

Leeds Health & Wellbeing Board

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Report of: Director of Children's Services

Report to: Leeds Health and Wellbeing Board

Date: 16th July 2014

Subject: The Children and Families Act 2014: Implications for services in Leeds.

Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, Access to Information Procedure Rule number:		
Appendix number:		

Summary of main issues

The Health and Wellbeing Board has identified the Children and Families Act as one of the key strategic drivers alongside the Care Act in its efforts to create a sustainable and high quality health and social care system for the citizens of Leeds.

The Children and Families Act 2014 grew from the 2011 green paper Support and Aspiration and became law in March 2014. The law brings changes to a number of areas including family justice and care. In particular it heralds major changes to legislation affecting children and young people with special educational needs and disabilities (SEND) and their families. These are the most significant changes for over thirty years. Its main provisions are:

- The requirement to produce a "local offer" setting out what children, young people and families where there are additional needs should expect to be available for them in their local area, and how these services can be accessed
- The replacement of Statements of Special Educational Needs and Learning Difficulties Assessments with Education, Health and Care plans for the 0-25 age range. These EHC plans must be clearly focused on outcomes and on preparation for adulthood
- The provision of personal budgets if requested for anyone with an EHC plan in order to increase self-direction, choice and control
- Strengthened integrated multi-agency working including joint commissioning of services

Recommendations

The Health and Wellbeing Board is asked to:

- Note the role and responsibilities of partners in the implementation of the SEND reforms.
- Consider how the JSNA can include the needs of young people with SEND and their families and link this to the vision and strategy for joint commissioning and integration for these service users.
- Consider longer term infrastructure development to improve the experience of families including improved information sharing and linkage of children's record keeping across agencies ideally to create a "single view" of the child, potentially aligned to the Leeds Care Record
- Consider how the Health and Wellbeing Board might be able to influence the requirements for workforce development and the opportunities for greater integration
- Note the Draft Department of Health guidance on Health and Wellbeing Boards and Children with Complex needs (attached as an appendix to this report), and consider the best approach to a consultation response.

1. Purpose of this report

- 1.1 To identify the implications for partners in Leeds of the SEND reforms introduced via the Children and Families Act 2014 for consideration by the Health and Wellbeing Board.
- 1.2 To explore the move towards increased personalisation with specific reference to children and young people's care and support in the context of the Children and Families Act.

2. Background information

- 2.1 The Children and Families Act 2014 became law in March 2014. The Act covers a number of changes impacting on children, young people and families. A report was requested by the Health and Wellbeing Board to brief its members on the main provisions and their implications. This report has been prepared with input from colleagues in children's services, children's health commissioning, Leeds Community Health Care Trust and adult services.
- 2.2 The purpose of the reforms is to improve outcomes and life chances for children and young people with Special Educational Needs and Disabilities (SEND). The vision for these children and young people is the same as for all children and young people - that they achieve well in their early years, in school and in college; lead happy and fulfilled lives; and have choice and control.
- 2.3 The changes have been prompted by a national analysis of outcomes for the high numbers of children and young people in England who have SEND. In 2012/13,

this was 1.55 million pupils, 18.7% of the school population. Despite significant deployment of resources, these children do less well than their peers: they are more likely to be absent or excluded from school and are more than twice as likely not to be in employment, education or training (NEET). 93% of learning disabled people are unemployed. It is estimated that supporting a person with a learning disability into employment could, in addition to improving their independence and self-esteem, reduce lifetime costs to the public purse by around £170,000. Similarly, equipping a young person with the skills to live in semi-independent rather than fully supported housing could reduce lifetime support costs by an estimated £1 million.

2.4 The thrust of the Children and Families Act reforms aligns closely with the outcomes set out in the Leeds Health and Wellbeing strategy, in particular:

- People will lead full, active and independent lives
- People's quality of life will be improved by access to quality services
- People will be involved in decisions made about them

2.5 Partners around the Board have also committed to ensuring every child in Leeds has the Best Start in life, and this includes ensuring that a disability is not an unfair barrier to opportunity and access to support for children with complex needs. The Health and Wellbeing Board is the key body working together to ensure the health and social care system in Leeds maximises the opportunities of this legislative change, and implements the changes in a robust and successful manner, improving outcomes at a health, educational and wellbeing level for the citizens of Leeds. The work of the 0-5 Complex Pathway (Best Start) programme provides a further link between the implementation of the Children and families Act and ongoing children's partnership work.

2.6 Although Leeds is not one of the Pathfinder authorities for the implementation of the reforms – in the Yorkshire and Humber regions these are North Yorkshire and Calderdale, and more recently, York as an implementation partner – good progress has been made and this has been recognised nationally in feedback from the Department for Education. The developments are being driven through three major partnership workstreams, contained within a robust programme management plan:

- The local offer and SEN strategy
 - Identification of information required for local offer
 - Identification of web site
 - Identification and procurement of server/system with interactive option
 - Networking with key stakeholders
 - Develop Local Offer in alternative formats
 - Develop information for parents, children and professionals
 - Specific consultations with CYP and families
- Assessment and EHC plans

- Development of co-ordinated assessment process
 - Development of an EHC plan
 - Pilot the assessment process and EHC plan
 - Clarification of the non-statutory assessment and planning process for children with complex needs
 - Person-centred planning pilot yr 9
 - Develop Appeals procedures
 - Develop information for parents, children and professionals
 - Specific consultations with CYP and families
 - Identify access to advocacy for families
 - Develop Statement conversion timetable
- Personalisation and personal budgets.
 - Definition of scope for personal budgets
 - Identification of budget -all agencies
 - Development of Resource Allocation System
 - Processes for accessing budget developed
 - Clarify 3rd party arrangements -brokerage
 - Develop Appeals procedures
 - Develop information for parents, children and professionals
 - Specific consultations with CYP and families
 - Process for Personal Health Budgets

These workstreams are underpinned by cross-cutting activity around joint commissioning, workforce development, information technology and communication and engagement. All workstreams report into a multi-agency implementation steering group which is governed by the Complex Needs Partnership Board, a sub-group of the Children's Trust Board. Representation on all the groups is broad and includes parents of children with additional needs.

Main issues

The local offer

- 2.7 Families in which there are children with additional needs have long reported that it can be a real challenge to navigate a path through the services that the family needs. These can be extensive, particularly when a child has very complex needs. Families can report having contact with over 40 services during the first two years of their child's life. The local offer is conceived as a means of making it easier for families to understand what is available in the area in which they live. In 2009 families told the Lamb enquiry that they wanted information to be accessible, transparent and in one place. This has led to the new duty on local authorities in the Children and Families Act to ensure that they take responsibility for the local offer and publish it in one place.
- 2.8 The local offer should encompass all of the universal elements of services offered in localities – all schools, settings and colleges within the local authority border; and all of the services offered by health – from therapies and how to access them, to services for children with complex health care needs. The local offer will build on universal services and illustrate to families how to access additional, targeted

and specialist services. Co-production is key to the development of the local offer so children and young people with SEND, parents and service providers will need to be involved in its development and review. There is a very active process of engagement in Leeds to produce our local offer.

- 2.9 In Leeds the LCC website will provide a front page for the Leeds Local Offer. The IT solution will then pull information down for families from a number of other sources. Providers will be responsible for keeping their own web pages up to date so that the information accessed through the front page of the local offer is accurate. Good progress has been made on this in Leeds but it will continue to develop. The web page will have an interactive function enabling children, young people and families to feed back on the current offer regarding their experiences. The information gathered through this process needs to be linked to joint commissioning arrangements to inform planning and commissioning. In addition to the web-based information staff across services accessed by families will need to be able to act as “information brokers” to help guide people through the local offer, particularly in libraries and other key contact points.

Education Health and Care Plans

- 2.10 Under the legislation the current process for the Statement of Educational Needs and for Learning Difficulties Assessments will change. From the 1st September all new children requiring these will have a co-ordinated assessment, which can result in an Education, Health and Care plan. The EHC plan will identify the agreed outcomes for the child or young person, negotiated with them as appropriate and the family. The plan should include short and longer term goals and should incorporate outcomes related to expectations for the young person as they move towards adulthood. A major change is that the plan can remain in place until the young person reaches 25 if they are appropriately still in education or training. Currently SEN Statements do not extend beyond the age of 19 and lapse if a young person goes to college or into training at 16. The new legislation will impact significantly on post 16 education providers who will have to accommodate the necessary systems and processes, as well as on adult health and care providers for young people over 18 with EHC plans. The EHC plan should be reviewed at least annually, and it is envisaged that this will be an interactive process with the young person at the centre.
- 2.11 The statutory timeframe for the completion of SEN Statements is 26 weeks. Families have requested a swifter process, and EHC Plans must be completed in 20 weeks. Young people with current statements and LDAs will be transferred to EHC plans over the next 2-3 years, with all of them being converted by April 2018. In Leeds, there are around 2,000 existing statements. Thus around 700 conversions per year will be required. The timeframe given by the Department for Education for the completion of each conversion is 14 weeks, which is likely to be challenging for the SEN staff and systems in children’s services that must produce them as well as for services contributing information and advice relating to the young person, their needs and progress. In addition, around 400 new SEN statements are generated each year in Leeds. We can anticipate that ongoing demand will be at least at this level, and potentially higher given the wider age-range that applies. It is also worth noting that for any new or converted EHC Plan

there is the opportunity for an appeal to the SEN and Disability Tribunal if it is not possible to reach agreement on the content of the plan.

- 2.12 Through the Leeds processes for preparation for implementation a new, person-centred format for plans and reviews has been developed which emphasises the personal outcomes being sought. The co-ordination of the assessment process across education, health and care is expected to be more cohesive for families. Information from existing relevant assessments should be used and professionals should share information so that families do not have to keep repeating their story. The new process has been trialled with a small number of families so that lessons can be learned and improvements made. Overall feedback has been very positive, with families feeling like active partners in the process rather than passive recipients. In addition a person-centred transition review process has been piloted successfully across a number of schools in Leeds to support the journey to a more outcomes- focussed approach that places greater emphasis on preparation for adulthood. Learning locally and from the Pathfinder authorities is that practitioners are familiar with describing activities and services, but this new approach demands a more considered understanding of how actions affect the outcomes that people want in their lives. The increased focus on outcomes is creating a workforce development need to work differently, fitting with the culture change that the reforms also demand. A workforce development plan has been created to underpin the reforms. There was some testing out of the programme during Child Development fortnight in June and the programme will be rolled out in the autumn.
- 2.13 Families will benefit from support through these processes and the reforms bring a renewed emphasis on key working. Key working can be undertaken by a range of practitioners across education, health, care, early years and voluntary sector organisations, all of which will need to consider how this vital function is built into job descriptions. The aim of key working is to support the family emotionally as well as practically through the assessment process, providing the right information and signposting and ensuring that the family understands the steps at each stage. The focus is on empowering the family and helping them to be as well –equipped as possible

Personal budgets

- 2.14 A further significant change for families will be the introduction of personal budgets intended to increase choice and control. If a young person has an EHC plan in place they will be able to request a personal budget. Young people and families can request:
- a) To know the value of their education, health and care package.
 - b) To have a 3rd party broker their personal budget once identified.
 - c) A personal budget that they can manage directly.
- 2.15 In Leeds the education element of the personal budget will be the “top up” funding identified through the very well established Funding For Inclusion (FFI) process. This can be disaggregated from the school’s overall SEN budget and is specific to

the individual child. It should be noted that the local authority and school must be in agreement with how the parent intends to use the budget, which must be very clearly linked to the agreed learning outcomes in the Education, Health and Care plan.

- 2.16 Currently children's continuing health care support must be available as part of a personal budget on request. There are 30 children currently receiving continuing health care in Leeds. Other aspects of health care will be included incrementally, with long term health conditions being the next phase. CCGs will have a role in agreeing what elements of health provision will be in the scope for personal budgets and agreeing the currencies and costs of provision to feed in to the Resource Allocation System. Funding will be linked to the outcomes identified in the EHC plan and these will be monitored through the review process. CCGs will also have a key role in ensuring availability of provision and also managing potential disaggregation of budgets to release the funding for personal budgets, without destabilising provision.
- 2.17 In terms of the care elements of the plan, there is already the option to receive a direct payment to meet the assessed needs of the child in a way that suits the family best. Just over 100 families in Leeds are currently receiving direct payments for their children's care. The long term aim is to have a co-ordinated personal budgets process across agencies, but in the short term it will be possible to identify the three different elements should this be requested.
- 2.18 Increased personalisation, choice and control brings with it opportunities to develop the marketplace and increase families' access to things they might want to do in their community to improve the life chances for their child or young person and also to help them in their caring role. The third sector is a key partner in these developments.

Integrated working

- 2.19 The SEND reforms are underpinned by key principles and cross cutting themes. The key principles include: co-production, person-centred planning and outcomes focussed planning. In addition Leeds has agreed that the programme should adhere to the national Early Support principles and Restorative Practice. These principles are threaded through the work of the work-streams. Agencies in Leeds will need to have a shared understanding of these principles and to develop a shared language in their interaction with families and colleagues. Cross cutting themes include: communication, engagement, workforce development and IT.
- 2.20 There is an interagency communications plan and communications record. The aim is to ensure that communication is consistent across organisations in Leeds. Views of young people and families have been considered and responded to. In terms of preferred communication methods, multiple approaches are being used. Films have been produced to raise awareness and support engagement with families and more are planned. There have been numerous briefings, drop-in sessions, a blog and the widely-distributed Complex Needs Service newsletter which comes out every two months and provides updates on developments. Engagement has taken place with numerous children, young people and families, in a number of different ways and in a range of settings.

- 2.21 The workforce will need to understand the Act, the principles that underpin it, its implications, the roles practitioners will need to fulfil and what is required of new tools and processes. Ideally any workforce development will be cross agency where possible. Pathfinder authorities for the Children and Families legislation have stressed the importance of cultural change to improve the experience of children, young people and their families. This is echoed in Leeds' experience thus far where it is recognised that the skills needed to work creatively, respectfully and in a consciously person-centred way with children, young people and families are key.
- 2.22 Cross-agency information sharing is an important aspect of implementing the reforms and protocols and practice may need to be re-visited. IT infrastructure also needs to support the programme. Research was undertaken to procure the right solution for the Leeds Local Offer. There is still work required to join up the EHC and personal budget processes, and this is underway. There is also an opportunity to consider the strategic vision for children's record keeping across health, education and care with the aim of develop a single view of the child or young person but this would need to be owned at strategic level in the city, and considered as part of the transformation and integration agenda.
- 2.23 With its duty to promote integrated working between health and social care organisations in the city, the Health and Wellbeing Board has a key part to playing in ensuring the successful implementation of the Children and Families Act in Leeds and in ensuring the needs of Children with Complex Needs are met. In March 2014 the Board signed the 'Every Disabled Child Matters' charter, which commits it through the Children's Trust Board, to take a number of actions and to play a leadership role on these key issues.
- 2.24 Additionally, draft Department of Health guidance on Health and Wellbeing Boards and Children with Complex needs (attached as an appendix to this report) has recently been issued and is currently out for consultation. The Board are asked therefore to agree any recommendations to be included in a consultation response. In particular, the Board's attention is directed to page 4, which includes a number of questions to assess how the work of the Health and Wellbeing Board supports children and young people with special educational needs and disabilities locally. This list will be used as a useful tool in ongoing work to assess how the Health and Wellbeing Board, through the Children's Trust Board, in Leeds is currently supporting children and young people with special educational needs and disabilities.

3. Health and Wellbeing Board Governance

3.1 Consultation and Engagement:

- 3.1.1 Children, young people and families have been engaged fully at all levels of the SEND reforms programme. EPIC Leeds, the parents' forum, has representatives on the Complex Needs Partnership Board (CNPB) chaired by Councillor Judith Blake, which oversees the programme, the Interagency Children and Families Act Implementation Steering Group and most of the work-streams. There has been active co-production and consultation on the development of the Leeds Local Offer in terms of its design. Agencies and providers are in the process of

developing the content of their offer. Each agency will be responsible for keeping this up to date on its own website. There is also engagement from all relevant partners in the assessment and EHC process. A new multi-agency panel has been established to consider requests for Education, Health and Care assessments.

- 3.1.2 Other key stakeholders are also present on CNPB and the Interagency Steering Group including Voluntary Action Leeds (VAL) representing the third sector.

3.2 Equality and Diversity / Cohesion and Integration

- 3.2.1 There is ongoing consideration of equality and diversity as this works proceeds. Each workstream has completed a separate equality impact assessment.

3.3 Resources and value for money

- 3.3.1 The resource implications of delivering these reforms are yet to be fully understood. Whilst the long term aspiration of the legislation is that it will reduce demand on the public purse by improving outcomes for people with disabilities, increasing their independence and employability, in the short and medium term there are clearly additional resource requirements. These cannot yet be fully quantified but will include the professional time needed to provide advice for EHC plans from, for example, educational psychologists, therapists and other health professionals; officer and administrative time to deal with the volume of conversions from Statements to EHC plans and the extension of these up to age 25; administration of processes for arranging personal budgets and brokering support packages. In addition there is a clear need to invest in the IT solutions required to deliver these new requirements. The business case for this is in development.
- 3.3.2 The implications for commissioning are also being considered jointly across the local authority and CCGs with a view to identifying longer term implications and potential for greater efficiency.

3.4 Legal Implications, Access to Information and Call In

- 3.4.1 Legal advice is being sought as part of the preparation for implementation.

3.5 Risk Management

- 3.5.1 The Interagency Children and Families Act Implementation Steering Group holds the risk log for the programme and this is reviewed regularly. The main risks relate to finalising the personal budgets process and tools, developing the IT infrastructure, preparing the workforce and the interdependence across agency to ensure compliance e.g. meeting EHC timescales. There will also be some capacity issues as outlined above.

4. Conclusions

- 4.1 The SEND reforms bring major changes for agencies working with young people with SEND aged 0-25 and their families, and exciting opportunities to improve outcomes and life chances for some of our most vulnerable citizens. Agencies

across the city will need to contribute fully to this agenda to ensure compliance with the legislation and to maximise the opportunities it affords for greater integration and more responsive and effective services.

5. Recommendations

5.1 The Health and Wellbeing Board is asked to:

- Note the role and responsibilities of partners in the implementation of the SEND reforms.
- Consider how the JSNA can include the needs of young people with SEND and their families and link this to the vision and strategy for joint commissioning and integration for these service users.
- Consider longer term infrastructure development to improve the experience of families including improved information sharing and linkage of children's record keeping across agencies ideally to create a "single view" of the child, potentially aligned to the Leeds Care Record
- Consider how the Health and Wellbeing Board might be able to influence the requirements for workforce development and the opportunities for greater integration
- Note the Draft Department of Health guidance on Health and Wellbeing Boards and Children with Complex needs (attached as an appendix to this report), and consider the best approach to a consultation response.