Joint working between children’s therapies and Local Authority Advisory Services in Somerset
History and Context

- Changes in both services over the years
- Financial pressures in both Local Authority and Health Service
- Some good practice in collaboration and joint working
- Some historic joint working which has become less integrated over time
Local Authority Consultation

- Parent consultation sessions across the county to discuss changes in advisory teacher services
- Feedback from parents that there are occasions where services from health and education are not well-joined
- Feedback from parents that at times they get advice which has conflicting elements or is unclear
- Strong message from parents that they would like services to work in a more coordinated way
Meeting to launch work

- Workshop with representatives from services, parent representatives and commissioners to start to explore how to move this forward
- Group identified and agreed desired outcomes and discussed potential barriers and how to overcome them
Pathway scoping

- Areas for pathways discussed and agreed
- Five workstreams identified:
  - Early Years
  - Physical Disabilities
  - Communication
  - Sensory Loss
  - Post 16
Planning next steps

- Each workstream has a working group
- Membership is mixture of staff from therapies and advisory services and relevant parents will be asked to join the groups.
- Consultation will also take place with relevant education settings
- Meetings being arranged during summer
- Whole group will meet again to draw information together in October 2019
Measuring Success

- Agreed pathways
- Improved service user experience – will need to gather feedback once pathways established
- Improved professional collaboration and satisfaction – ongoing links established and maintained
An accessible and equitable service for all families

Camilla Hutchings and Vicky Boyle
Telephone Advice Line to improve access to therapies in Somerset
History and Context

- Became a countywide Integrated Therapy Service in October 2009
- Working in episodes of care but difficult to discharge children who didn’t have an active need for intervention as parents concerned about not having any access to support
- Many enquiries coming into the four bases from parents or professionals asking for advice on potential referrals – difficult to call back in a timely way
Setting up

- Already doing multi-professional countywide triage four mornings a week, rotating round the bases
- IT services set up line which only opens at set times and at other times gives a recorded message
- Line can be programmed into different bases so can be answered by different teams depending on the day of the week
- Line will rotate to different phones so more than one call can be answered
What it offers

- Anyone can call about a child with a Somerset GP – parent or professional
- If a professional has consent from the family they can talk about a named child but if not can access advice anonymously
- The line is staffed by an experienced SLT, OT and PT four mornings a week
- We do not have capacity to take referrals over the phone but will sometimes advise a referral and explain how to do it
Evaluation and Feedback

- Feedback obtained from a random sample of callers
- 100% of respondents found their call helpful or extremely helpful
- Some very positive comments about the impact both from parents and professionals
Comments

I have been trying the advice I was given and my child is making progress - Parent

The SLT really put my mind at rest – Parent

I was able to ring and get advice while I was with the family - Health Visitor

The therapist was so kind and helpful and took time to listen to me - Parent

I have rung the line several times and always get helpful advice - SENCo

I was worried I would need to wait until I had my appointment but the therapist gave me some ideas to try immediately - Parent
Data

• Over 6,200 calls taken
• 50% - advice given and advised to refer
• 35% - advice given and no referral needed
• 15% - advice given and signposted elsewhere
Outcomes

• Continued good feedback from families and other professionals
• Easier to discharge children being able to reassure parents that they can quickly access advice if needed in the future
• Able to stop some inappropriate referrals being made
• Training opportunity when advising other professionals