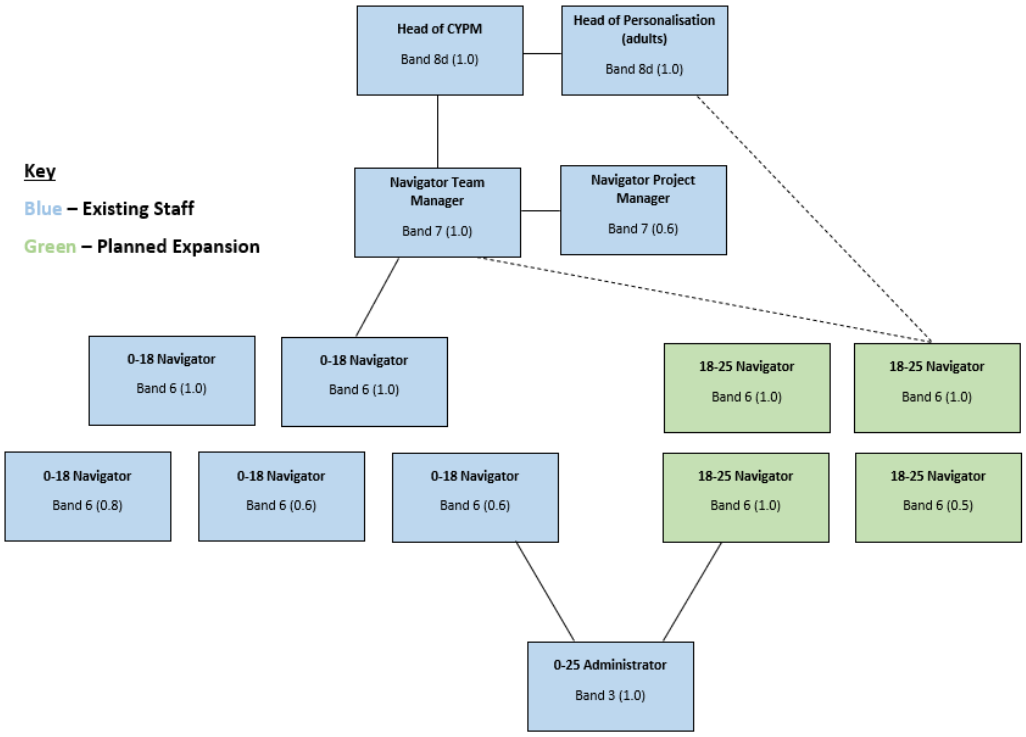
planned for an increase of 3.5 WTE with resource dedicated for all age weekend support. Both the CYPM and Adults teams will work together with oversight from a joint team manager, who is already in post. On-call arrangements between teams will be shared to upskill Navigators to develop 'all-age' experience and skills.

2.3. Please describe the workforce requirements and planned expansion of service structure.

As the current Dynamic Support Registers for 18+ does not include those with ASD, it is difficult to ascertain what the workforce requirements will be to meet demand. We have planned for additional capacity beyond the numbers currently recorded in table 2. In alignment with the current Navigator model, we seek to attract applicants from across the health, employment and or social care sectors with experience of working in roles supporting adults with ASD and LD.

We intend to extend the term of the current project manager who will work alongside the adult teams to implement consistent working

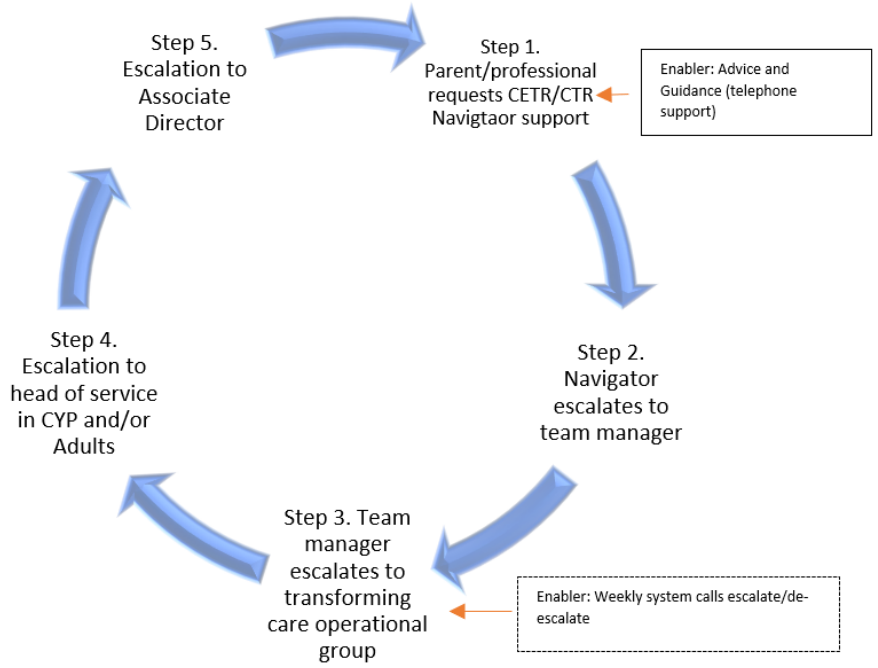
Figure 4. Current structure and planned expansion



2.4. Please outline the escalation process(es) in place or planned to support Keyworking

The CETR/CTR meetings offer an opportunity to articulate the outcomes being sought and the transfer of care/step down process (please see figure 6 below). Individuals and their caregivers will understand what support is available by the navigator and how that might change following completion of the plan e.g., monitoring through telephone support for 6-8 weeks.
The aim is individuals, and their caregivers will feel ready for the next stage of support to be initiated and that risk of dependency will be managed effectively however, the step-down process will not prohibit that same family from escalating concerns in the future.
The agreement will be designed in a way that is meaningful for the young person and their caregivers. Locally, we know that step down processes work most effectively when families feel resilient and supported, one of the key benefits that will be measured throughout the cycle of support. Individuals will be part of the decision to step down.
The DSR will monitor any 'rebound' that should occur and the team manager will review the support offered and why that change has taken place. Through system calls and the operational group, multi-agency facilitated discussion will allow for new and creative options of support to be explored.
Peer group supervision will be offered by the NHS Lead for Complex Care and the team will seek to introduce reflective practice with system colleagues to further develop best practice and learn lessons from when stepping down may have taken place too soon.

Figure 5. Escalation route for resolving barriers to care and support



Referenced previously was the established network of professionals working across provider and commissioner services who support the existing CETR processes. These are highly experienced and respected individuals who are leaders of change within their respective organisations. Most barriers to support should be resolved at step 3, via the Transforming Care Operational group. Barriers often exist due to poorly coordinated supported and/or gaps in service provision. The navigators should address delays in provision, and both highlight where access to existing pathways is not possible. Should this be the case, the team can access internal exceptional funding panels to spot purchase non-NHS commissioned services and/or work alongside the commissioners to improve pathways.
We regularly attend and are members of the Community of Practice to learn lessons from other early adopter sites.

2.5 Please describe how you envision young people and families will be supported to 'step back' from Keyworking to ensure flow, allowing further young people and families to benefit from timely support.

Prior to the completion of the review into Adults DSR, we expect to replicate the existing model

Proposal:
The Transforming Care navigators will comprise of a team with multi-agency backgrounds across health, social care, education, employment and the third sector. Supported by a team manager, each navigator will be matched to an individual either placed on or at risk of being put on the DSR.

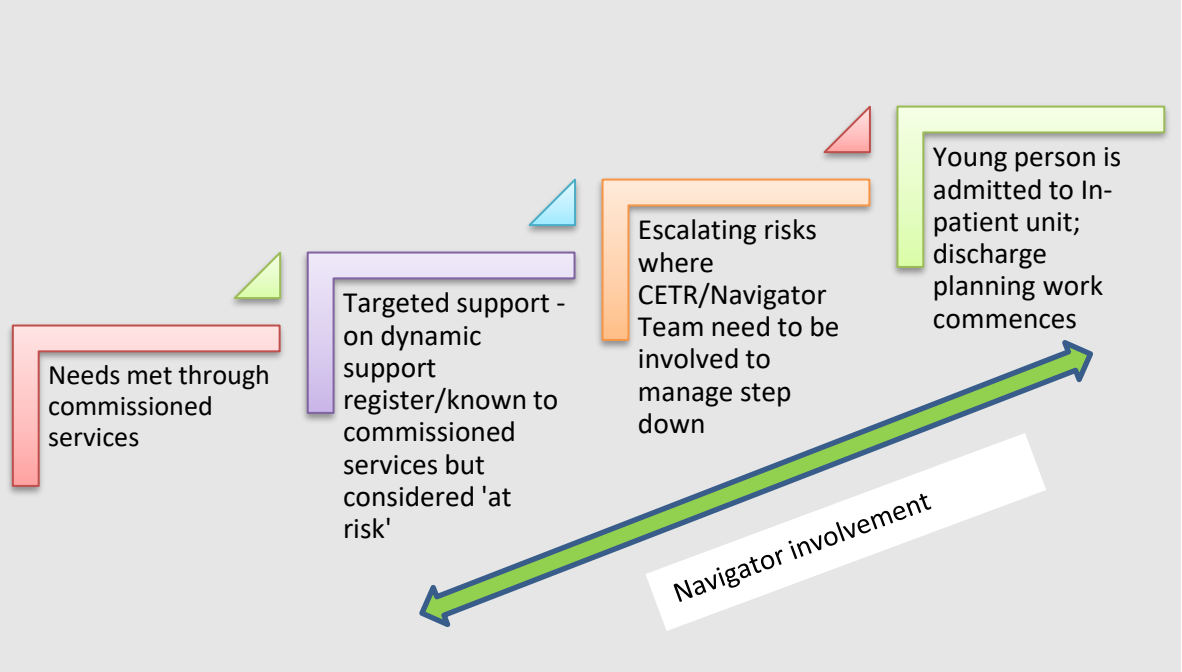
Matching:
For this early adopter phase, individuals will be matched to Navigators according to capacity and the nature of support required e.g., those requiring a social care led intervention could be supported by a trained social worker however, in the future, we will look to 'match' according to the needs and wishes of individuals and families. We may suggest a navigator based on their skills and experience with a particular part of the care landscape that aligns to the care plan but, we recognise that it is important to ensure the navigator is 'best fit.' Families told us through our engagement sessions that it is important to them that they can choose who their Navigator would be and that a choice of navigator would feel empowering. We will continue to work with families to evaluate the success of the matching process and expect this aspect of the team design to evolve over the next 12 months. Currently, there is a process in place to monitor the caseload of each navigator, demonstrated in the table below. Over time, we hope to use this data to inform capacity planning in the team. This will continue to be an area of focus and learning over the first twelve months.

Navigator	Working Hours	Green	Amber	Red	Tier 4	Total	Working Hrs by child
Elin Roberts	37.5	0	3	1	1	5	7.5
Chantelle Goslitski	37.5	0	3	2	1	6	6.25
Amy Pease – Team Leader	37.5	0	1	2	0	3	12.5
Ismay Inkson	30.5	0	2	3	0	5	6.1
Natasha Oakley-White	22.5	0	0	2	1	3	7.5
Nicki Price	22.5	0	2	1	1	4	5.625
Total	188	0	11	11	4	26	**7.23**

Best fit also includes matching individuals based on capacity and workload.

Process:
Once matched, the allocated Transforming Care Navigator will contact the individual/family prior to attending the CETR/CTR meeting chaired by the CYPM Navigator manager. Any actions and follow up will be led by them, with delayed work escalated, as necessary. The navigator will work to a personalised outcome led plan, which includes working towards a 'transfer of care (step down)' within 12 - 16 weeks.

Figure 6. Typical step up/step down Navigator model



Children and Young Adults are usually 'known' to at least one of the commissioned services and statutory teams across the system. Experience has shown that a breakdown in support and/or change in the young person's life results in escalation. The transfer of care is the point at which a Navigator can 'step away' from the family as the outcomes have been met. Ongoing monitoring of progress for the young adult may continue for longer as required.

It will be our expectation that adults admitted to in-patient units will already have an allocated navigator who will support discharge. For those who are subject to an urgent admission and who have a local area emergency protocol meeting or who have received a new diagnosis as an inpatient; allocation to a navigator will be prioritised.

Managing capacity will evolve over the next 12 months as we begin to establish more effective mechanisms for escalation and de-escalation and build community capacity. This will be managed through the DSR and enabled through 1-1, group/clinical supervision to support staff to manage and recognise unmet need and underlying issues and causes. Where dependency and complexity create a risk of long-term ongoing support needs, we will work closely with statutory and community services to review the wider support in place for that young person. All themes that emerge from this learning will inform our commissioning priorities year on year.

The navigators will also be supported by a wider CYPM and Quality in Care team who can, if required, provide additional capacity should the need arise.

3. Enablers

3.1. Please outline plans to establish or expand the Keyworking Service with local organisations and services to support integration and co-ordination

As an early adopter site with a team in position from September 2021, we expect to continue the following:

Norfolk and Waveney benefits from an excellent network of highly experienced professionals who have helped to establish a good foundation for this work through the Transforming Care Partnership and CETR operational processes. In 2018, the children and young people Transforming Care operational group was set up, bringing together colleagues across social care, health, and education to collectively focus on children with LD and ASD.

Monthly meetings are supported by weekly system calls, chaired by either the Head of CYP or CCG senior clinical lead for complex provision. This is an informal discussion where colleagues can raise concerns about children and young people, with the consent from families. A request for a CETR can

be made by anyone, alongside presenting supporting information of how the CYP meets the eligibility criteria. The transforming care group has also taken responsibility for leading a training programme to raise awareness of the CETR process across N&W.
We are a responsive system, evidenced through our low inpatient numbers and when necessary, colleagues will prioritise action planning for those at risk with little notice.
Involvement by members of the Transforming Care Group in the completion of this application demonstrated the support for the CCG teams and enthusiasm to get it right for young people.
There is more to do though, and this begins with sponsorship from leaders across all provider and commissioner groups.
Strategically, Norfolk and Waveney have recognised that children and young people have not always been at the forefront of organisational planning. In response to this, a dedicated children and young peoples' team was established within the CCG, comprising of individuals responsible for SEND, Safeguarding, Complex Care, Commissioning, and Mental Health led by a joint Associate Director who works across Health and the Local Authority. This is a particular strength of the system.
Experience also tells us that young people return to the CETR process when responsibility for implementing plans has not been led operationally across multiple services. This can result in delay and progress stalling, leading to outcomes not being met for the young person. By allocating responsibility for this work to a dedicated team of navigators, we will raise the profile of this work and in turn highlight the existing gaps in commissioning at a strategic level.
Demand for support will be significant and system colleagues tell us that a screening process/referral checklist should be developed. To date, referrals can be made on instinct and experience of the professional but further work is needed to articulate these instincts so that early identification markers can be developed. We can only do this through further discussion and collaboration.
In addition to the Joint Commissioning Framework, the local authority is jointly responsible for LD&A with the CCG Chief Nurse and the Executive Director for Childrens services chairs the Alliance board (see sections 3.2 & 3.3). Following a joint Oftsed/CQC inspection in March 2020 there is additional work to focus on 18-25 provision, Co-production and Communication and EHCPs through a written statement of action.

As a result of all this, individuals and teams across Childrens and Adults services work together frequently at operational and strategic levels on a weekly basis. The strategic lead for Children with Disabilities attends health led panels and health colleagues participate in multiple local authority led forums such as the Transformation programme for Children with Disabilities, attended by our lead for Complex care. Each of these will have parent carer representation and many groups span voluntary sector services.

Multiple stakeholder groups are active where this key worker bid was developed and co-designed. Local authority representatives included;

Maxine Blocksidge - Senior Adviser for Special Educational Needs and Disabilities
Roger Allen - Preparing for Adult Life Team Manager
Rachel Gates - Strategic Commissioning Lead for Children with Disabilities
Steph Askew – Head of Virtual School for SEND
Claire Jones – Local Offer Manager
Karen Waters – Mental health Commissioning Officer

Recently, new funding for a joint Neuro Developmental Disorders (including Autism) post was agreed to accelerate the NDD plan and ensure children and adults services are aligned to improve experiences of individuals who are assessed and diagnosed with a neuro developmental condition. This is a significant step for the system and will also help to progress the jointly agreed transforming care plan over the next three years.
We are proud of the joint working that is active, and those programmes planned for 2021/22 and beyond and are confident that the relationship-based approach to commissioning will assist in the expected impact of this navigator team.

It is worth noting that the CCG Children's directorate includes teams across Commissioning, Quality, Safeguarding, SEND and Mental Health. We believe this strengthens our multi-disciplinary approach to developing services for children and young people with learning disabilities and autism.

The Norfolk Autism Partnership Board Working Groups oversee the implementation of the plans set out by the Board. These groups are inclusive and involve autistic people, parents and carers and experts by experience. Every member of the group has a defined role, with responsibility and ownership to explore all solutions to problems.

There are currently five working groups. Four active groups meet approximately every month these are;

Diagnosis pathways
Engagement with people
Workforce development
Employment

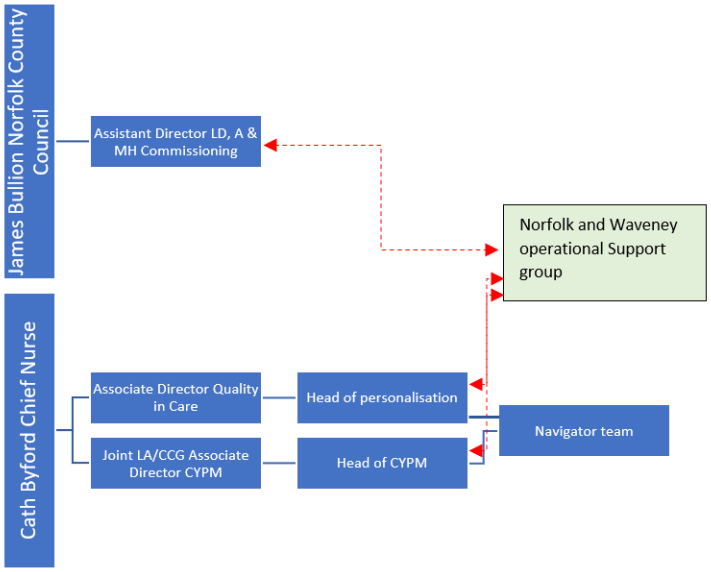
https://www.norfolkautismpartnership.org.uk/working-groups/

Working with Adult counterparts, we wish to ensure the navigator roll-out can contribute to these working groups, to highlight challenges in the employment and housing sectors and strengthen links with the VCSE sector. This is also an area of focus for year two.

3.2. Please describe the leadership arrangements

The Transforming Care Navigators sit within the Norfolk & Waveney Clinical Commissioning Group as the operational and strategic lead for managing the Dynamic Support Register and CETR/CTR process. The local authority continues to have a strategic role in the Transforming Care Operational Group and weekly touch points. We have named colleagues who we work in partnership with.
Oversight and supervision of the team falls to the Head of CYP, who works with the system Transforming Care Operational Group to ensure successful implementation of the key working function.
Our Chief Nurse is now joint SRO with James Bullion (Norfolk County Council) for the Learning Disability and Autism programme across children's and adults' services and is the named health SRO for the Navigator programme.

Figure 7. Visual diagram of leadership arrangements



3.3. Please describe the governance arrangements

Governance for the Navigator service is in an evolutionary phase. This work is aligned to transformation plans across children's and adults' services where overall governance is provided by a Norfolk and Waveney CYP Alliance. The CYP Alliance are accountable to the system Health and Well Being Boards and NDD is already a strategic priority for the system with regular monthly reporting in place. As we move closer toward an integrated care system the governance routes within and beyond health are being mapped and developed.

Figure 8-10. Governance for CYP programmes

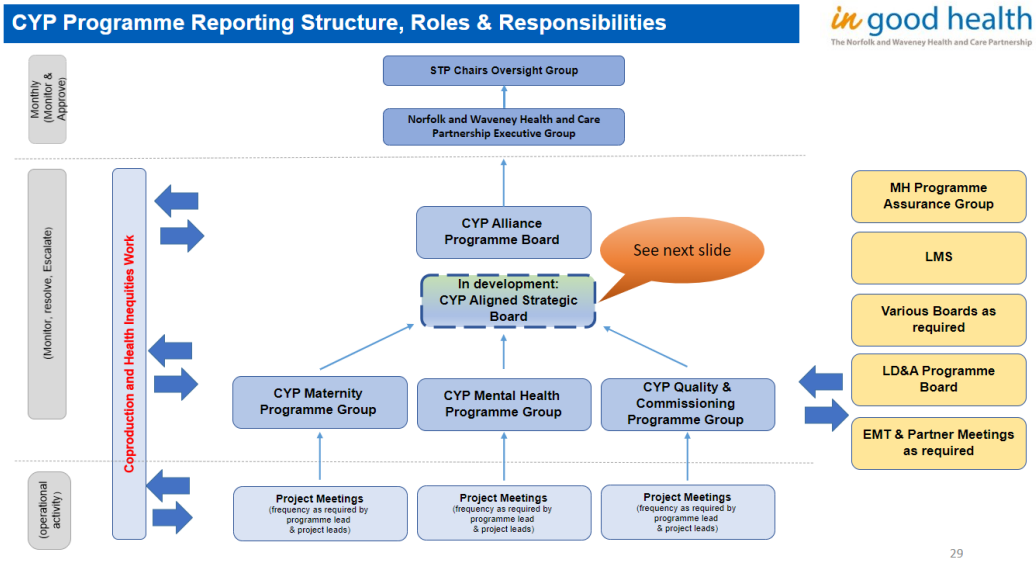


Figure 9.

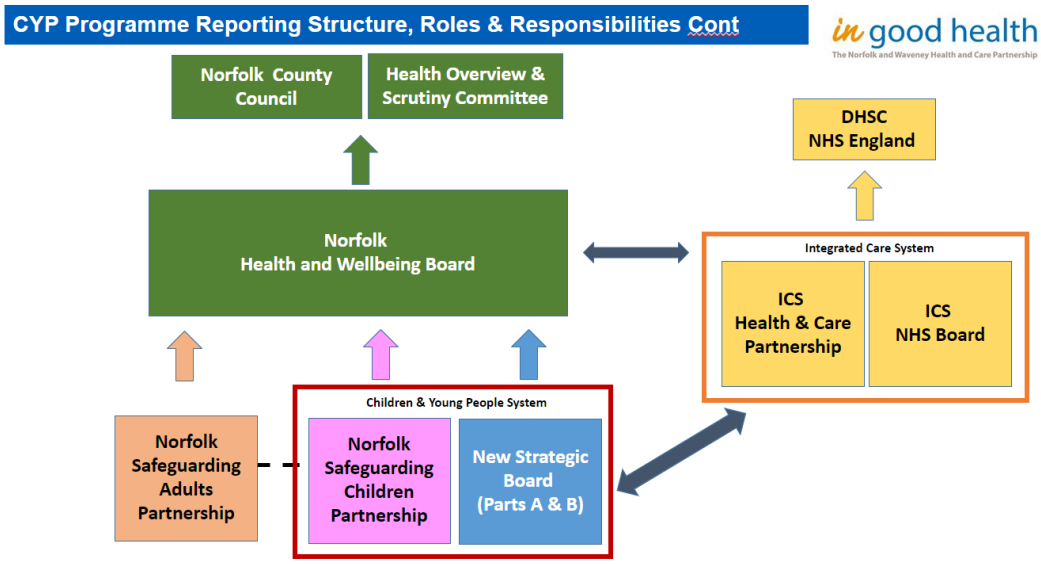
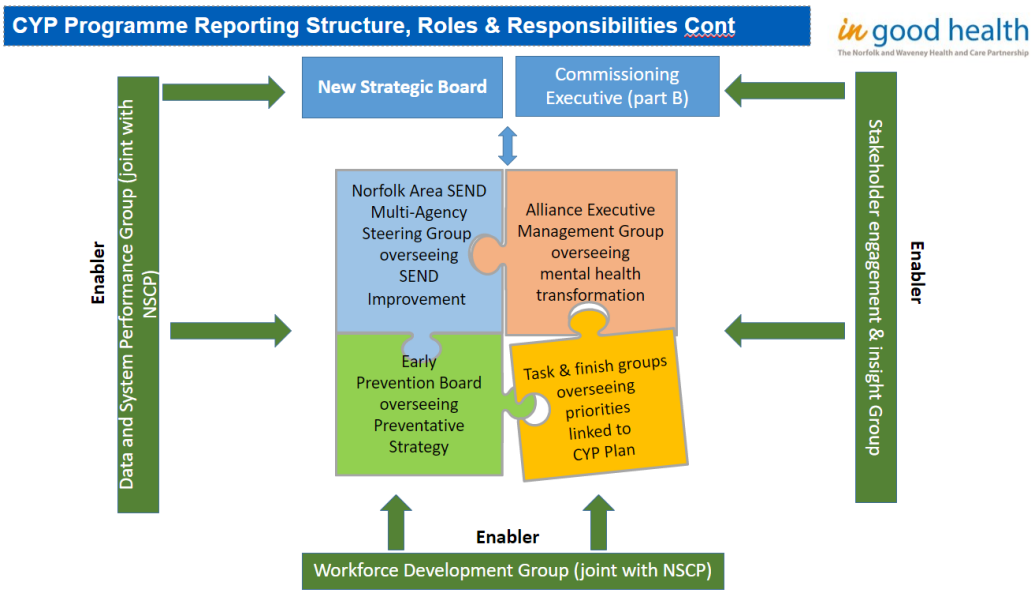
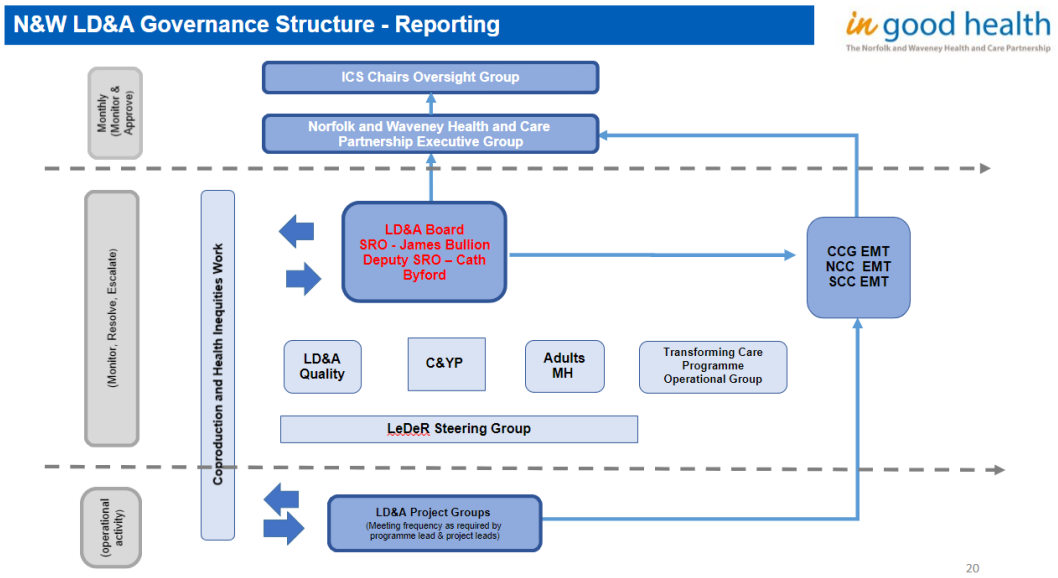


Figure 10.



Also in place in the system is an LD&A Board with membership from senior and executive leads across the system. This board meets monthly and Children and Young people are a key agenda item each month.

Figure 11. Visual diagram of governance arrangements for LD&A workstreams



3.4. Please outline the joint commissioning and planning arrangements which are in place.

Norfolk and Waveney's ambition for joint commissioning is for children and young people with SEND to be supported to be safe from harm, have learning opportunities and have the skills for life leading to meaningful paid employment and fulfilment in their lives.
How will we deliver?
To achieve this for young people with SEND 0-25 we must:

- Assess, plan and deliver services that are co-produced with children and young people with SEND and their parent carers.
- Services must collaborate to deliver personalised services centred on the young person needs and the outcomes that they want to achieve.

- Norfolk and Suffolk Children's Services and its commissioning partners must integrate service provision where it is needed to meet the identified SEND needs.
- Families and professionals need to be ambitious and focus on positive outcomes for disabled children.
- We need to measure those interventions are having the impact required.

The Children's Integrated Commissioning group (CHiCG) is attended by local authority education, social care, and SEND commissioners and Family Voice Norfolk. The group is chaired by a GP. The role of the group is to drive forward integrated commissioning and identify new opportunities for joint working across Norfolk. Work has commenced to agree the principles and framework which will directly impact the transformation programmes for CAMHS (Child and Adolescent Mental Health Service) and SEND. This is an ongoing programme of integration and benefits include a new joint review for children's occupational therapy and new funding for the Norfolk SENDIASS service. Work is also active to formalise tri-partite funding arrangements.
There is no equivalent group for Waveney, but it is a known gap that is adjusted for in service planning. Our integration work programme with Suffolk, which includes areas such as SEND and CAMHS is developed through both strategic and operational groups. Where pathways in Suffolk and Norfolk differ, the CYPM team work to ensure services are aligned so that children, young people, and families have equal access to appropriate assessment and support.

3.5. Please explain how benefits will be monitored, what data, information sharing arrangements and IT infrastructure is required for implementation or already in place.

Within the NHS Norfolk and Waveney Long Term Plan, a multi-agency dashboard is being developed to assist with a shared understanding of the needs for CYP with SEND to influence future commissioning of services and tracking of children's outcomes. A joint project 'Valuing SEND' commissioned by Norfolk, Hertfordshire and Oxfordshire Local Authorities is also underway to explore a new approach to track needs, provision and outcomes for CYP with SEND across agencies.
Both qualitative and quantitative data will be used to measure the success of the project and additional co-design work with families and stakeholders is required to define the specific metrics that will be adopted. Initially, the following will be used as a framework to develop further;

Proposed Metrics	Success measurement	Measurement tool
By the end of March 23, we will know number of individuals in specialist hospitals with ASD only	100%	Navigator dashboard
By end of September 2022 all individuals aged 18-25 identified as at risk of admission will have a named Keyworker/Navigator	*Stretch targets* 60% Q2 80% Q3 100% Q4	DSR
By end of March 2022 there will be a reduction in re-admissions from baseline	<1	Navigator dashboard
By end of March 2022 there will be a reduction in admissions from baseline	<2	Navigator dashboard
By the end of September 2022 the adults DSR will include individuals with both LD and/or ASD	90%	Navigator dashboard
Local metric: Individuals and caregivers report increased confidence in care services	90% of those with a navigator	Feedback at case closure

Local metric: Stakeholders report reduction in unplanned urgent meetings regarding young people	Baseline measurement required	Navigator dashboard / system engagement

The expected benefits are listed below:

- Reduced delay in offering care and intervention
- Reduced discussion and time between agencies establishing need but instead a clear joined up process and plan for the child/individual
- Reduction in autistic children/individuals being referred around systems
- Increased skills and confidence in wider workforce to meeting the mental health needs of autistic children/individuals
- Increased profile of the CETR/CTR process and the role of the DSR
- Reduction in demand for Out of Hours Mental Health teams/ EDT/ Police in terms of presentations in acute distress
- Reduction in children/individuals reaching "crisis".
- Reduction in urgent CETR's/CTR's, LEAPs, presentation at A and E
- Increased parental/caregiver confidence in the local system

Regarding Data sharing and record keeping, the current processes are in place.
On receipt of referral, the following information about the child or young person is captured:
Child/Young Person:

- *First Name*
- *Surname*
- *Date of Birth*
- *Gender*
- *Address & postcode*
- *Diagnosis*
- *Phone Number*
- *Email Address*
- *NHS Number*
- *Registered GP Name & Address*
- *Current Residence, including inpatient stay*
- *Dates of detentions under the Mental Health Act (if applicable)*
- *Dates of discharge under Section 117 Aftercare (if applicable)*
- *Medication*

Next of Kin/Emergency Contact details:
Lead Professional contact details:
Referrer contact details:

The referral form also asks the referrer to provide as many of the following documents, as possible to support the referral into the team:

- *Risk Assessment/s*
- *Mental Health Act papers*
- *Mental Health Act Tribunal Report*
- *Social Circumstances Report*
- *Community Service Specification*
- *Admission/Discharge documentation*
- *The last four weeks of progress notes*
- *Safeguarding Reports*
- *Incident Forms where restraint was used*
- *Health Action Plan*

- *Person Centred Care Plan*
- *Positive Behaviour Support (PBS) Plan*
- *Education, Health and Care Plan (EHCP)*
- *Communication Passport*
- *Hospital Passport*
- *Medication Chart*
- *Mental Capacity Assessment/s*
- *Ministry of Justice documents*
- *Activity Planner*
- *Care Programme Approach documentation*
- *CETR Recommendations*

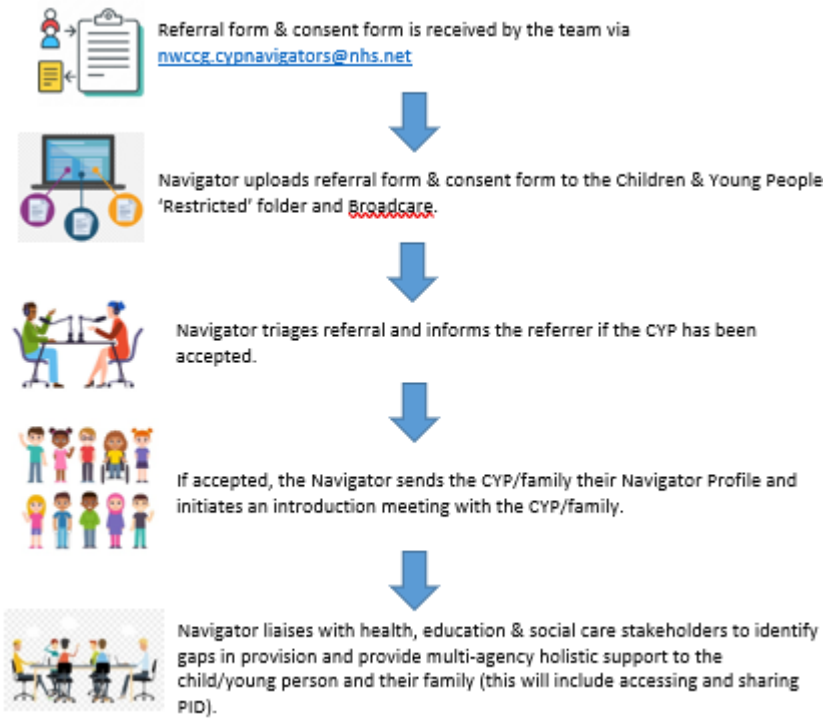
In the first 12 months, data will be collected for those children & young people aged up to 18 years old, living in Norfolk & Waveney, under Transforming Care who are in a Tier 4 specialist hospital OR are at risk of being admitted to hospital, as defined by the Dynamic Support Register (DSR).

The patient cohort size expected to meet these criteria is approx. 50 per year.

In year 2 (and beyond) data will ALSO be collected for children & young adults up to 25 years old AND to those children and young people living in Norfolk & Waveney who face multiple vulnerabilities such as looked after children, adopted children and children and young people in transition between services.

The patient cohort size expected to meet these criteria is estimated to be 100-150.

Once complete, this information is stored on the CCG patient record system Broadcare.



5. Financial planning

Based on available funding confirmed by region, what is the anticipated total investment required for your proposal for 2022/23 and how will it be spent?
Please include a detailed proposed budget below

Please note funding has been included to reflect year one and two costs

Staffing (recurrent) Year one	**FTE**	**NHS Band**	**Salary and on costs** planned	**FYE actual spend (with oncosts)**
Navigator team manager	1.0	7	£48,658	50,126
CYP Navigator	1.0	6	£41,335	40,193
CYP Navigator	1.0	6	£41,335	40,193
CYP Navigator 0.8	0.8	6	£41,335	32,155
CYP Navigator 0.6	0.6	6	£41,335	26,276
CYP Navigator 0.6	0.6	6	£41,335	26,276
*CYP Navigator (Project Manager Year 1)	1.0	6	£51,227	30,736
Administrator	1	3	£15,547	15,547
		Sub total	**£280,772**	**261,502**
Project costs			**Planned**	**Actual**
PBS training (£350 per place + travel)			£2,000	0
Trauma training (digital)			£1,100	0
Digital portal (still to be developed)			£10,000	10,000*
Mileage expenses			£9,800	2,000
ICT (laptop & phone)			£12,000	11,000
Unsociable hours payment			£24,900	12,000
Co-production activity			£5,000	5,000*
		Sub total	**£64,800**	**£40,000**
		Grand total	**£345,572**	**301,502**
Staffing year 2				
Year one team * change is due to PM role becoming additional Navigator resource	**N/A**	**N/A**	*270,959	
18-25 Navigators	3.5	6	140,676	
Project Manager	0.6	7	30,736	
Mileage expenses			15,000	
ICT laptop and phone costs			10,000	
Unsociable hours payment			40,000	
			£507,371	

Planned expenditure for current underspend:
Most team members did not start in position until the second quarter of 2021/22 and planned project costs changed due to training becoming fully subsidised for the team by other providers or the local authority. The project manager is actively focussing on allocating remaining budget, evidenced in the table below.

Planned Project costs	Budget	Expenditure	Reasons	Revised project costs	Remaining surplus
PBS Training (£350 per place + travel)	£2,000	£0	Gifted by LA	£0	£2,000
Trauma Training (digital)	£1,100	£0	Gifted by NHSE	£0	£1,100
Digital Portal	£10,000	£0	See Rix Wiki	£0	£10,000
Mileage expenses	£9,800	£1,000	Virtual working	£1,000*	£8,800
IT	£12,000	£10,795		£12,300	£0
Unsociable hours payment	£24,900	£5,000	7 day working commencing in Jan 22	£5,000*	£19,900
Co-production activity	£5,000	£0		£5,000	£0
	£64,800			**£18,300**	
Sensory Integration Training				£80	
Signalong Training				£1,225	
Talking Mats Training				£1,080	
Talking Mats Merchandise				£310	
Outcome Stars				£2,298	
Understanding Autism Training				£500	
RIX WIKI Trial				£12,265	
Avoidant / Restrictive Food Intake Disorder (ARFID)				£2,240	
Female ASD Training				TBC*	
Indpendent Clinical RCA Reviews				TBC*	
Family Training Package				TBC*	
			Total	**£36,793**	
	Grand total (planned + revised spend)			**£55,093**	**£9,707**

**ongoing area of focus*

We are confident we will be able to allocate all monies as planned.

Based on available funding confirmed by region, what is the anticipated total investment required for your proposal for 2023/24 and how will it be spent?
Please include a detailed proposed budget below

Norfolk and Waveney Navigator service has been live for three months. We remain committed to using the learning over the first twelve months to inform project design for 2023/24. The operational working group which includes stakeholders across our footprint have a valuable role to play in that project design. It is too early to define how the service will evolve; however, the table below sets out our emerging themes and we would expect to use the full £744k of funding. This includes anticipated expansion of the team to accommodate the increase in scope to include individuals who are Looked After and/or placed in residential settings. This is subject to change.

Staffing (recurrent) Year three	**FTE**	**NHS Band**	**Salary and on costs** planned
Navigator team manager	2.0	7	100,252
Navigators – Year one	4.0	6	160,772
Navigators – Year two	4.5	6	180,870
Navigators – Year three	3.0	6	120,579
Project Manager	0.6	7	30,736
Administrator	2.0	3	31,094
Expenses			25,000
IT Costs			6,000
Unsociable hours			58,000
Training costs			18,000
		Sub total	£599,957

	Committed spend
Navigator service (staffing and associated costs)	£599,957
Expansion of Rix Wiki	£24,000
Expand the dedicated PBS service in NCHC to be 'all-age'	£100,000
Social Communication champions – train the trainer e.g., Lego therapy	£20,000
Total proposed spend	***£743,957***

Other

There have been recent service developments in Norfolk and Waveney, led by a new all age NDD lead that are relevant to this scheme of work and demonstrate the system commitment to improving the patient journey.

- LD nurses to be based in GP practices to upskill and support primary care colleagues
- ADOS training for the wider workforce to support the diagnostic pathways
- Waiting list initiatives where volunteers with lived experience contact those on assessment pathways to identify support needs that can be put in place without a diagnosis

System Partner agreement for this proposal:

Executive Director(s) of Commissioning responsible for children and young people's services	Local Authority Director(s) of Children's Services
Organisation **Norfolk & Waveney CCG** Designation **Chief Nurse** Signature……	Organisation **Norfolk County Council** Designation **Executive Director for Children's Services** Signature……
Local Authority Director(s) of Children's Services	Parent carer/ forum or group
Organisation **Suffolk County Council** Designation **Director for Children's Services** Signature……	Organisation **Family Voice** Designation **Chair** Signature……
Executive Director(s) of Provider collaborative(s)	(Other)
LEFT INTENTIONALLY BLANK Organisation…… Designation…… Signature……	**LEFT INTENTIONALLY BLANK** Organisation…… Designation…… Signature……