

Originator: David Dickinson

Tel: 0113 224 3749

Report of the Director of Children's Services

Scrutiny Board (Children's Services)

Date: 18th November 2010

Subject: Model for the Integrated Service for Children With Complex Needs - Paper 2

Electoral Wards Affected:	Specific Implications For:	
All	Equality and Diversity	V
	Community Cohesion	
	Narrowing the Gap	$\sqrt{}$

1.0 Purpose of report

- 1.1 This paper provides further information in relation to the integrated service model for children with complex needs. This piece of work relates to programme 6 disability/SEN/additional health needs of the integrated service delivery strand of the transformation programme.
- 1.2 The paper presented to the meeting in October provided an outline of the service delivery model, described those services which it is envisaged will form part of the integrated service, whether centrally retained or delivered locally, outlined outcome measures and proposed management arrangements.
- 1.3 This paper provides further detail in relation to the emerging proposals and includes a diagrammatic representation of the service proposals. This additional detail will support the discussion at the meeting following the Scrutiny visits during the first two weeks of November.

2.0 Background

- 2.1 The main purpose of developing proposals for new, reconfigured service to meet complex needs is to provide families with a joined-up response to their situation wherever possible and facilitate appropriate inclusive practice across a range of settings. The key principles of this approach are:
 - Child and family first
 - Single point of contact
 - Coordinated response

- Unified referral, assessment and planning process based on the common assessment framework
- Named key worker
- Telling the story once
- Keeping the door open
- Planning ahead for the next stage (managing transition)
- 2.2 The service will provide a single point of contact for families. Bringing together key partners will help to smooth this process and enable children, young people and their carers to make informed choices to enable them to lead as ordinary and successful a life as is possible in the circumstances. A key priority will be to ensure that the 'door is kept open' and families can be signposted to the appropriate services.
- 2.2 The service will support the most complex children and young people (around 1,000 in Leeds) and their families, whether they are under the age of 5 and supported in an Early Years setting, or over 5 and attending a Specialist Inclusive Learning Centre (SILC), resourced provision, partnership school, or are educated in Further or Higher Education. The service will work with settings to support those children and young people with the most complex needs who require long term specialist support from a variety of agencies.

3.0 Main Issues

- 3.1 The service model for children under 5 is presented in Appendix 1.
- 3.2 The integrated 0-5 service for children with complex needs would be best focused on a Child Development Centre, of which there are three (North East and East, North West and West, and South). Child Development Centres currently provide early assessment of young children's needs and development and they support interventions to aid their progress. An alternative setting would be one of the six resourced children's centres.
- 3.3 The inner circle represents those services which will be centrally retained but aligned to the three areas. This includes SENSAP (Special Educational Needs Statutory Assessment and Provision service), the Educational Psychology Service, Children's Nursing Team, Dieticians, Children's Learning Disability Service, Continuing Care and Health Short Breaks, and the Child Health and Disability (CHAD) OT Team. Some of these services are too small to be able to work effectively if they were split to separate locality teams. SENSAP and the EP service whilst sitting within the complex needs service will work with children, young people and all settings across a broad range of needs. The Child Health and Disability Social work team will have a strong link with the 0-5 service on a locality basis.
- 3.4 The outer circle represents those services which will be either be based at the setting or will have regular input into the setting to review/work with children and families.
- 3.5 The 0-5 service is likely to include:
 - Specialist health visiting
 - Hearing Impairment and Visual Impairment service
 - Early Years Support Service

- Leeds Inclusion Support Service
- Portage
- Speech and language therapy, occupational therapy and physiotherapy.
- 3.6 A further refinement of the model is presented at Appendix 2. This shows how the services within the locality will work together. In particular it shows how some of the centrally retained services e.g. Educational Psychology will work with those Health services based in the CDC. A key feature of the model is the key worker.
- 3.7 The service model for children and young people from 5 to 14 is presented in Appendix 3.
- 3.8 For children and young people from 5 to 14 with complex needs, the most appropriate setting for the service will be a Specialist Inclusive Learning Centre (SILC) site, or resourced or partnership school although it is recognised that current accommodation may present constraints. Very early discussions regarding accommodation have taken place, but further work is required to move this forward with all partners. This service will be delivered across three administrative areas (East/North East, West/North West and South).
- 3.9 The 5-14 service for children with complex needs is likely to include :
 - Child Health and Disabilities social work
 - Hearing Impairment and Visual Impairment service
 - Leeds Inclusion Support Service
 - Speech and language therapy, occupational therapy and physiotherapy
 - SILC nursing.
- 3.10 As in the 0-5 model, the inner circle represents those services that are centrally retained.
- 3.11 The service model for children and young people from 14+ is presented in Appendix 4.
- 3.12 It is not envisaged that this will be an additional, separate service but that young people from age 14 onwards will be supported by the team of lead professionals based at the SILC/resourced provision/partnership school, but in addition the team will be augmented by specialist Connexions workers.
- 3.13 The focus will be on preparation for transition into post-16 learning and onwards into independent living where appropriate, supported by adult services. The integrated team for the area will be augmented by the Social Care Transitions Team, which will operate city-wide, with alignment to the three areas.
- 3.14 It should be noted that the Parent Partnership service will continue to operate as a small, arms-length, centrally retained service. It may be appropriate to configure the service on an age basis, 0-5, 5-14, and 14+.

4.0 Progress to Date

- 4.1 Discussions are ongoing with service managers regarding the proposed model. Discussions have been positive and have confirmed the general direction of travel. It is important to note that entirely new services will not be developed but that existing services will be reconfigured to meet the needs of children and families. A key activity for the reconfigured service will be to ensure that that there is coherence, services are co-ordinated and duplication is removed.
- 4.2 The use of the CAF as the 'spine' for all assessments is supported.

 Recommendations of members in relation to the CAF and in particular regarding the simplification of the process are being further explored.
- 4.3 Further work is ongoing to ensure that the links with universal settings are clearly described. Programme 2 of the Transformation Programme Universal will define support for universal settings.
- 4.4 Discussions have now taken place with representation from CAMHS regarding the model for children with complex needs. The CAMHS service will continue to operate as a centrally retained service, supporting settings, children and young people as appropriate. CAMHS clinics could be delivered at SILC sites.
- 4.5 A separate paper in relation to funding for over 18s not in statutory education is attached at Appendix 5.
- 4.6 Information regarding the provision of short breaks is attached at Appendix 6.

5.0 Next Steps

- It is anticipated that the future shape of children's services will be determined by April 2011, and this will be consistent with the deployment of teams.
- 5.2 The proposed model will also need to take account of the outcomes of the October Spending Review, changes to national policy e.g. the Schools' white paper and responsibilities of the Local Authority, and NHS Leeds' plans for provider services post April.
- 5.3 Recommendations from this meeting and in particular following the Scrutiny visits are particularly welcomed.

Background papers

Scrutiny Board – Model for the Integrated Service for Children with Complex Needs – October 2010