

Report of Director of Children's Services

Report to Scrutiny Board (Children and Families)

Date: 26 July 2012

Subject: Directors Response to Children and Families Scrutiny Board Inquiry into services for children with disabilities, special educational needs and additional health needs.

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input 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? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. This report provides an update on progress in developing an integrated service to improve outcomes for children and young people with special educational needs, disabilities and additional health needs and their families.
2. There is a recognition that progress is being made, however the challenges faced by the new service are considerable and further phases of development are likely to be required.
3. Specific responses to the recommendations contained in the Scrutiny Board 's report of March 2012 are contained in appendix 1 (attached below).

Recommendations

4. Children and Families Scrutiny Board is requested to consider and comment on the report with a view to making further contributions to shaping the emerging arrangements for the delivery of services to children and young people with complex needs and their families.

1 Purpose of this report

- 1.1 This report provides a progress report on the overall implementation of the new Complex Needs service established as part of the restructured Children's Services Directorate, as requested in the Scrutiny Board report of March 2012.
- 1.2 The report also provides a formal response to the further ten recommendations arising from the inquiry and contained within the Scrutiny Board report.

2 Background information

- 2.1 Children and Families Scrutiny Board carried out its inquiry in the autumn of 2010. The Board was keen to examine how a better integrated service could improve outcomes for children, young people and their families locally. There was a clear understanding that children with disabilities, special educational needs and additional health needs are potentially vulnerable and may require support from a range of services. There was a strong commitment to the belief that these children and young people have every right to enjoy all aspects of provision across the city.
- 2.2 Following the Executive Board's March 2010 decision to create a single integrated children's service, extensive restructuring has taken place throughout 2011. This is in the context of an ambition for Leeds to become a truly child-friendly city, an ambition articulated through the Vision for Leeds and the refreshed Children and Young People's Plan. All children and young people should be able to grow up in safe and supportive families, make healthy lifestyle choices, do well in learning and have skills for life, have fun growing up and be active citizens who have voice and influence. Key approaches to delivering this are that we need to do the simple things well, to always see the child as the client, and to be clear that safeguarding and promoting the welfare of children underpins everything we do. This is very much in line with the thinking and the principles that have shaped the new Complex Needs service.

3 Main issues

- 3.1 We know that for families with children with complex needs a wide range of services is often required. Managing the interface with these services can be challenging for families, and an important priority within the service design is to simplify processes and communication as much as possible to ease this situation. It is recognised that services need to be organised on a geographical basis where this is achievable, so that the right, consistent professional relationships can blossom and a joined-up response to the needs of children and families put in place. This is fundamental to the service design.
- 3.2 The head of the new Complex Needs service, Barbara Newton, took up post in January 2012. The rest of the management structure of the service has been in place since late May. There are now three Complex Needs Area Leads for the East North East, West North West and South of the city respectively. Each of them has a strategic lead in addition to their area responsibilities. These are the

Principal Educational Psychologist and leads for Disability and Health. These leaders will have oversight of the outcomes for children and young people with additional needs in their area, and will be responsible for ensuring that there is co-ordinated planning and activity so that both gaps and duplication in services are avoided. The area Complex Needs teams include three professional cohorts: Educational Psychologists, Special Educational Needs and Inclusion support, and Child Health and Disability social work. The teams will work with children, young people and families from 0 to 25. It will provide direct support where there are the most complex needs, plus advice and support to schools, settings and other providers to build capacity and enable them to include these children and young people effectively and to improve their outcomes. The area team will work with a broad range of professionals, teams and providers. This will include Targeted Services, health professionals, voluntary, community and faith sector organisations, children's centres, schools, Specialist Inclusive Learning Centres, adult services and others.

- 3.3 Some services are being retained centrally, either because they are too small to divide between three areas, or because they deliver statutory processes that must be done in a consistent way. Examples of centrally retained services are the Occupational Therapy team and the Regional Specialist Hospital Team based at Leeds General Infirmary. The Special Educational Needs service that deals with Statements of Special Educational Needs, placement and provision including the distribution of funding to schools to support inclusion, is also retained centrally to work as one team, but the caseworkers and Monitoring and Quality Assurance officers within the service are aligned to the three areas. This team will be key to the introduction of the new Education, Health and Care Plan for young people up to the age of 25 proposed in the Department for Education's "Support and Aspiration : A new approach to special educational needs and disability – next steps", to be introduced from 2014. A small Best Practice Development team will also work city-wide to develop strategy, provision and clear pathways for children, young people and families' access to services.
- 3.4 Services for children with visual and hearing impairment are also encompassed within the Complex Needs service. Extensive work and consultation has taken place to consider how best these services can be organised in order to deliver the best outcomes for children and young people. During this process there have been a number of significant changes both locally and nationally that are having an impact on this. Locally there are potential changes to the status of schools hosting resourced provision to consider, and the reforms to school funding that are to be introduced nationally from April 2013 will have major implications for SEN funding. In light of these developments it was agreed that implementation of the restructure of sensory services should be delayed until January 2013. A new Sensory Lead is now in post to support progress in this area.
- 3.5 The new Complex Needs service is at an early stage of development. Area teams will be established as a priority over the next few months and their membership and responsibilities communicated to partners and stakeholders. At this stage it will not be possible to locate all team members actually in the geographical areas they are covering, but this is an aspiration for the future. In the interim they will function as virtual teams and will focus on developing the relationships and

pathways required to meet the needs of the children and young people with complex needs in the area, and their families.

3.6 Work is in progress to identify the performance and satisfaction measures that will best demonstrate the impact of the new service. It is expected that by pooling knowledge and expertise across different professional boundaries and working together we will have a clearer and deeper understanding of need across the city, and will extend our repertoire of effective practice. We are already making progress in terms of establishing our register of disabled children, reviewing and re-commissioning the provision of short breaks, and developing priority areas of focus for the months and years ahead.

3.7 Appendix 1 (attached) provides a response to each of the recommendations detailed in the Scrutiny Board's report, and gives some indication of the nature of the activity that is underway. We are constantly striving to improve outcomes for children and young people with complex needs, to simplify and clarify our processes, and to develop the right provision and the pathways to access services. We are ever mindful that the child is the client, and we need to do the simple things that can make the most difference to families as well as possible.

4 Corporate Considerations

4.1 Consultation and Engagement

4.1.1 Extensive consultation with a broad range of stakeholders took place during the development of the Complex Needs service, and this is ongoing. We have regular engagement with EPIC (Empowering Parents, Improving Choices) parents' support group, and will further develop our dialogue with children and young people with additional needs in conjunction with the Voice and Influence section of the Children's Services directorate.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 An equality impact assessment was completed as part of the service redesign process.

4.3 Council policies and City Priorities

4.3.1 The principles underpinning the Complex Needs service are entirely in line with city priorities and council values and contribute to the delivery of the children and young people's plan.

4.4 Resources and value for money

4.4.1 It is anticipated that better alignment of services, earlier intervention and improved planning and co-ordination will achieve improved value for money. Where it has been identified that additional resources are required to meet increased demand, for example in terms of Educational Psychology time and Special Educational Needs casework capacity, these have been built into the redesigned Complex Needs service. This will be closely monitored and reviewed as the service becomes fully established.

4.5 Legal Implications, Access to Information and Call In

4.5.1 None identified.

4.6 Risk Management

4.6.1 Risks associated with this area of work are being identified and managed via the Complex Needs service plan.

5 Conclusions

5.1 Good progress has been made in establishing a Complex Needs service that will be well placed to meet the holistic needs of children and young people with special educational needs, disabilities and additional health needs.

5.2 It is recognised that the challenges the service faces are considerable: increasing complexity and demand, changing expectations nationally, major shifts in funding arrangements, a developing landscape in education and health provision.

5.3 Strengthening locality working, putting the child and family at the centre, rationalising processes and pathways, being clear about monitoring and accountability, and continuing to enhance partnerships at every level are all key components in improving outcomes for some of our most vulnerable children and young people. These are the approaches that are at the heart of the new Complex Needs service.

6 Recommendations

6.1 Children and Families Scrutiny Board is requested to consider and comment on the report with a view to making further contributions to shaping the emerging arrangements for the delivery of services to children and young people with complex needs and their families.

7 Background documents¹

7.1 Executive Board Report March 2010

¹ The background documents listed in this section are available for inspection on request for a period of four years following the date of the relevant meeting. Accordingly this list does not include documents containing exempt or confidential information, or any published works. Requests to inspect any background documents should be submitted to the report author.

SCRUTINY ENQUIRY REPORT – SERVICES FOR CHILDREN WITH DISABILITIES, SPECIAL EDUCATIONAL NEEDS AND ADDITIONAL HEALTH NEEDS. Appendix 1.

<p>Recommendation 1 That the Director of Children’s Services brings us a progress report on the overall implementation of the new Complex Needs Service to accompany the formal response to our recommendations in this inquiry report in July 2012.</p>	<p>See report to Scrutiny Board July 2012</p>
<p>Recommendation 2 That the Director of Children’s Services confirms how the CAMHS service will be delivered within the context of the redesigned service.</p>	<p>The largest single CAMHS service in Leeds is provided and managed by Leeds Community Health Trust (LCHT) and has approximately 50 full time equivalent (FTE) staff.</p> <p>The service is currently jointly supported by NHS Leeds (as the majority funder) and the local authority. NHS Leeds contribution is realised through a commissioning relationship with LCHT. The local authority provides a contribution through the effective secondment of 10 staff into the CAMHS Service. These staff are line managed and supervised day to day through LCHT.</p> <p>Each area runs a specialist complex clinic dealing with assessment and intervention for developmental disorders (ADHD, Autistic Spectrum Conditions, Learning Disabilities) within the city for 5-18 year olds. Learning Disability nurses continue to offer a hub and spoke model into the Specialist Inclusive Learning Centres (SILCs), which can then feed back into the LD/CAMHS specialist clinic. CAMHS continues to deploy 2.1 clinical psychology time into the Child Development Centres (CDCs). In the next 3 months, this is due to increase by a further 0.5 FTE in the east CDC. In the last year CAMHS has developed a monthly clinic in Leeds with the national CAHMS deaf service. This can offer direct consultation to CAHMS staff working with deaf children (or deaf parents) with mental health concerns, joint work with national deaf CAHMS and consultation to staff in Leeds who work with deaf children. The CAHMS training unit</p>

continues to offer a rolling training programme for any staff who work with children in Leeds. This includes a broad mental health overview and several which relate to children with disabilities. A new session that has been developed is an Advanced Workshop for Practitioners for Learning Disability. Several new group work programmes are in development – an Incredible Years group for parents of children with learning disability and in partnership with STARS, a group for newly diagnosed children with learning disability and autistic spectrum conditions. There is a monthly CAMHS/paediatric clinic, to discuss the more complex neurodevelopment cases. There are now 2.1 FTE LAC psychologists in the Therapeutic Social Work team, so more integrated neuropsychological delivery for LAC children is being achieved. Specialist CAMHS is under a transformation programme developing care pathways, including LD and ASC – these will come out for consultation in the next few months

An internal review is being undertaken of the contribution of the LCHT CAMHS service towards the emotional health needs of Looked After Children. Work is also being undertaken to clarify the current roles and referral pathways for emotional health and wellbeing: this includes the CAMHS service and other support for mental health issues such as the Therapeutic Social Work Team.

At the conclusion of these reviews we will make a recommendation for decision as to whether to continue the joint investment with NHS Leeds in the CAMHS at the current level or require a better match to current children's needs. We however will recommend changing the nature of the relationship with the LCHT for continuing provision to a formal contractual relationship. Strategic oversight of this relationship will then fall within the remit of a named head of service supported by commissioning and contract management colleagues.

A third piece of work is underway to jointly scope with health partners the future needs for emotional health and wellbeing services in Leeds including those of children with a complex need. This is being

	<p>undertaken through the completion of a commissioning review including a needs analysis (completed), a future commissioning framework (currently in development) and implementation of any required service changes.</p>
<p>Recommendation 3 That the Director of Children’s Services explains how the service will ensure consistency of standards between the three areas of the city and also what monitoring of caseload will be in place to ensure an appropriate distribution of resources.</p>	<p>As at the end of May 2012, three Complex Needs Area Leads are now in place. One of these is also the Principal Educational Psychologist, a second is providing strategic leadership for disability and the third for health. Working together as a team, these three leaders will be responsible for developing processes to ensure that there is consistency across the city, caseload is monitored within teams. Performance criteria are being put in place using an agreed data set to facilitate regular monitoring. The Head of Complex Needs will retain oversight across the city.</p>
<p>Recommendation 4 That the Director of Children’s Services reports back to us on how more use can be made of Rainbow House during the day.</p>	<p>Rainbow House is a busy unit working hard to meet the needs of all children and young people who use its short break facilities. The unit currently provides a minimum of 39 days per year to 98 children and young people. Children and young people usually attend school during term time but can be looked after during the day if they are ill during a short break.</p> <p>During the day the unit is also used to facilitate reviews, family placement meetings, ad hoc meetings with families and social workers and disability managers’ meetings.</p> <p>The Disabled Children’s Allocation Panel which considers requests for short breaks is held on the first and third Tuesdays of the month.</p> <p>Training days are held on a regular basis along with staff supervision, senior and team meetings.</p> <p>Coffee mornings are held monthly at Rainbow House and all parents and carers are invited. Parents are welcome to visit at any time to meet with staff.</p> <p>The unit’s facilities, for example the sensory room, can be used during the day as part of the education package for some young people.</p>

<p>Recommendation 5 That the Director of Children's Services investigates how information relating to service redesign is better communicated to headteachers.</p>	<p>Information regarding service redesign is disseminated to headteachers either as part of the weekly updates to headteachers or as part of updates to partners. A group of headteachers is currently seconded to work with the children's services directorate as part of the Leeds Education Challenge, and this is facilitating improved communication and partnership working.</p>
<p>Recommendation 6 That the Director of Children's Services ensures that all children reaching the transition phase to Adult Services have the opportunity of access to a Social Worker and/or Personal Adviser to support them.</p>	<p>All children/young people who have a children's social worker where it is assessed that the young person has a diagnosed disability and will be eligible at 18 for Adult Social Care services are referred to the Transitions Team. The Transitions Team plan the transition from children's services into adult social care/adulthood by undertaking a comprehensive assessment of need. Children without an allocated social worker are not currently able to access the Transitions Team directly as their role is to plan transition into adult social care, however all children currently have access to a personal adviser via the Connexions service or targeted support. Consideration is currently being given to the future commissioning of this service.</p>
<p>Recommendation 7 That the Director of Children's Services reports back to us on some of the service improvement initiatives which will improve this group of children and young people's access to universal services and opportunities to enjoy fun activities.</p>	<p>The Leeds Inclusion Support Service (LISS) has been awarded a new contract in 2012/13 to deliver inclusion support activity with universal settings, to enable access to short breaks. Short breaks give disabled children and young people enjoyable experiences away from their primary carers and also provide parents and carers with a valuable break from caring responsibilities. LISS offers advice, support and challenge to settings to ensure they are fully inclusive and able to offer equality of access to all children. This may include the provision of time-limited grants where appropriate, which the service monitors and reviews regularly to ensure they are used effectively. This is a highly sustainable model, building capacity in universal settings to include disabled children, reducing the likelihood of crisis and family breakdown and thereby</p>

reducing the need for more expensive specialist provision or Social Care intervention.

The contract requires LISS to work city-wide, whilst developing links with individual clusters to ensure the needs of families are met within their local area. This includes working closely with the SILC Cluster Partnership's short break service, which started on 1st April 2012. This service enables disabled children and young people to access short breaks of their choice by providing one to one support to access universal facilities or funding specific activities such as play schemes, sports sessions or youth clubs.

Clusters no longer receive ring-fenced funding for out of school and holiday activities, but cluster advisers have been working with clusters to ensure that each cluster still allocates some of its budget to support these activities. The contribution that out of school and holiday activities can make to the emotional, health and wellbeing of vulnerable children and their families is invaluable. This year ENE and WNW clusters have agreed to produce a joint summer holiday programme in each of the two areas so that children and families can see what activities they could access across the city. The south clusters are each producing their own. These booklets will be available to all schools and their partners. Each booklet will also be available on the Children Leeds web-site and all activities can be viewed on the Breeze web-site. In each of the booklets this year there will be a section for 'Short Breaks'. This will provide information on short breaks and sign post parents/carers to where they can get support to access a wide range of activities.

In addition, plans are in place to support capacity building of universal providers, which needs to include VCSF and private providers, to ensure that children with complex needs can access their activities. This includes:

- a blended package of training on disability and inclusion, available for all of the children's workforce, including staff and volunteers in

	<p>universal agencies;</p> <ul style="list-style-type: none"> - a plan to encourage universal agencies to achieve the Inclusion Chartermark. - plans to provide training and support to cluster staff responsible for commissioning. This will aim to encourage staff to include requirements to undertake disability and inclusion training and achieve the Inclusion Chartermark within all service specifications for out of school and holiday activities.
<p>Recommendation 8 That the Director of Children’s Services provides us with an updated position in relation to the development of Direct Payments to families or its equivalent.</p>	<p>Direct Payments are available to families where the child/young person is assessed as requiring 1-1 support. At the point of 1-1 support being identified as a need the social worker will discuss with the family whether they want this to be via direct payments and a personal assistant or via an individual support worker from an agency</p> <p>All packages of support are reviewed on at least a 6 monthly basis to assess whether the support is meeting the child and family’s needs.</p> <p>The direct payment procedure was completed in April 2008 and is due to be reviewed to identify whether any revisions are required to improve the operation of the system.</p>
<p>Recommendation 9 That the Director of Children’s Services reports to us on how the revised assessment process will ensure that parents only have to tell their story once.</p>	<p>We are currently exploring the option of a holistic proactive assessment and plan for children with complex needs and disabilities, that builds on the CAF process. The aim is that this will be completed where a Team Around the Child is identified from birth / diagnosis and will be a live document that can be regularly reviewed with proactive planning in conjunction with the child, young person and family. If families consent this document can be shared across all key staff and agencies to reduce the incidence of families having to be constantly re-assessed and having to repeat their story. A discussion about assessment processes for children with complex needs in relation to hospital discharge formed part of an event on the 30th May 2012. We plan to liaise with children, young people and families about their experiences of assessment for children with complex needs and</p>

	<p>disabilities to inform this development and to check with them what processes they would like to be in place to ensure that they do not have to keep repeating their story. We will then engage all key stakeholders in the development of the tool and any other related processes and their implementation. We will ensure that this process complements the CAF process and is linked to the central CAF function to maintain the single point of contact and centralisation of data.</p>
<p>Recommendation 10 That the Director of Children’s Services reports to us on how the key worker system will operate and in particular how it will take on board the learning from the CAF process with regard to the capacity of staff to fulfil the role.</p>	<p>Discussions are continuing on the details of the implementation of a system to ensure there is a Key Worker or equivalent Lead Professional for children with complex needs and disabilities. The CAF is intended to be the “spine” of assessment that can be built on to ensure an integrated approach to the combination of universal, targeted and specialist needs that children, young people and families experience.</p> <p>The use of CAF ensures that those coordinating interventions have the additional support of the Integrated Processes Service in recording, storing, reviewing and reporting on cases.</p> <p>The new CAF process in Leeds, introduced in 2012, is much easier, quicker and more flexible, allowing coordinators to save time, share responsibility and accountability and reduce their workload. Practitioners have attended update sessions and express positively the improved efficiency and effectiveness of the forms and process. Significant learning in Leeds has been the flexibility that centrally held electronic information allows in terms of sharing a coordination role, with a family’s agreement, with other trusted colleagues. Different people may lead coordination of a case at different times, depending on the nature of current issues, without the family having to repeat information or professionals fearing information will be “lost” at points of handover.</p> <p>Finally the flexibility of the new system allows any existing assessment information to be used to initiate multi-agency interventions and the CAF process to support the monitoring of all action plans and reviews. This reduces any possibility of duplication of effort or inconsistency in</p>

	<p>processes of different agencies, or confusion in information access and sharing; all the things that make coordination onerous. A series of events are planned in the three areas to share good practice.</p>
<p>Recommendation 11 That the Director of Children's Services confirms the current position with regard to the availability of Educational Psychology services and how any shortfall is being addressed.</p>	<p>The new model of service delivery provides enhanced Educational Psychologist (EP) capacity. Three new permanent posts have been added to the structure, recognising the demand for this service. In addition three temporary EPs are also being recruited for a period of 6 months to manage the current peak in workload linked to statutory assessment and the annual review process.</p>