

# CHILDREN'S PLACEMENTS STRATEGY and SUFFICIENCY ACTION PLAN

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## **Our vision**

We want all the children of Leeds to be happy, healthy, safe, successful and free from the effects of poverty

We will work together to make sure every child and young person has the opportunity to achieve their potential because every child matters

We will narrow the gap so that every child has a chance to be successful regardless of their background and the barriers they face

We will work with and be led by the needs and choices of parents, carers, families and communities

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**Children Leeds**

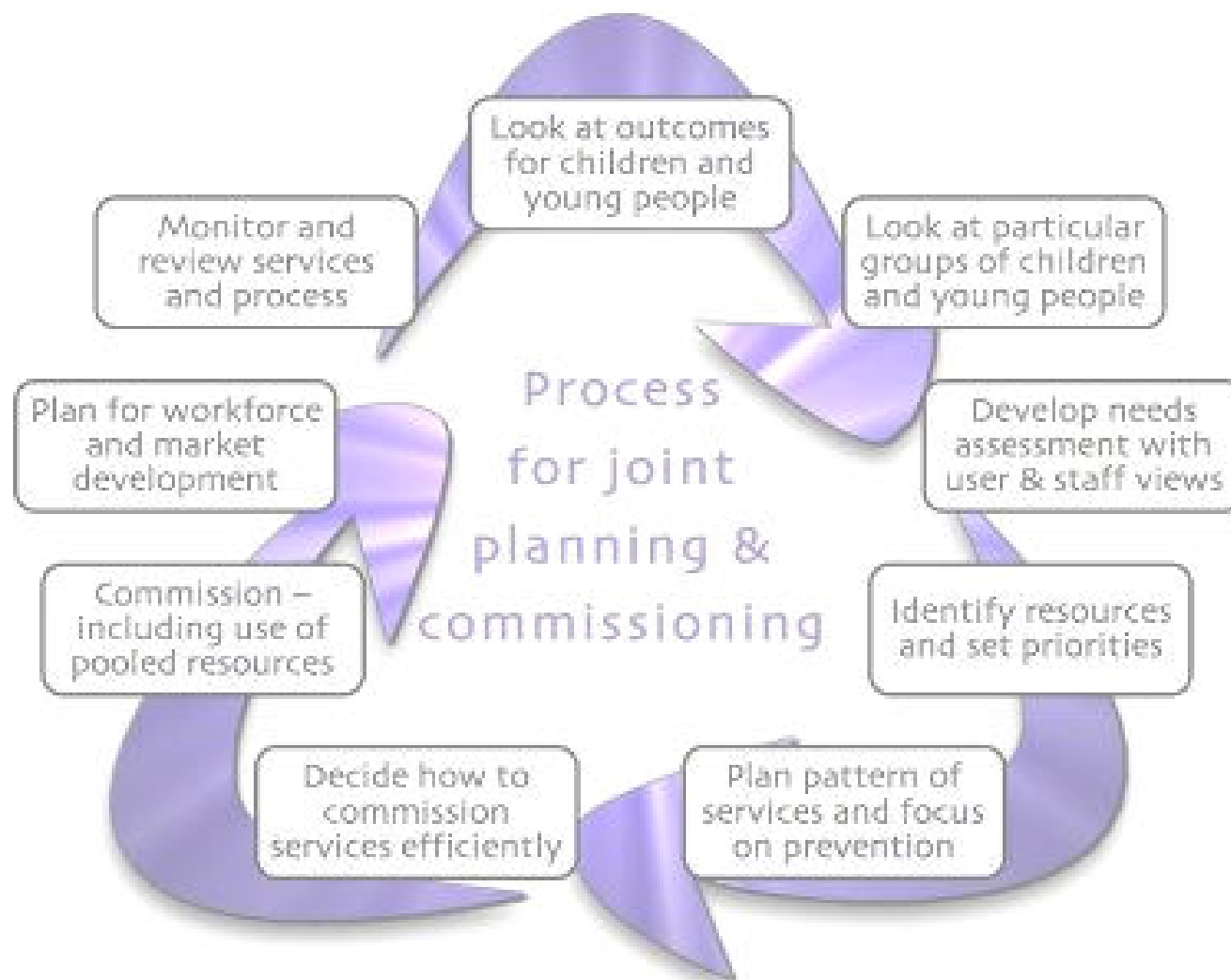
# CHILDREN'S PLACEMENTS STRATEGY AND SUFFICIENCY ACTION PLAN

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## 1. Introduction

- 1.1 This Placements Strategy sets out the approach of Leeds Children's Trust and Leeds City Council to meeting the needs of:
- Looked After Children who, for a range of reasons, may require a Residential Placement
  - Children for whom a Special Education Needs (SEN) Statement has been issued and whose needs cannot be met without an out-of-authority residential placement
- 1.2 This strategy includes within its scope the following:
- Needs Assessment
  - Duty of Sufficiency
  - Procurement Process
  - Budget and Activity Management
  - Quality and Performance Management Processes
  - Strategy for Reducing Placement Reliance
- 1.3 In the interests of succinctness, this document does not repeat the expectations and requirements of national statutory guidance or The Leeds Children and Young People's Plan 2009-2014, *Building brighter futures in Leeds* except to re-state that our priorities remain as:
- Improving outcomes for looked after children
  - Improving attendance and reducing persistent absence from school
  - Improving early learning and primary outcomes in deprived areas
  - Providing places to go and things to do
  - Raising the proportion of young people in education or work
  - Reducing child poverty
  - Reducing teenage conception
  - Reducing the need for children to be in care
  - Strengthening safeguarding
  - Enabling integrated working
- 1.4 This Placement Strategy should therefore be read in conjunction with the following publications:
- 1989 Children Act
  - *Every Child Matters*, DCSF 2003
  - 2004 Children Act
  - *Building brighter futures*, The Children's Plan, DCSF 2007
  - *Building brighter futures in Leeds*, The Leeds Children and Young People's Plan 2009-2014
- 1.5 Wherever possible this strategy draws upon recognised good practice from the national Commissioning Support Programme as well as other Children's Trusts and Local Authorities. As such, the key stages and supporting components of this strategy are based upon the 9 steps of the following widely recognised and acknowledged best practice commissioning cycle:



## **2. Duty of Sufficiency**

- 2.1 Securing sufficient accommodation to meet the needs of looked after children and young people is a vital step in delivering improved outcomes for this vulnerable group. It can be best achieved through a step change in commissioning practice across all services which contribute to improving outcomes for looked after children and for children in need who are at risk of care or custody.
- 2.2 Where commissioning for these children and young people is already working well elsewhere in the country, we see examples of a choice of placement options, reduced placement breakdown, better links with universal and specialist services, lower numbers of children coming into care and, long-term, significantly reduced costs.
- 2.3 Section 22G of the Children Act 1989 requires local authorities to take steps that secure, so far as reasonably practicable, sufficient accommodation for looked after children within their local authority area (“the sufficiency duty”).
- 2.4 Securing sufficient accommodation requires a whole system approach which delivers early intervention and preventative services to support children in their families as well as better services for children if they do become looked after.
- 2.5 The sufficiency duty is phased as follows:
  - From April 2010: If they have not already done so, local authorities should include in relevant commissioning strategies their plans for meeting the sufficiency duty.
  - From April 2011: Working with their Children’s Trust partners, local authorities must be in a position to secure, where reasonably practicable, sufficient accommodation for looked after children in their local authority area.
- 2.6 The sufficiency duty requires local authorities to have regard to the benefit of having:
  - A number of accommodation providers in their area;
  - A range of accommodation capable of meeting different needs.
- 2.7 This Placements Strategy includes Leeds City Council’s plans for meeting the sufficiency duty and the action we will take by April 2011.
- 2.8 The following table sets out the ambitions of Leeds City Council and Leeds Children’s Trust in respect of sufficiency and is based upon best practice guidance issued by the national Commissioning Support Programme:

**Leeds Children's Trust aims to secure sufficiency which demonstrates that:**

- all children are placed in the local authority area, except where this is not consistent with their needs and welfare;
- all children with adoption recommendations are placed with an adoptive family within 12 months of that recommendation;
- there is a diverse range of universal, targeted and specialist services working together to meet children's needs, including children and young people who are already looked after, as well as those at risk of care or custody;
- Children's Trust partners, including housing, work together to secure a range of provision to meet the needs of those who become looked after at the age of 16 and 17, and support the continuity of accommodation beyond the age of 18;
- Services are available in adequate quantity to respond to children and young people, including predicted demand for a range of needs, and emergencies;
- In addition to meeting relevant National Minimum Standards, services are of high enough quality to secure the specific outcomes identified in the care planning process for children and young people;
- Services are situated across the local authority area to reflect the geographical distribution of need;
- Placement providers (including private, voluntary and public sector providers) are linked into the wider network of services and work with these services to offer appropriate support to deliver identified outcomes for looked after children;
- Universal services know when a child or young person is looked after and have good links with the range of targeted and specialist services which support them, including placement providers;
- There are mechanisms in place to ensure that professionals involved in placement decisions have sufficient knowledge and information about the supply and quality of placements and availability of all specialist, targeted and universal support services within the local authority area;
- The local authority and its Children's Trust partners collaborate with neighbouring Children's Trusts to plan the market for services for looked after children and commission in regional or sub-regional arrangements.

### 3. Commissioning Principles

3.1 In developing our Placements Strategy and commissioning plans, Leeds City Council and Leeds Children's Trust are guided by the following commissioning principles:

- Support and maintain diversity of services to better meet the needs of looked after children including through the provision of preventative and early intervention services to reduce the need for care proceedings
- Place children within the local authority area where it is reasonably practicable and where this is consistent with a child's needs and welfare
- All children with adoption recommendations are placed with an adoptive family within 12 months of that recommendation
- There is a diverse range of universal, targeted and specialist services working together to meet children's needs
- Children's Trust partners work together to secure a range of provision using a clear care pathway approach
- Services are available in adequate quantity to respond to children and young people, including predicted demand for a range of needs and emergencies
- In addition to meeting relevant national Minimum Standards, services are of a high enough quality to secure specific outcomes identified in the care planning process for children and young people
- Services are situated across the local authority area to reflect the geographical distribution of need
- All placement providers are linked into the wider network of services and work with these services to offer support and to deliver identified outcomes for looked after children
- Universal services know when a child or young person is looked after and have good links with the range of targeted and specialist services which support them, including placement providers
- There are mechanisms in place to ensure that professionals involved in placement decisions have sufficient knowledge and information about the supply and quality of placements and availability of all specialist, targeted and universal support services in the area
- The local authority and Children's Trust partners collaborate with neighbouring Children's Trusts to plan the market for looked after children in regional and sub-regional arrangements
- We will support the market to deliver more appropriate placements and other services locally
- Children and young people will be involved in placement decisions

#### Working Together

3.2 Section 10 of the 2004 Children Act places a duty on each local authority to make arrangements to promote co-operation with their relevant partners with a view to improving the well-being of children in the authority's area. Statutory guidance on the duty to co-operate places great emphasis on the role of the Children's Trust in ensuring that relevant partners work effectively together.



- 3.3 Leeds Children's Trust has therefore developed a set of standards and responsibilities which as commissioners and providers we should be able to expect from one another:

What the commissioner should expect from the service provider	Shared by the commissioner and the service provider	What the service provider should expect from the commissioner
<ul style="list-style-type: none"> <li>• Quality</li> <li>• Accountability</li> <li>• Reliability</li> <li>• Value for money</li> <li>• Effective management and employment systems</li> <li>• Recognition of Children's Trust support</li> <li>• Engagement in contracts that reflect capacity to deliver outputs</li> <li>• User involvement</li> </ul>	<ul style="list-style-type: none"> <li>• Trust</li> <li>• Openness</li> <li>• Clarity</li> <li>• Honesty</li> <li>• Flexibility</li> <li>• Effectiveness</li> <li>• Focus on equality</li> <li>• Commitment to the local community</li> <li>• Standardisation</li> <li>• Knowledge transfer</li> </ul>	<ul style="list-style-type: none"> <li>• Stability</li> <li>• Support</li> <li>• Prompt payment</li> <li>• Consistency</li> <li>• Fair access to funding</li> <li>• Recognition</li> <li>• Respect for the independence of the organisation</li> <li>• A common methodology across departments</li> <li>• Feedback on performance</li> </ul>

(adapted from Enfield Children's Trust Commissioning Framework)

#### **4. Current Position and Needs Analysis**

- 4.1 The population of Leeds has been growing significantly in recent years and in 2008 was estimated to be 770,800. These changes to the population have been caused both by a significant rise in the birth rate and considerable inward migration to the city, both from within the UK and from other countries, particularly new entrants to the European Union. Population has risen particularly markedly within the inner city of Leeds, due to higher birth rates within some communities and ethnic minority groups and the location of affordable housing for recent arrivals to the city. At present it is unclear how the recent recession will impact on the population of the city, though there are some signs that the downturn has slowed or reversed the inward migration growth.
- 4.2 Within this context, the number of children and young people in Leeds is estimated to have seen a slight decline over recent years, from 182,100 in 2001 to 177,900 in 2008. This has been caused by longer term demographic patterns, with a 10% decline in the number of children aged 5-14 in the city. However, between 2003 to 2008 there was a marked increase of 13% in the number of children aged 0-4, from 38,800 to 43,700. Numbers of young people aged 15-19 also rose by 5% between 2001 and 2008, again reflecting longer term demographic patterns, though it should be noted that this age group will also include Leeds' higher number of university students.
- 4.3 Over the next few years the population of Leeds is forecast to continue to rise due to the continued growth in young age groups. Between 2010 and 2014, the school age population of Leeds is forecast to grow by a further 5%.

##### Population Characteristics

- 4.4 As well as population growth, the city has seen significant changes in the make up of its population due to inward migration and higher birth rates amongst some ethnic minority groups. The proportion of people in Leeds from Black and Minority Ethnic (BME) communities has risen by half, from 10.8% of the total in 2001 to 15.9% in 2007. This is even more marked amongst children and young people, for example over 20% of primary school pupils are from BME communities.
- 4.5 Almost one-third of the city's BME population live in just three wards: Gipton & Harehills, Chapel Allerton and Hyde Park & Woodhouse, where they are over a third of the resident population in those wards. With just over 15,000 people, the Pakistani community is the largest BME community in the city.
- 4.6 Due to the demographic trends noted above, BME communities have seen considerable growth and change in recent years due to a rising birth rate and inward migration bringing new communities to the city. As a result, the proportion of children and young people from BME communities is higher than for the city as a whole, and this is more marked in younger age groups.

#### Looked After Children

- 4.7 Nationally, around 60,000 children and young people are looked after by their local authority. As at 31 March 2010, there were 1432 looked after children who were the responsibility of Leeds City Council, of which 209 were in out-of-authority placements with a further 119 in 'Pathway Planning' accommodation making the transition from care after the age of 16.

As at 31 March 2010	No.
In-house foster care	797
Independent Fostering Agencies (IFAs)	143
In-house residential	83
Outside placements	66
Unaccompanied asylum seeking children (UASC)	56
Placed with parents	168
Pathway planning (exc, foster placements)	119
<b>Total looked after children</b>	<b>1,432</b>

- 4.8 Of the Looked After Children in Leeds, approximately a quarter are aged 0-4 years; a quarter are aged 5-10 years; a third aged 11-15 years; and a fifth were aged 16-17 years (2009 figures). This number was higher than in the previous year and may be part of a national increase in referrals to social care and the number of children in care caused by recent high profile cases. However, the figure is within the long-term average for the city, which has seen numbers vary between 1,250 and 1,450 since 2001.
- 4.9 The proportion of children and young people who are looked after has remained much higher in Leeds than in similar areas. As at March 2009 the proportion of children and young people looked after was 88 per 10,000 compared to 61 per 10,000 for similar areas and 55 per 10,000 for England as a whole. As can be seen from these comparisons the rate in Leeds is roughly 50% higher than for similar areas or the country as a whole. Latest available data for Leeds shows that this level increased even further during 2009/10.

	numbers						rates					
	2005	2006	2007	2008	2009	2010	2005	2006	2007	2008	2009	2010
<b>England</b>	<b>61,000</b>	<b>60,300</b>	<b>60,000</b>	<b>59,400</b>	<b>60,900</b>		<b>55</b>	<b>55</b>	<b>55</b>	<b>54</b>	<b>55</b>	
Darlington	140	150	140	135	130		64	67	63	61	59	
North Tyneside	230	220	225	230	210		57	55	57	57	53	
Stockton-On-Tees	190	190	185	225	235		44	44	44	53	55	
Bolton	380	390	405	420	435		60	63	65	68	70	
St Helens	260	295	320	315	325		64	74	81	81	84	
Calderdale	235	235	260	250	270		52	51	57	55	60	
Kirklees	310	330	385	445	495		33	35	41	47	53	
Leeds	1,335	1,310	1,355	1,360	1,340	<b>1,414</b>	86	85	88	89	88	<b>91</b>
Sheffield	660	650	670	640	590		61	61	63	60	56	
Derby	370	380	395	405	425		69	72	75	76	80	
Milton Keynes	230	235	215	210	225		42	43	39	38	40	

- 4.10 National ADCS data shows a sharp increase in referrals to social care and this trend is even greater within Leeds rising from just over 9.000 in 2006 to over 10,500 in 2010. More referrals have progressed to an initial assessment by a social worker – from 4,669 in 2006 to 6,003 in 2010.

<b>ADCS - Safeguarding Pressures Project</b> <b>Results of data collection April 2010</b> <b>Comparison between National results and the Leeds results</b>			
	Change between period Oct-Dec 2007 and Oct-Dec 2009		
	National		Leeds
Number of initial contacts received in the period	24.6%		56.2%
Number of referrals received in the period	16.5%		41.4%
Number of children subject of Section 47 Enquires started	21.3%		no data
Number of initial assessments completed in the period	23.4%		46.1%
Number of children subject of Initial Child Protection Conference	20.0%		35.5%
Number of children subject to a child protection plan at end of period	32.9%		-2.4%
Number of legal orders made: a) Police Protection	39.0%		178.0%
b) Emergency Protection Order	32.0%		180.0%
c) Interim Care Order	38.0%		124.0%
d) Full Care Order	8.0%		8.6%

Number of children starting to be looked after in the period	17.2%		36.0%
Number of children looked after at end of period	8.1%		1.9%

### Outcomes

- 4.11 Outcomes for these vulnerable children and young people are too often poor in the UK. Research has shown that young people who have been in care are much less likely to attain good qualifications and much more likely to become unemployed, homeless or to be in prison. For many of these children coming into care, the gap between their potential and their achievement is already wide because of their challenging childhood experiences. Whilst accepting this, it is clear that there is a need to have the highest aspirations for these most vulnerable children for whom the local community is responsible.
- 4.12 A basic outcome for looked after children is for their care to be effective. Inspections and measures of care processes have raised significant concerns about the quality and timeliness of assessments, plans and reviews in Leeds. Following significant investment this is now reported to be improving, although measures of timeliness are subject to pressures caused by increasing numbers of referrals and assessments.
- 4.13 Support for improving health outcomes for Looked After Children has been judged by OfSTED to be 'good'. Assessments of emotional health do not reveal significant concerns. The number of looked after children and young people with up to date immunisations and health and dental checks are all generally improved.
- 4.14 Support for improving education outcomes for Looked After Children has been judged by OfSTED to be 'good'. The proportion of Looked After Children achieving a level 4 or above in Key Stage 2 increased by over 10 percentage points for both English and maths in 2009 and the proportion of Looked After Children achieving the expected level is now higher in Leeds than nationally. In addition, measures of progress or 'value-added' shows this cohort making more progress than that seen for all pupils in Leeds.
- 4.15 There have been significant improvements in most Key Stage 4 indicators for Looked After Children in 2009. 78% of Looked After Children achieved 1 or more A\*-G in a GCSE/GNVQ rising to 84% including equivalent qualifications, this represents a significant increase from 2008 and puts Leeds above national performance. There were also improvements in the percentage achieving 5 or more GCSEs at grades A\*-G (both including and excluding equivalents). However, the percentage achieving 5 or more A\*-C grades showed no significant change, with only a marginal change of 1%. Furthermore, rates of permanent exclusions have been much reduced (to two pupils in 2009 from 6 in 2005). In contrast to these positive developments, rates of persistent absence (missing more than a fifth of school) in secondary school and fixed term exclusions remain higher for looked after learners.

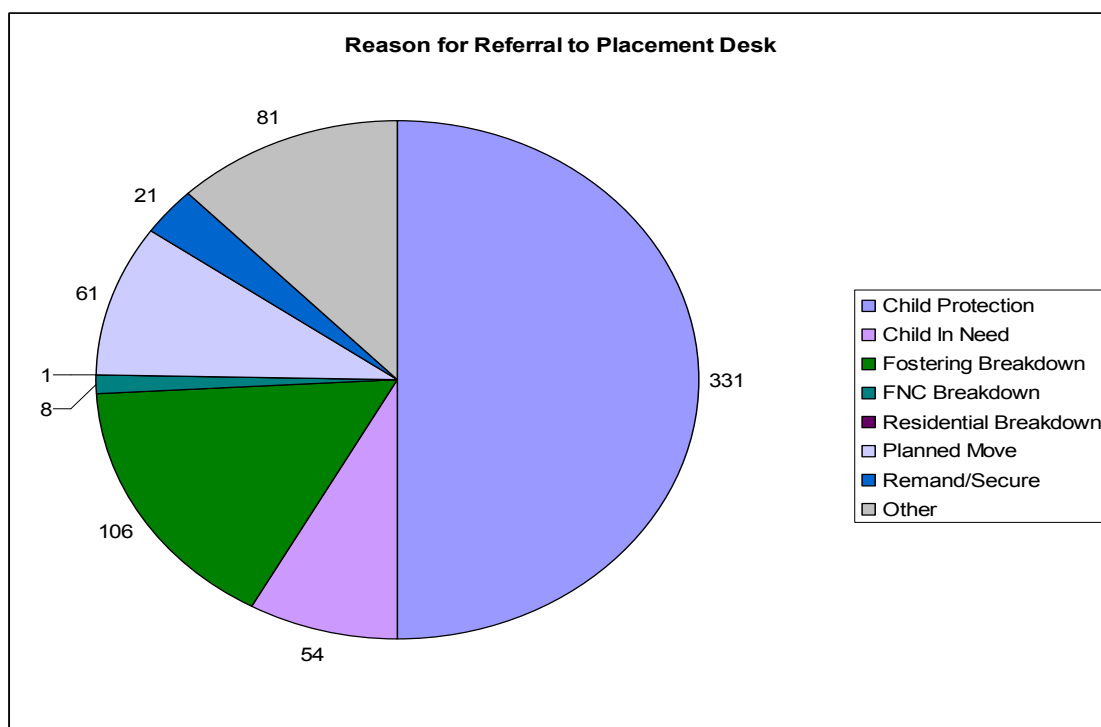
- 4.16 'Making a positive contribution' outcomes show some improvement. The number of offences for Looked After young people was reduced from 842 (in 2007) to 564 (in 2009). A particular achievement is reducing those going to Community Order/Custody from 402 to 275 across that same period. More children and young people are involved in reviews of their care, although the rate remains below that seen in similar areas or the national average.
- 4.17 Economic wellbeing outcomes are also improving. Of those looked after young people who had been in care for a year and were in Year 11 in 2009, 84% were in education or work by December 2009. This is a rise of 5% from the rate seen in both 2008 and 2007. While this is still well below the ETE figure for all children (90.5%) it is a significant narrowing of the gap. The percentage of 19 year old care leavers in education, training or employment in Leeds has also risen, from 31% in March 2008 to 41% in March 2009. Whilst this is lower than that seen in similar areas, the gap is narrowing.
- 4.18 OfSTED inspected services' overall support for Looked After Children in 2009. The inspection found that support for improving outcomes was 'Adequate' overall, although support for health and education were rated as 'Good'.

#### Disabled Children and Young People.

- 4.19 In August 2009 there were 3,125 children under 16 in receipt of Disability Living Allowance (DLA), with more claimants living in inner areas of the city.
- 4.20 The number of pupils with statements of special educational needs has decreased significantly in recent years and the proportion of pupils with statements is lower than that seen nationally. The number of pupils with statements reduced from 3357 in 2004 to 1994 in 2009. This meant that in Leeds in 2009 1.8% of pupils had a statement, compared to 2.8% nationally. This in part reflects local policy and practice, which aims to target funding and support without recourse to formal statementing. Within these trends, the pattern of primary classified need has changed, with a reduction nationally and locally of those with 'Moderate Learning Difficulties' and an increase in those with Autistic Spectrum Disorders.
- 4.21 Outcomes within schools for these pupils are variable. Levels of Persistent Absence (missing at least 20% of school) are higher for secondary pupils with special educational needs – with roughly 15% of this cohort judged to be persistently absent. Levels of exclusion are higher – pupils with special educational needs are three times more likely to receive a fixed term exclusion, although rates of permanent exclusion are lower and improving. Levels of attainment are lower for this group, but have seen significant improvement in recent years at Key Stage 4 where level of attainment is similar to the national average.
- 4.22 OfSTED assessed services' for disabled children in 2007 and found that support for improving outcomes was 'Good' overall, with particular strengths in inclusion in schools, strong child-centred practice and the local strategy.

#### Placements

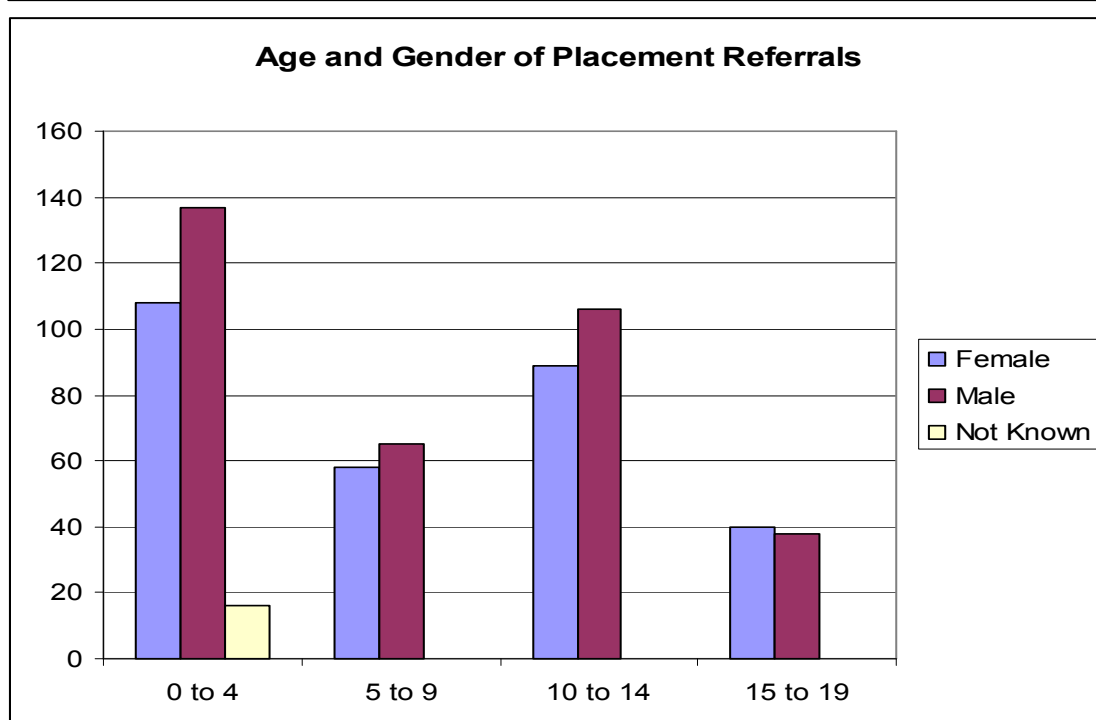
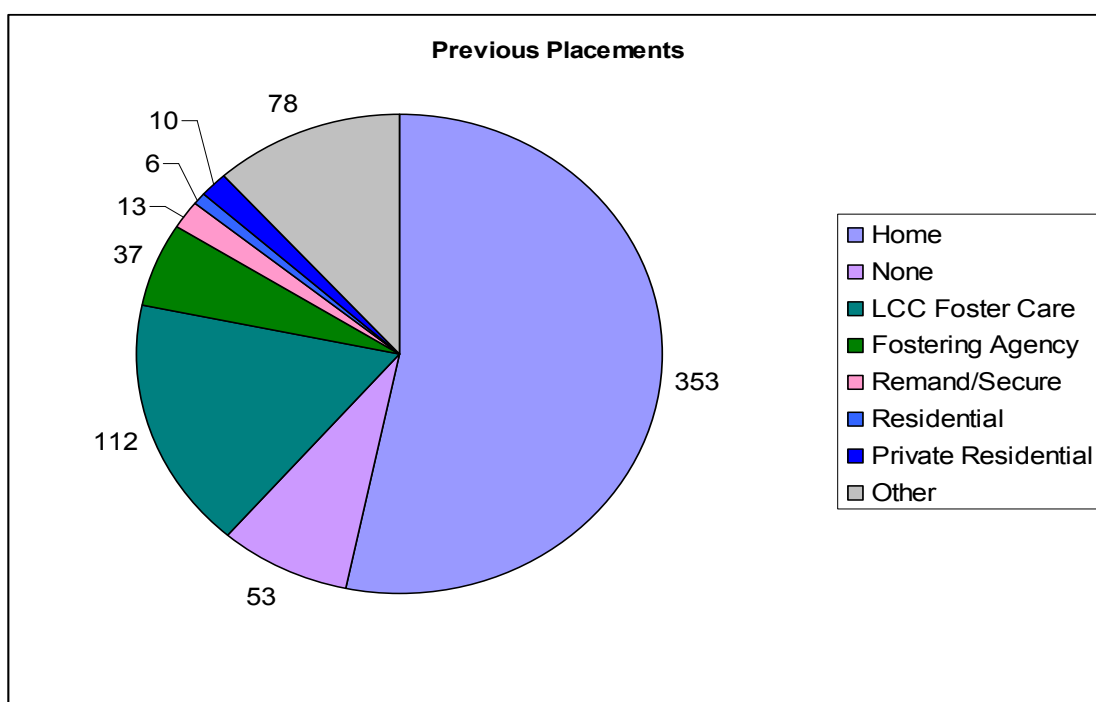
- 4.23 Leeds has comparatively less children in foster placements than other authorities, and less placed for adoption. Leeds has comparatively more children and young people placed with parents or in independent living.
- 4.24 There were over 500 LCC placements in 2009/10. Most placements (80%) were to fostering placements – roughly two-thirds in-house and a third external. 13% of placements were to residential provision in a similar split between private and in-house provision. Most referrals (58%) for placements were recorded as child protection or child in need. However, one in six (17%) were due to breakdowns in previous placements.
- 4.25 In addition, approximately 80 further children were within some level of special residential educational provision following the issue of an individual Special Education Needs (SEN) statement.
- 4.26 Most referrals (53%) for placements were from those recorded as previously living at home, nearly one in four (23%) were from children previously in foster placements and 3% from existing residential placements.
- 4.27 24% of referrals for placements (162) were for children recorded as being from BME Groups. Nearly half (43%) of these children were from mixed heritage backgrounds. Between 11 and 16% of children are not currently placed in placements with a similar ethnicity. 54% of placements were for boys. The largest share by age was the 40% of placement referrals for 0-4 year olds. The next largest group was 30% for 10 to 14 year olds.
- 4.28 Placement desk data suggests a sharp increase in external placements in April 2009. Prior to this data there are about 2 external placements a month. From April 2009 onwards this increases to ten or more per month. There were 88 external placements between January and June 2010 – suggesting a further rise in the trend of 14 or 15 per month. Feb 2010 was the peak month with 23 external placements recorded.
- 4.29 The majority of these placements were not as a result of the original placement request. Only 11% of placement requests were for Independent Fostering placements, and 4% for specialist residential or residential schools. Placement desk records says that 75% of external placements were made due to a lack of in-house provision. 21% were due to the need for specialist provision.



#### Provision

- 4.30 Leeds City Council is a registered fostering agency and works with a large number of foster carers. However, the capacity and structure of placements has changed significantly in recent years in light of new national standards, OfSTED inspection and significant investment in improving the service. Similarly, residential capacity has been reduced by 56 beds in recent years due to the closure or reductions in the capacity of the Authority's own homes, as well as the termination of previous contracts with local providers.
- 4.31 Leeds has 12 registered children's homes providing placements for 92 children. In addition, East Moor Secure Children's Home provides 34 beds (boys only) contracted to the Youth Justice Board and 2 beds that can be purchased by local authorities for secure welfare placements.





### Future Needs

- 4.32 The following table provides a forecast of the likely numbers of Looked After Children and children with complex needs that will require placements over the three years 2010/11 to 2012/13. The forecasts were developed by managers in the service underpinned by population and demographic estimates for children in Leeds.
- 4.33 Developing forecasts in this area involves consideration of a wide range of factors beyond the scope of the service itself, for example assessing the likely continuing impact of high profile national child protection issues. In addition

developing forecasts involves estimating the impact of emerging new service models, such as those supporting children on the edge of care.

- 4.34 Population estimates used were those developed by Education Leeds for forecasting school populations. These estimates predict a 5.2% increase in the 5-16 age group between September 2010 and September 2013. Whilst this is imperfect as a predictor as it only applies to school age children, it is the best available population estimate for children. Therefore this increase has been applied to the current Looked After Cohort for this exercise, which leads to an (other things being equal) estimated rise of 75.
- 4.35 The forecast for children with complex needs has been developed by managers in Education Leeds. Again this is a difficult task as the numbers of children involved is very low at local authority level and anticipating future demand difficult due to factors such as the mobility of families and the variable development of individuals.

	SEN Placements		Social Care Placements	
<b>Total Looked After Children as at 30 June 2010</b>				<b>1,432</b>
<b>Total Children with Complex SEN</b>		<b>81</b>		
<ul style="list-style-type: none"> <li>Impact of population growth in next 3 years</li> <li>Continuing impact of high profile national cases</li> <li>Better use of preventative intensive support &amp; shared care</li> <li>Increased use of informal and preventative arrangements in kinship groups</li> <li>Increased adoptions and SGOs</li> <li>Better care management leading to quicker return home</li> <li>Fewer young people remanded</li> </ul>	4		75 50 (50) (20) (20) (30)	
		4	(5)	0
<b>Forecast total demand</b>		<b>85</b>		<b>1,432</b>
Less: LCC Managed Provision: Total as at 30 June 2010			1,223	
<ul style="list-style-type: none"> <li>Increase in number of LCC foster carers</li> <li>Increase in use and support for Family Network Carers</li> <li>Shift of children to LCC residential from external placements</li> </ul>			40 40	
		0	10	1,313

Forecast net future demand for external placements		85		119
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### Summary and Conclusions

4.36 Historic data and trends provide a significant amount of intelligence to support future planning for placements within Leeds and of particular note are a number of significant demographic changes:

- The number of 0-4 year olds, a key group in the care population, has risen sharply in recent years
- The city has become more diverse, with around 20% of children and young people from Black and Minority Ethnic Communities
- Population growth has been concentrated in more inner city, deprived and diverse neighbourhoods

4.37 The position within Leeds compared to national data and average figures for comparable Authorities also has a considerable impact upon our future planning:

- The proportion of children and young people in care is significantly higher in Leeds compared to similar areas or the national average
- The rate and overall population has been broadly stable over the past ten years, tending to fluctuate between 1250 and 1450
- There has been a marked increase in social care activity nationally after recent high profile safeguarding cases
- There has been a marked increase in the number of children entering care and the overall number in care
- Leeds has seen smaller increases but the number of children and young people in care remains higher

4.38 Eight groups of children have been highlighted due to historic and current shortages of appropriate capacity resulting in disproportionate difficulties in meeting the needs of these children. These trends are forecast to continue and will determine significant areas of priority for Leeds Children's Trust:

Group A - Vulnerable, mid-age range children with moderate learning difficulties

Group B - Children with severe Autism

Group C - Children with complex challenging behaviour

Group D - Children with attachment disorders

Group E - Children with sensory requirements, particularly hearing impairments

Group F - Children at risk of Sexual Exploitation and those demonstrating Sexual Offending Behaviours

Group G - Children from some Black and Minority Ethnic groups (a significant minority of children and young people in social care are not being placed in settings with similar ethnic carers. This is a particular issue for some relatively new ethnic groups to Leeds, in particular

Afghani heritage children and those from eastern European backgrounds. In addition there are also some problems for matching placements for some Black African heritage children.)

Group H - Children in larger sibling groups for whom it is often not possible to secure placements which allow siblings to remain together.

## 5. Managing demand and placement approvals

- 5.1 Supporting children and their parents or existing carers at the lowest appropriate tier of intervention provides for the best outcomes for individual children as well as reducing reliance upon independent external placements and securing optimum value for taxpayers money. With this in mind, Leeds City Council has put in place a comprehensive programme of action across five key themes: Edge of care; Fostering; Adoption; Residential Care; Discharge from care.
- 5.2 The range of actions being undertaken within each theme is comprehensive and includes the following:

Add current activities for each of the priorities identified as an appendix E.g. autism & behaviour

### Edge of Care

- Ensuring that Children Leeds multi-agency panels are effective in creating packages of service which prevent the need for admission into care
- Proactive identification of children on the edge of care
- Review the standards, thresholds and arrangements for admitting children into care
- Further develop Family Group Conferencing as a tool for family support and as a preventative measure
- Further develop Multi-Systemic Therapy capacity as an effective early intervention model

### Fostering

- Develop the Leeds Fostering Service – increase capacity and capability
- Prioritise development and support around kinship care
- Review existing contracts, payments and allowances schemes
- Improve VFM from independent fostering agencies
- Review long-term fostering and potential to migrate to adoption and special guardianship

### Adoption

- Develop the Leeds Adoption Service increasing capacity and capability
- Purchase external adoption placements to address backlog of children awaiting adoption and release foster care capacity

### Residential Care

- Develop flexible delivery models to support families with teenagers, focusing on shared care and outreach models
- Phase out use of larger residential capacity
- Review commissioning of external residential provision, including quality and VFM

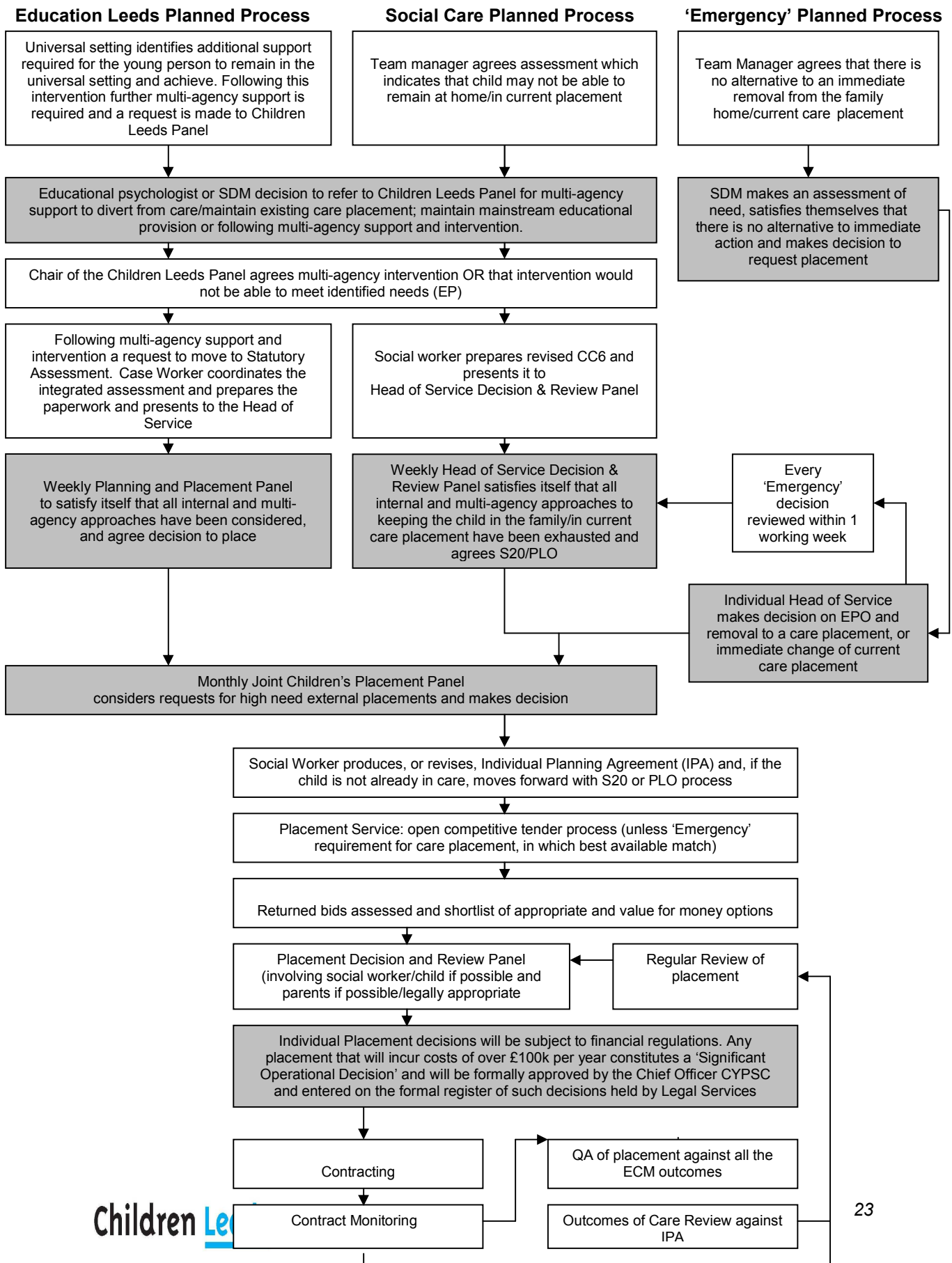
### Discharge from Care

- Targeted work through Children Leeds Panels with young people over 15 to accelerate

return to family where appropriate

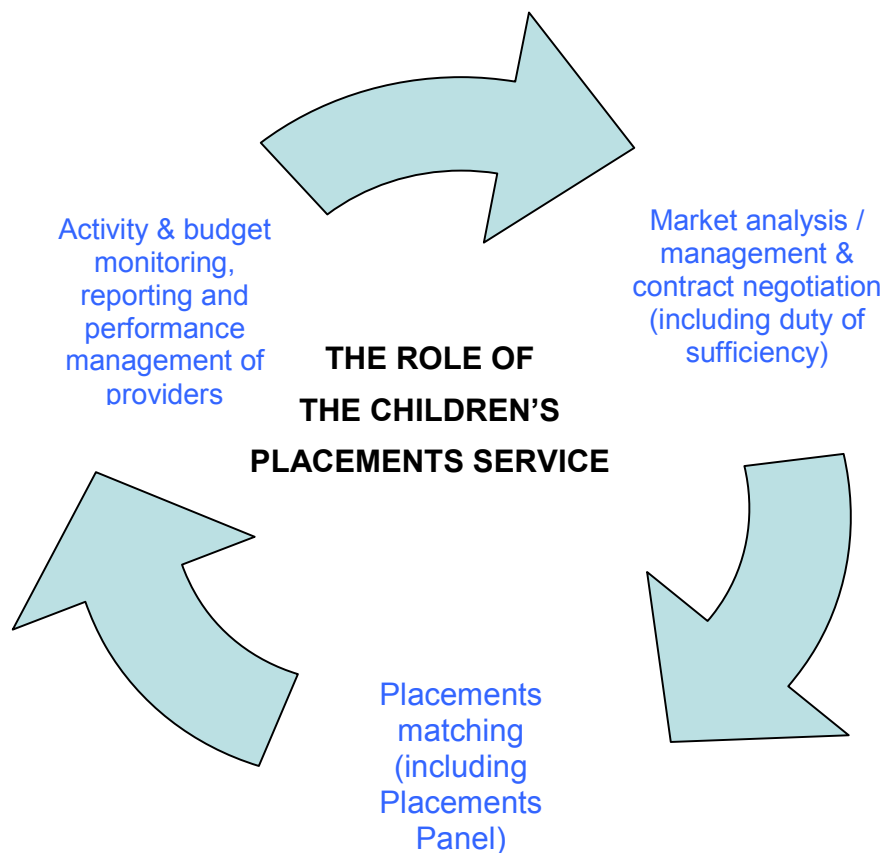
- Review pathway planning (leaving care) development and support
- Work with CAFCASS and Family Court to accelerate S39 discharge applications

- 5.3 At each point in the decision making process underpinning individual placement decisions, responsibility rests with the relevant Social Worker, Service Delivery Manager, Head of Service or, Chief Officer to ensure that all possible steps have been taken at the lowest tier of intervention to prevent the need for the child to be referred for an out of authority placement.
- 5.4 The flowchart on the following page sets out the escalation process and the relevant decision points:



### The Children's Placements Service

- 5.5 Where all other possible steps have been taken and an external placement is recommended as the most appropriate mechanism for meeting the needs of an individual child, a Children's Placements Service has been established by Leeds City Council with responsibility for ensuring the cost effective provision and management of placements for children and young people.
- 5.6 In order to maximise the efficiency and service delivery of the Children's Placement Service, it is intended to put in place a multi-disciplinary team to undertake the activities required. The Head of Looked After Children Service will be responsible for the Children's Placements Service and the effective provision of placements, coordinating the multi disciplinary team. Line management of finance, contracting and performance management capacity will be retained by the relevant professional lead on a hub and spoke model.
- 5.7 The Children's Placements Service has a vital role to play in ensuring the quality, value for money and optimisation of the care pathway covering children's placements. The range of responsibilities of the service are highlighted in the following 'process' diagram:





5.8 The scope of the placements covered by the Children's Placements Service includes the functions set out below. There will be a need to prioritise activity to ensure maximum impact. There will also be a need to determine what functions, if any, need to be agreed as out of scope.

- In-house foster carers
- Directly provided LCC residential units
- Independent Fostering Agencies (IFAs)
- Unaccompanied asylum seeking children (UASC)
- External residential placement providers
- External SEN residential placement providers
- Pathway planning transitional accommodation providers

5.9 There are a range of interdependencies between the Children's Placements Service and other processes or functions across the Children's Trust. These include the following 'feeder' processes and 'outcomes':

Feeder Processes:

- Strategic Needs Assessment
- Social worker or Emergency Duty Team (EDT) needs assessments and outcome schedules (Individual Placement Agreements) for each child
- SEN statements
- Risk assessments
- Contract and provider performance "intelligence" from a range of sources (such as Ofsted ratings and feedback where appropriate from Independent Reviewing Officers (IRO) concerns)

Outcomes:

- Timely choice of appropriate, safe, high quality and value for money placements or pathway planning accommodation
- Regular monitoring and forecasting reports to meet corporate governance requirements and budget management requirements
- Provider performance information to inform future social care interventions

5.10 The role and responsibilities of the Children's Placements Service are based on the three different stages of the process diagram shown in section 2 above:

- a) Market analysis / management and contract negotiation
- b) Placement matching (including Placements Panel)

- c) Activity & budget monitoring, reporting and performance management of providers

Market Analysis / Management & Contract Negotiation (including duty of sufficiency)

- 5.11 The Children's Placements Service will maintain a comprehensive provider database (including those providers not currently used by the Authority) which will include the following analysis:
- Location of all provider facilities
  - Services provided
  - Age range and needs of clients accommodated
  - Capacity
  - Ofsted rating
  - Other local intelligence re quality of provision
- 5.12 Taking account of existing numbers and types of placements, as well as the Strategic Needs Assessment, the Children's Placements Service will ensure a wide choice of providers are 'pre-accredited' through a robust and compliant Pre Qualification Questionnaire (PQQ) process. This will be a key component of meeting the new statutory Sufficiency duty and will also ensure the rapid subsequent short-listing of a choice of suitable placements, accommodation or schools for each request.
- 5.13 The Children's Placements Service will liaise with providers and potential providers to pro-actively manage the market and support the development of a range of innovative, high quality and cost effective providers spanning the full range of services required to meet the needs of Leeds children as set out in the Strategic Needs Assessment.
- 5.14 The Children's Placements Service will ensure the implementation of the Children's Trust Contracting Strategy covering the four key areas of:
- Framework contracting
  - Supporting the market
  - Intelligent pricing
  - Performance management

Placement Matching (including Placements Panel)

- 5.15 The Children's Placements Service will receive requests for placements through the Head of Service Decision and Review Panel – the decision panel of the Children & Young People's Social Care (CYPSC) Chief Officer or, for education, through the Special Educational Needs, Statutory Assessment and Provision (SENSAP) team. The Children's Placements Service will be responsible for ensuring the paperwork is complete and

authorised according the Authority's scheme of delegation.

- 5.16 Placement requests without a completed needs assessment for the child and a statement of the outcomes required from the placement will be returned to the relevant Head of Service for completion prior to any further action seeking suitable placement providers. Similarly, requests which are not authorised in line with the Authority's scheme of delegation will also be returned.
- 5.17 Authorised requests will be immediately assessed against appropriate in-house capacity and wherever possible, the social work/education team, acting on behalf of the child will be offered a choice of suitable options for consideration with the child and their parents or carers where relevant. This initial stage of 'matching' to in-house capacity will be subject to change dependent upon any future reviews of the role and contractual basis of in-house provider services.
- 5.18 Where appropriate in-house capacity is unavailable, the Children's Placements Service will, through utilisation of the Authority's "Dynamic Purchasing System" (DPS) established with all pre-accredited placement providers, issue an open invitation for all providers to submit tailored proposals and a price for how they would meet the individual child's needs and required outcomes as set out by the relevant social worker or within the Statement of Educational Need (SEN) statement. Such responses, using the DPS, should be available for short-listing within 24-48 hours under normal circumstances.
- 5.19 The Children's Placements Service will then collate a short-list of potential providers who have returned completed proposals which meet the key requirements of the child's needs assessment and outcomes statement (e.g. placement location within 50 miles of Leeds, in single sex accommodation, with own age group). Similarly, the Children's Placements Service will also benchmark the prices of placements quoted by potential providers and 'rule out' any which are in excess of the "acceptable normal range" for similar placements and would therefore not meet the Authority's value for money requirement.
- 5.20 The resulting short-list of potential external providers will then be offered to CYPSC colleagues through the "Matching" function of the Placements Panel to make a choice as to which placement would best match the needs of the child. Where appropriate, the social worker should involve the child and/or their parents/carer in that decision.
- 5.21 The 1 will then put in place the relevant Individual Placement Agreement with the chosen provider and ensure that robust contractual arrangements

underpin high quality outcomes and the agreed terms of the placement.

Activity & Budget Monitoring, Reporting and Performance Management of Providers

- 5.22 One of the key advantages of the Children's Placements Service is the economies of scale benefits to be achieved through a single co-ordinated approach to data and performance management. The Children's Placements Service will maintain a single, comprehensive and real-time database of placements which will be able to provide a position statement at any point in time regarding existing placements and their costs as well as providing a significant amount of historic data to be able to forecast future trends and monitor variations from expected placement levels and costs.
- 5.23 The Children's Placements Service will provide a central 'processing' point for all placement invoices and will reconcile invoices received to their single database to ensure accuracy, completeness and appropriateness of charges based on the original agreed placement terms.
- 5.24 In facilitating the matching process and maintaining its core database the Children's Placements Service will be best placed to administer and manage any joint fund/pooled budget that may be established in the future between LCC and NHS Leeds/other partners to cover the costs of high needs children spanning two or more statutory agencies.
- 5.25 The Children's Placements Service will provide regular monitoring and performance reports covering placement activity levels, budget performance and trends. Reporting will cover a range of audiences including the relevant Chief Officer(s), Children's Trust Board and statutory governmental returns. It will also cover a range of time-periods such as weekly, monthly and annually depending upon the content, purpose and audience.
- 5.26 Such performance data will also be analysed by the Children's Placements Service to highlight areas of potential performance improvement. For example, if an increase in the number of placement breakdowns was experienced, the Children's Placements Service would analyse relevant placement and referral data to determine if a particular provider or source of referral was behind the rise in breakdowns.
- 5.27 Finally, the Children's Placements Service will include relevant QA expertise to develop and manage an overarching Performance Management framework which will ensure that providers continue to meet the high quality outcomes and key performance indicators for which we have contracted. This will include:

- collation of intelligence from a range of sources (e.g. Ofsted, IROs where relevant, feedback from children and parents),
- regular review of monitoring and activity data,
- regular performance review meetings with each provider,
- formal performance notice and escalation process including application of relevant incentives and penalties (e.g. withholding of invoice payments).

#### How the Children's Placements Service will operate, be governed and be accountable

- 5.28 The effective provision of placements made under the direction of the Children's Placement Service Leadership Team will be the responsibility of the Head of the Looked After Children's Service. This will include the co-ordination of a number of functions that will be aligned, with 'business support' capacity added on a hub and spoke model.
- 5.29 Accountability will be to the Chief Officer for Children & Young People's Social Care and the Deputy Director Children's Services (Commissioning) through their joint attendance at a monthly meeting of the Leadership Team.
- 5.30 Overall day to day operational accountability for the Children's Placement Service rests with the Chief Officer for Children & Young People's Social Care.
- 5.31 Financial accountability for all LCC children's placements decisions, including education, rests with the Director of Children's Services.
- 5.32 The PCT Executive has joint responsibility for any placements requiring a health financial contribution (see the Partnership Agreement for the Joint Funding Protocol for children and young people with multiple and complex needs)
- 5.33 The functional leads will form the Children's Placement Service Leadership Team. The day to day running of the Service will be managed by the Service Delivery Manager, Fostering & Adoption & Family Placements but the overall strategic leadership and management will rest with the Children's Placement Service Leadership Team.
- 5.34 The core members of the Children's Placement Service Leadership Team are outlined at Appendix A. Further consideration is required in relation to QA & Audit functions.
- 5.35 The Head of the Looked After Children Service, supported by the Children's Placement Service management/business support leads will

determine, and regularly review, the most appropriate way of achieving the aligned processes necessary to successfully fulfil the role of the Children's Placement Service. This includes ensuring that the relevant staff capacity and expertise is secured to meet this specification and the team is logistically located so as to facilitate optimum working arrangements.

## **6. Changing the balance of incentives – Our contracting strategy**

- 6.1 Good commissioning practice combined with the new duty of Sufficiency underpins the steps we will take to secure accommodation within Leeds for the children we look after. But we must also have regard to the benefit of having:
- a number of accommodation providers in the area; and,
  - a range of accommodation capable of meeting different needs.
- 6.2 Our inspection reports, audit reviews and the independent assessments of the outcomes we achieve for looked after children have highlighted that we should be securing better outcomes than we are. This strategy is part of our improvement programme to change that.
- 6.3 There are a number of procedures, contracting arrangements and behaviours which, over a period of time have created a system which shows signs of inefficiency, puts unnecessary barriers in the way of the most appropriate placement, doesn't focus on outcomes to meet the individual needs of each child, doesn't provide value for the taxpayers money, does not offer long-term stability or certainty for our providers and, most importantly, it does not deliver the best quality care for each of the children we are responsible for.
- 6.4 Our Contracting Strategy is therefore informed by examples of best commissioning practice from across the country as published by the national Commissioning Support Programme and is focussed on delivering higher quality outcomes for each child as well as significant improvements in value for money.
- 6.5 Leeds Children's Services has adopted four underpinning principles to support changing the balance of incentives such that individual children in placements can expect high quality care tailored around their individual needs which delivers value for taxpayers money. The four principles underpinning and running throughout our contracting strategy are:
- Framework contracting
  - Proactive support of the market
  - Intelligent pricing
  - Robust performance management

#### Framework Contracting

- 6.6 All of our placements will be procured using providers with whom we have a pre-agreed framework contract. We will use the national Framework Contract as an initial template but we will improve a small number of elements where regional centres of excellence and our advisers suggest that the national framework terms do not provide the right balance of incentives to support our overarching strategy.
- 6.7 We expect this to provide a significant incentive for providers to enter the local market and increase the number of providers with whom we offer 'preferred provider' status through such a pre-authorisation process. In other localities up to 100 providers have been known to apply for Framework Contract approval thus significantly increasing the choice of each placement and the beneficial effect of competition at the placement tender stage. Wherever possible, we will do this on a collaborative basis with other local authorities.
- 6.8 We will undertake an 'option appraisal' model to commission individual placements. Instead of social workers having to search for a service, they will specify the child's needs and desired outcomes for the placement. This will be sent electronically to all pre-authorised providers who will then express an interest by submitting proposals for a package of support which show how they will meet the child's needs and deliver positive outcomes.
- 6.9 In other localities, between five and ten proposals are received for each placement. We will use a multi-agency team to evaluate how each proposal meets the child's needs. Where appropriate, we will involve the child and their family in that evaluation and then once all suitable bids have been identified the price will become a factor (see Intelligent Pricing below).

#### Proactive Support of the Market

- 6.10 We will undertake a detailed market analysis to get a complete picture of the actual, and potential market for services for looked after children. We will then work closely with all providers (including private, voluntary and public sector providers) to improve our commissioning processes and outcomes for children and families.
- 6.11 We will build constructive relationships with the range of different providers and will ensure there is a wide choice of services and providers based on individual children's needs. We will drive up competition between providers for individual placements – competition that will be based on raising quality and needs-based outcomes as well as reducing



prices.

- 6.12 There will be benefits for providers who will know, as a pre-authorised provider, what they can expect from us and that being a party to our framework contract will be the only way they can 'tender' to meet the needs of individual placements. Providers will have a much clearer understanding of what we expect from them – in terms of quality, monitoring data, achievement of performance measures and general standards of behaviour, but they will be more certain of business continuity (subject to maintaining high standards) and they will have more freedom to tailor their business and services around the individual needs of each child we trust them to care for.
- 6.13 We will share our Strategic Needs Assessment, Commissioning Framework and Contracting Strategy with providers at "Meet the Buyers" events and encourage them to contribute to the further development of our strategies. We will listen to, and seek to support innovative proposals from providers for improving services and efficiency. We will undertake a transparent and open process for all providers who meet minimum standards to become pre-authorised providers through our framework contract and 'bid', based on quality and price, for all future relevant placements.

#### Intelligent Pricing

- 6.14 Pre-authorised providers will be invited to tender to provide a tailored placement to meet each child's individual needs. The tender turnaround will be rapid as pre-authorised providers will already have met governance and corporate requirements for entering into framework contracts. We will evaluate anonymised bids through multi-disciplinary reviews which will include, wherever feasible, the views of the individual child and family concerned.
- 6.15 We will encourage a cost and volume approach to pricing and ensure services to meet the needs of each child are included within the agreed Placement price so that competitive processes are fair and transparent. Once a price is agreed, providers will know that is the income they will receive to meet that child's needs and we will have a shared understanding of the limited and exceptional range of circumstances which may vary that funding.
- 6.16 We will expect demonstration and delivery of efficiencies through providers prices which reflect circumstances such as the marginal savings of long-term placements, the efficiencies of multiple sibling placements as well as volume discounts where multiple places in single units are cumulatively purchased.



- 6.17 Significantly, a proportion of the payment we make to providers will be based on a Quality Performance Incentive Scheme with indicators aligned to the priorities of the Leeds Children and Young People's Plan 2009-2014. Providers who demonstrate delivery of higher quality outcomes will receive more funding than those who do not. Where appropriate, we will offer an additional financial reward if a child can be safely returned to their family ahead of expectations – for us to create the right incentives it must clearly be in the providers financial interest to provide the very best outcomes for each child. This will not however, replace or diminish our approach to standard contract management with providers as set out below.

#### Robust Performance Management

- 6.18 We will establish a robust and continuous performance management process which will incorporate ongoing monitoring and variations to contracts. This will align the social, educational or healthcare review of individual placements with the more traditional corporate contract management processes undertaken.
- 6.19 We will agree a single process based on minimum monthly contract data-sets from providers, as well as quarterly and annual returns of performance measures. Our invoice payment processing will be incorporated such that if evidence of service provision is not provided payment will not be made.
- 6.20 Continuation of a providers pre-authorised status will be subject to satisfactory outcomes from the performance management processes with those providers who fail to deliver the expected quality levels losing the right to tender for the provision of services for looked after children from Leeds

### **7. Placements for Children with Complex and Multi-Agency Needs**

- 7.1 Prior to July 2010, high needs referrals for out-of-authority placements which were likely to be the responsibility of more than one statutory Leeds agency were considered at a monthly meeting of the Joint Funding Advisory Group (JFAG). The JFAG was a multi-agency advisory group intended to oversee, monitor, administer and make appropriate recommendations regarding high needs children's placements spanning the statutory responsibility of two or more of the represented agencies:
- Leeds City Council (Children's Services)
  - Education Leeds
  - NHS Leeds

- 7.2 As part of the review of the placements commissioning arrangements, a review of JFAG was undertaken between May and July 2010 with input from each represented agency.
- 7.3 There were a number of key findings which, when summarised, concluded that the JFAG did not provide a robust governance framework to underpin joint high needs placements or associated pooled funding arrangements. Therefore following a series of associated recommendations, the following revised interim governance arrangements were put in place from December 2010:
- The escalation process for potentially high-need and multi-agency placements has been incorporated as a parallel component of the Leeds Children's Services protocol and flowchart for requesting and authorising external placements (attached at section 5.4 of this strategy)
  - In practice the key 'decision points' are at the "Head of Service Decision & Review Panel" (HoSDAR) or at the "Joint Children's Placement Decision and Review Panel" (Joint Panel) (Governance arrangements and Terms of Reference attached at appendix A & B)
  - In order to be able to fulfil the role of an "Approval" panel, the decision making powers of the respective members are aligned with each statutory agency's Scheme of Delegation (for Leeds CC, the Director of Children's Services must, as at July 2010, personally authorise placements with an annual cost in excess of £200,000).
  - Adult social care colleagues will be included within the circulation list for the Joint Panel to aid the advance planning of transition. Where appropriate, adult social care colleagues will also attend the Joint Panel meeting for this same purpose
  - An appeals process has been established in line with the existing process as set out in the Leeds City Council booklet "Complaints and Compliments about Children and Young people's Social Care"
  - This process will be reviewed during 2011 to take account of whether or not there is a need for the interim process to move into a formal aligned or pooled budget arrangement.
- 7.4 As with all governance arrangements and terms of reference underpinning the responsibilities of the Children's Trust Board, these arrangements will be the subject of regular review and scrutiny

# **CHILDREN & YOUNG PEOPLE SOCIAL CARE HEADS OF SERVICE DECISION AND REVIEW PANEL**

## **Terms of Reference**

### **1 Introduction**

The Heads of Service Decision and Review Panel's primary function is to provide a quality assessment and approvals process for placement decisions; the key objectives are to

- provide a clear and equitable governance framework for
  - new admissions into care,
  - requests to instigate care proceedings and
  - the review of existing placements where there are significant changes in the child's needs which would result in major changes to an existing placement
  - short term admissions which are to become long term
  - the review of all placements which were undertaken as emergency decisions
- ensure that all appropriate steps have been taken to mitigate the requirement for admissions or increasing needs being required,
- review the quality of practice, including the engagement with other agencies, in order to identify any areas where practice standards vary or could be improved.
- ensure that the child's needs are properly documented and fully inform the requirements to enable the Placements Service to manage the provision
- ensure conformance to agreed joint funding protocols and, in cases which don't match existing protocols but have complex care needs spanning agencies, opportunities for joint funding will be addressed by the Joint Children's Placement Panel, which will be aligned with this process
- record details of all activities and provide quarterly analysis on the requests made to the panel on placement activity and reviews to inform service and practice improvement

The remit of this panel is integrated within the overall management of the Children's Placements Service, in particular with the role of the Placement Panel. The key differentiation is that the HoSDaR has a focus on the assessment and definition of the needs of the child and ensuring this is properly defined; the Placement Service's primary role is in ensuring the needs can be provided for in the most appropriate way.

This panel also has a key role in the application and management of joint funding opportunities; all assessments will have considered the potential needs from other agencies, primarily Health and Education, and where these are identified the joint funding arrangements will be determined and agreed prior to the approval of the needs.

The strategy will be to develop joint funding protocols and processes which will cater for the majority of cases, such that these can be applied systematically without requirements for further debate and approval, however, where case/needs fall outside these criteria, this panel will refer to the Joint Children's Placement Panel to resolve multi-agency funding.

This panel will have a key role in ensuring that prudent financial management is embedded in practice; this will be achieved by ensuring that only appropriate cases are approved for entry into care proceedings, admissions and high cost placements.

This is within the framework of financial responsibility and approvals, briefly:

- Social workers with the approval/support from their Team Manager and Service Delivery Manager have regard for costs in assessing and proposing the levels of need.
- Where external placements are likely to be required HoS(Fieldwork) consultation and approval is required.
- HoSDaR will quality assure the need and take into account consequent funding issues (all categories but with particular scrutiny where high cost options are required)
- Placements Service will provide match(es) to the need for social worker and fieldwork management to select best match and propose this to Placements Panel.
- Placements Panel (budget holding entity for LAC) approve the proposed match and expenditure, including any joint funding arrangements.

## 2 Constitution

The HoSDaR panel is established within the CYPSC management, with the co-opted membership of other agencies as required.

### 2.1 Membership

The HoSDaR panel will consist of the following:

Membership	Appointment
Head of Service (Fieldwork) (Chair)	Gail Faulkner
Appropriately qualified CYPSC SLT member...one from	Mike Brown Ros Cheetham Deborah Lightfoot Sue May

Core  
Membership

Barbara Shaw  
Sal Tariq  
Jackie Wilson

Service Delivery Manager –  
refer CSDM list

Placement Service  
Representative

Mike Foley or  
Sue May

A full panel consisting of a minimum of three members made up from the list of possible attendees. Panels will be held weekly on a Wednesday from 1.00pm to 5.00pm. With scheduled cases allocated at half hour intervals this will allow for up to 8 cases to be considered each week, plus any written submissions for cases returning to HoSDaR.

Those cases with joint funding implications which have not been resolved through application of the funding protocols will be scheduled in every fourth week and will be formally constituted as the Joint Children's Placement Panel. The appropriate representatives from the other agencies will attend (see Appendix C).

Where a member cannot attend a nominated deputy will attend on behalf of that member with delegated authority. Members will only be able to nominate deputies to attend in their absence if the deputy is fully briefed and has appropriate delegated authority.

## **2.2 Appointments**

Membership of the HoSDaR panel will be approved by the Assistant Chief Officer CYPSC.

## **3 Arrangements for the conduct of business**

### **3.1 Chairing the meetings**

The Chair of HoSDaR Panel will be a Head of Service. This role will be rotated every three months between Heads of Service (Fieldwork).

### **3.2 Quorum**

For the weekly panel meetings to be quorate 3 of the core membership are required to be present.

### **3.3 Frequency of meetings**

Panels will be held weekly on a Wednesday from 1.00pm to 5.00pm.

### **3.4 Frequency of attendance by members**

There will be one SDM in attendance. This will be decided on a rota basis across the service. Each SDM will be expected to sit for a period not longer than 3 months.

### **3.5 Declaration of interests**

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he / she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the HoSDaR panel consideration has been completed.

All declarations of interest will be formally recorded in the minutes.

### **3.6 Urgent matters arising between meetings**

Any urgent matters arising between meetings will be dealt with by the appropriate Head of Service who has delegated authority to approve Emergency Protection Orders and removal to care placement or immediate change of current care placements.

All 'emergency decisions' must be documented and presented to the HoSDaR at the next or subsequent meeting, i.e. within 8 days maximum.

### **3.7 Secretariat support**

Administrative support for the HoSDaR panel will be provided by a member of the directorate support team initially but will migrate to the Placements Service under the remit of the Service Delivery Manager, Fostering Adoption & Family Placement.

## **4 Role and processes**

### **4.1 Role and duties**

The role of the HoSDaR panel is to establish an accountable senior management decision making governance framework; a platform where social workers and their managers can bring relevant cases for decision and direction.

The panel will focus on the needs of children and young people and ensure that once needs are agreed they can be best matched to identified resource, via the placements service, using timely and cost effective solutions. the key roles and objectives are to

- provide a clear and equitable governance framework for
  - new admissions into care,
  - requests to instigate care proceedings and
  - the review of existing placements where there are significant changes in the child's needs which would result in major changes to an existing placement

- all requests for external residential placements must be directed through HoSDaR
  - any placements which were approved as short term originally which are reviewed and recommended as longer term must be approved at HoSDaR (this may be done via written report rather than attendance)
- the review of all placements which were undertaken as emergency decisions
- ensure that all appropriate steps have been taken to mitigate the requirement for admissions or increasing needs being required,
- review the quality of practice, including the engagement with other agencies, in order to identify any areas where practice standards vary or could be improved.
- ensure that the child's needs are properly documented and fully inform the requirements to enable the Placements Service to manage the provision
- ensure conformance to agreed joint funding protocols and, in cases which don't match existing protocols but have complex care needs spanning agencies, opportunities for joint funding will be addressed by this panel
- record details of all activities and provide quarterly analysis on the requests made to the panel on placement activity and reviews to inform service and practice improvement
- ensure that practice issues identified which require corrective action are communicated to appropriate line managers for action and receive confirmation that those actions have been undertaken.

Note; The Placement Service, through the Placement Panel, will routinely review current placements and are empowered to move placements (e.g. between IFA & in-house service), these movements will be formally approved by Placement Panel and recorded.

## **4.2 Management support and administration**

The Placements Service will manage and administer the panel, the process, in outline, will be

- cases for consideration should be allocated to a panel date as soon as planning considerations allow;
  - it is expected that complex and multi-agency cases can be planned well in advance;
  - emergency cases are to be scheduled in within a week of the provision for review and retrospective approval (or not);
  - reviews of placements, where needs change will be scheduled as soon as planning allows
- papers must be provided to the administrator at the latest by the Friday of the week preceding the meeting,
- the Chair will review the applications and the submitted documentation and agree which cases will be considered and the schedule;
- applicants will be informed of their scheduled attendance on the Monday of the week of the panel;

- Panel members will receive all information and documentation on the Monday of the week of the panel;
- the administrator will complete and circulate minutes and management information by the Friday of the week of the Panel;
- the social worker will be informed of the outcome and decision of the panel and will be responsible for the recording and dissemination of this and next steps to stakeholders;
- the Placement Service will be informed of the outcomes in time for the next stage of provision
- feedback will be provided to attendees, where requested, within a week of the panel date:

Where a case has already been to HoSDaR and is referred again (e.g. short term admission requesting extension, major change in child's needs, external residential placement) the Chair may decide that this can be considered based on written submission rather than attendance of social worker(s) etc.

### **4.3 Information requirements**

Social workers and their line managers need to ensure that the following documentation is provided:

- Completed CC6
- Summary sheet outlining key issues and request
- Completed core assessment

Where there is multi-agency involvement, social workers and their line managers need to be aware that assessments from all agencies relevant to the child in question will be required. The key point is that decisions against need for complex disability will not be made in the absence of any assessment, or where only a social care assessment has been made in isolation.

- Statement of special education needs must be in place or;
- A review of SEN statement if this is planned or about to take place;
- Health assessments have been undertaken or are underway that demonstrate a complex set of health needs around a long term condition or disability
- Assessments that demonstrates the young person or sibling group require a combination of complex social, educational and/or health needs
- Nursing assessment
- CAMHs assessments

### **4.4 Duties**

This panel will meet on a regular basis to discuss the following requests:

- All new requests to accommodate children and young people
- All matters that require proceedings will need to be validated by the panel at a suitably scheduled time and with appropriate guidance from legal services



- All secure order requests; with appropriate advice from legal services
- Where there is a significant change to the child or young persons care plan
- Where there is a significant change and increase in spend in delivering a revised care plan
- Adoption breakdowns

## **5 Relationships and reporting**

### **5.1 Links to Leeds Panel**

There will be a regular exchange of information about the names of children and young people that come to the HoSDaR and Children's Leeds panels. This will involve cross referencing to ensure that Children's Leeds panels are being used effectively by social workers and that multi-agency resources are being used as an appropriate prevention tool.

It is not expected that all cases coming to the HoSDaR will have been to Children's Leeds Panel. However over time it is expected that a majority will have been presented at Children's Leeds Panel. This activity will also be subjected to monitoring and review.

Monitoring of referral rates and links between all panels will be undertaken in the coming months to ensure that resources are being effectively and flexibly accessed.

### **5.2 Disabled Children's Allocation Panel**

The approved procedures for the Disabled Children's Allocation Panel (DCAP) provide details of how Aiming High for Disabled Children and Young People in Leeds will be managed; in brief any unmet identified need for this cohort must be agreed at DCAP before an out of city placement is requested.

The Service Delivery Manager for Disabled Children chairs DCAP and the Head of Service for Disabled Children will make the decision if a request for a child/ young person (social care) is to be referred to Placement Decision and Review Panel.

### **5.3 Education Leeds Planned process for placements.**

The protocols and processes for Special Educational Needs assessments and panel approvals will run in parallel with this activity; following a similar route which may result in their Weekly Planning and Placement Panel considering the child's educational needs where social care is not a requirement.

## **6 Reporting arrangements**

The decisions of the HoSDaR panel will be formally recorded and form part of the CYPSC quarterly performance reporting framework.

## **7 Quality monitoring**

The panel will be subject to regular monitoring and review. At each panel a monitoring sheet will be completed by the chair of the panel. This will record the key presenting issues, unmet need, quality of presentation and actions required, including any decisions made.

## **8 Review of terms of reference**

These Terms of Reference will be reviewed annually or sooner if required by the Chief Officer CYPSC or in light of national/local policy changes.

DRAFT

## **Joint Children's Placement Decision and Review Panel "Joint Panel"**

### **Governance arrangements and terms of reference**

**Version:** Final

**Approved by:** Commissioning & Finance Group

**Date Approved:** 12<sup>th</sup> January 2011

**Author:** Gerry Hudson

**Service:** Director of Children's Services Unit (on behalf of the Children's Trust Board Commissioning & Finance sub-group task group)

**Date issued:** 24<sup>th</sup> January 2011

**Review date:** June 2011

## **1 Introduction**

- 1.1 The principal aim of this document, and the processes it describes, is to achieve the best possible outcomes for any child requiring an internal or externally funded placement that requires funding from more than one agency responsible for the care of children and young people.
- 1.2 The primary purpose of the Joint Children's Placement Decision and Review Panel (hereafter referred to as the 'Joint Panel') is for it to be the sole route through which recommendations for the joint funding of packages of care, to meet the child's needs, are approved and reviewed. Specifically this will involve:
  - ensuring appropriate resources are deployed to meet the health, education and social care needs of every child referred
  - identifying the appropriate funding streams
  - considering whether specialist packages can be deployed by service providers in partnership to avoid costly external placements and
  - as a last resort deciding how to meet the child's needs by use of a specialist external placement.
- 1.3 At this stage of the Joint Panel's development it is agreed that all decisions will be on a case by case basis with a view to reviewing all placements as soon as is practicable (within six months). This will be in the context of working towards a formal partnership agreement which may establish the process for putting in place an aligned or pooled 'fair shares' budget arrangement. It will also, in due course, consider the viability of moving towards an area based panel approach.
- 1.4 The above approach enables the development of a body of evidence of agreed costs based on shared principles over a reasonable period. This recognises the current difficulty in moving towards an agreed 'fair shares' agreement without clearly agreed baseline data.

## **2 Role of the Joint Panel & funding arrangements**

- 2.1 These governance arrangements are designed to provide a clear framework to agree the needs of the child, and any associated funding, taking into account the specific governance arrangements of each partner agency.
- 2.2 The role of the Panel is to establish an accountable senior management decision-making governance framework and a platform where practitioners and their managers can bring relevant cases for decision and direction.
- 2.3 Where an external placement has been agreed the Panel will focus on the needs of the child or young person and ensure that once needs are agreed they can be best matched to an identified resource, via the Placements Service, using timely and cost effective solutions.

- 2.4 The Joint Panel has a key role in mitigating the requirements for admission into care by actively ensuring that decisions are only made for each child referred based on a comprehensive assessment of need. This will be closely related to the goal of embedding prudent financial management and practice throughout the process so that the service is provided both in the most cost effective way and in a way that ensures the agreed interim funding protocol is applied accurately and appropriately for each child.
- 2.5 The Joint Panel will also review decisions undertaken on an emergency basis, and existing jointly funded places where there are significant changes in the child's needs that would result in major changes to an existing placement.
- 2.6 The interim 'funding formula' will be as determined by agencies' currently agreed processes and procedures for out of authority placements, and will take into account individual agency financial responsibility and approvals processes. This is as follows:

## **Health**

Health will contribute towards the funding of out of authority placements where:

- there is significant health need i.e. a need for health services over and above the health services which would normally be available to a child/young person through the local NHS regardless of place of residence, either because of complexity of need or because the health service must be delivered on a residential basis into a setting which would not normally be served by the local NHS
- the placement will meet the health need through the provision of appropriate Health professional input
- the intervention has been shown to be clinically effective

For the joint funded out of authority placements, the PCT will make a contribution to the total costs of the placement, which after appropriate consideration, reflects the health care provided within the placement

## **Education**

- fees are payable in respect of the education provided for the child at the school

## **Social Care**

- for the time being (until a 'fair shares' approach is agreed) Children's Services will contribute the balance of the cost of the placement

- 2.7 Separate agency funding decisions will continue to be made about children and young people where the needs are not assessed as requiring a combined package to address health, education and social care needs.

## **3 Eligibility criteria**

- 3.1 The Joint Panel will consider the referral of a child with complex, multiple and high level needs where there is a risk of family and/or placement breakdown and/or assessed social care needs which indicate a high probability of residential care being needed or that the child's needs cannot be met within existing local services. Also that there is either:
- identified Special Educational Needs that cannot be met within existing local provision and there is a risk of the child moving away from their community into external residential provision. An Educational Psychologist will need to be involved in this assessment
  - a significant health need i.e. a need for health services over and above the health services, which would normally be made available to a child through the local NHS, regardless of place of residence, either because of a complexity of need, or because the health service must be delivered on a residential basis into a setting which would not normally be served by the local NHS.
- 3.2 The Joint Panel may exceptionally approve placements for young people aged 16/17 who meet health & social care criteria who are, or have been, 'statemented' in the past – subject to further discussion on individual cases.
- 3.3 The NHS-led Continuing Care process will take eligibility decisions (based on multi-agency assessments) in its multi-agency Decision-Making Forum. This forum will also receive review reports on children and young people receiving continuing care packages. The actions of the Decision-Making Forum will be reported to the Joint Placement Panel for notification purposes
- 3.4 The approved procedures for the Disabled Children's Allocation Panel (DCAP) provide details of how Aiming High for Disabled Children and Young People in Leeds will be managed; in brief any unmet identified need for this cohort must be agreed at DCAP before an out of city placement is requested.

## **4 Referral & supporting processes**

- 4.1 Prior to consideration by the Joint Panel all prior assessments will have considered the individual needs of the child including health, social care and education needs and consideration will have been given to how collectively needs can be met in Leeds prior to looking at reception into care. This will include consideration of the re-alignment of existing resources.
- 4.2 In the majority of cases referrals will only be accepted if there has been a recent core assessment or review supported by other similarly recent relevant agency assessments. The aim of a joint assessment should be to arrive at a shared view of the child's needs and, wherever possible, draw up a joint plan to meet those needs within local mainstream services. Wherever possible cases will have already been considered for early intervention by the Children Leeds panels. This should include consideration of the purchase of additional packages of care and support from a range of services already provided or funded within Leeds.

4.3 If the current placement is breaking down there is an expectation that, prior to referral to the Joint Panel, a multi-agency review is undertaken in order to assess up-to-date need with a view to preventing further escalation.

4.4 A referral to the Joint Panel should demonstrate that:

- there is factual evidence of need with a clear analysis. This should be clearly articulated along with the required documents detailed on the referral form. This is essential as it will assist in the subsequent process of accessing appropriate provision
- where possible the proposed placement/package should in principle be agreed with partner agencies in advance
- professionals should have thought creatively with regards to what can be established to maintain the child in their local community (unless this is inappropriate for child protection reasons) and that any proposed placement/package provides value for money
- the measurable outcomes that are expected from a proposed placement/package are clearly detailed and that the identified provider has a track record in providing services of that type to a high quality and with good outcomes.

4.5 Lead professionals or clinicians (or other individual's assisting with the completion of a referral) will be invited as necessary to attend the panel meeting to present the referral and to share concerns and seek advice and support.

4.6 The referring practitioners and their line managers will ensure that the following documentation is provided as appropriate in advance:

- Core Assessment
- Fully completed CC6 – 'Request for Placement'
- Statements of Special Educational Needs, review meeting minutes,
- Statement of Special Education Needs (SEN). This must be in place, or a review of SEN statement, if this is planned or about to take place;
- Health assessments that have been undertaken or are underway which demonstrate a complex set of health needs around a long term condition or disability
- LAC Health Needs Assessment and plan
- Assessments that demonstrate the young person or sibling group require a combination of complex social, educational and/or health needs
- CAMHs assessment

4.7 The Children's Placement Service will ensure that clear guidance is provided to referrers in order that professionals are fully aware of the referral process and which tools and documents to use. A protocol outlining the process for referral and decision-making is attached at appendix 2

- 4.8 The Joint Panel will ensure that identified practice issues, which require improvement, are communicated to line managers for action.
- 4.9 The Joint Panel will ensure details of all activities are recorded and provide quarterly analysis on the requests made to the panel to inform policy and practice improvement. A summary of this will be made available to the Commissioning & Finance sub-group for planning purposes,
- 4.10 The Joint Panel will facilitate ongoing review of the capacity of local provision to meet the needs of children who either need to be looked after or who require a specialist placement to meet their educational or health needs.

## **5 Decision-making**

- 5.1 The Joint Panel representative supporting the referral will be expected to make a recommendation as to whether or not the child's needs meet the eligibility criteria set out above.
- 5.2 The panel member for each service will determine whether the relevant criteria is met for an individual child. If this is unclear, then additional information may be sought from the referring professional.
- 5.3 The Joint Panel will collectively consider whether the child or young person meets the criteria and will decide whether to support the proposed intervention. The Joint Panel may also make recommendations about how the child's needs could otherwise be met.
- 5.4 Once a decision is made, both on the need for an external placement and the proportionate share of the cost, the Children's Placement Service will be responsible for procuring the placement that represents the best value both in terms of quality and cost.
- 5.5 Information will initially be provided to the relevant budget holders and practitioners on the available options with a recommendation on which one represents the best value. It will only be where agreement cannot be reached on the recommended option that the case will be referred back to the panel for a decision.
- 5.6 The decisions of the Joint Panel will be formally recorded and form part of the quarterly performance reporting framework to the Children's Trust Board's Commissioning & Finance sub-group.

## **6 Governance arrangements**

- 6.1 The Joint Panel is established under the governance of the Children's Trust Board's Commissioning & Finance sub-group as outlined at Appendix C:



- 6.2 The Joint Panel will report directly to the Commissioning and Finance sub group of the Children's Trust Board. The panel will have a focus on the assessment and definition of the needs of the child and ensure that this is properly defined.
- 6.3 The Children's Placement Service's primary role will be supportive in nature in order to ensure the identified placement needs of the child are met and that the process meets the requirements of the respective agencies.
- 6.4 The Joint Panel will undertake its business with due regard to the following policies and plans:
- [Children & Young People's Plan](#)
  - Children's Placements Strategy & Sufficiency Action Plan
  - [13 – 19 \(25\) Learning & Support Plan](#)
  - [Who Pays? Establishing the responsible commissioner](#)
  - [National Framework for Children and Young People's Continuing Care](#)
  - [Code of Practice for Special Educational Needs](#)
  - [Leeds Inclusive Learning Strategy](#)
  - [Leeds Accessibility Strategy](#)

6.5 The Panel will consist of the following members:

Purpose	Role	Appointment
<b>Core members</b>		
Co Chair	Children's Services - budget holder	Jackie Wilson
Co Chair	NHS - budget holder	Matthew Ward
Children's Services	Chair of HODSAR	Head of Service
Children's Services	Head of Service LAC	Sue May
NHS CAMHS	Clinical Head of Service or Clinician i.e. Psychologist or Psychiatrist	Richard Chillery
NHS Children's Continuing Care	Continuing Care Case Manager	Caroline James
NHS PCT	Head of Commissioning for Children & Families	Jane Mischenko
Education	Strategic Manager and Chair of Education HOSDAR	Carol Jordan
Education	Head of SENSAP (Special Educational Needs, Statutory Assessment and Provision)	Andrea Robinson
Children's Services	Head of Contracting & Market Management	Current Interim Head - Gerry Hudson
<b>In attendance as required</b>		
Children's Services	Heads of Service (Fieldwork)	Mike Brown Ros Cheetham
Children's Services	Head of Service for Children's Disability Services	Barbara Shaw
Education	Senior Casework Co-ordinator SEN	Lynn Abbott
Adult Social Care	Service Delivery Manager	Steve Bardsley
Adult Mental Health	TBC	TBC

6.6 Where a member cannot attend a nominated deputy should attend on behalf of that member with full delegated authority. Members will only be able to nominate deputies to attend in their absence if the deputy is fully briefed and has appropriate delegated authority.

6.7 Membership of the Joint Panel will be approved by the Children's Trust Board's Commissioning & Finance sub-group.

## **7 Arrangements for the conduct of business**

7.1 The Chair of the Panel will be either, Jackie Wilson (Chief Officer, Children's Services) or Matthew Ward (Associate Director Commissioning, NHS Leeds), or their delegated representatives. This role will be rotated every six months with each deputising for the other as required.

7.2 In order for the Joint Panel to satisfactorily undertake its business, a minimum of at least one representative from Health & Children's Services (including Education) must be present. These must be the budget holders or their delegated representatives

7.3 Arrangements will be made for the holding of the panels at times and frequency convenient to all partners.

7.4 If any member has an interest, pecuniary or otherwise, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that the member withdraw until the panel's deliberations have been completed. All declarations of interest will be formally recorded in the minutes.

7.5 If urgent consideration of the funding of an emergency placement is required between meetings this can be agreed by the Chief Officer, Children & Young People's Social Care and the NHS Associate Director of Commissioning but will come to the next available meeting to be ratified/reviewed.

7.6 Administrative support for the panel will be provided by a member of the directorate support team initially but will, in due course, transfer to the Children's Placements Service under the remit of the Team Manager, Placement Service. This will require resource realignment.

7.7 All parties to the decision will be formally informed of the outcome in writing within 3 days of Panel meetings. All minutes will be published once approved.

## **8 Monitoring and reporting**

8.1 Monitoring of referral rates and links between all panels will be undertaken to ensure that resources are being effectively and flexibly accessed.

8.2 The protocols and processes for routine children placement requests by individual services will run in parallel with this activity. The protocol will be agreed and clearly communicated to all panel members

- 8.3 The Joint Panel will be subject to regular monitoring and review. At each panel a monitoring sheet will be completed by the chair of the panel. This will record the key presenting issues; any unmet need, the quality of presentations and actions required and the decision.

## **9 Dispute resolution**

- 9.1 The Panel members will use their best efforts, in the spirit of partnership, to negotiate in good faith and settle any dispute that may arise through the operation of this protocol. If any dispute cannot be settled at the Panel it will be referred in the first instance to the Commissioning & Finance Group sub group of the Children's Trust Board for resolution.
- 9.2 If the dispute is not resolved by the above process in very exceptional circumstances it will be referred to the respective agency Executive representatives in order to find a resolution. This will be closely monitored.

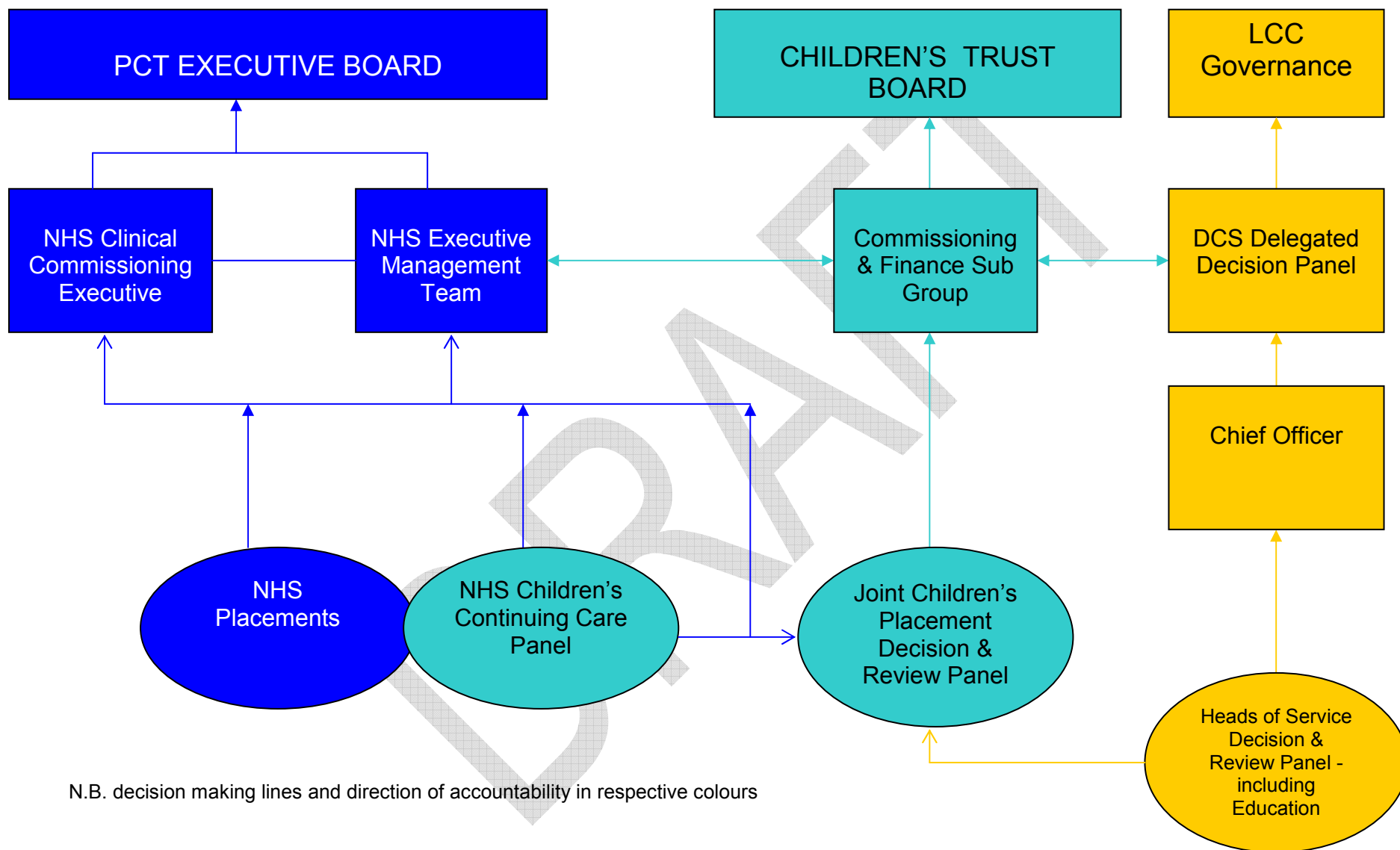
## **10 Complaints**

- 10.1 Information on how to complain will be made known at the point of commencement of the service to all relevant stakeholders including service users and their parents/carers, or established representatives.
- 10.2 Complaints about the service will in the first instance be directed to the Joint Placement Panel and, if not resolved, will be managed according to the complaints procedures of the relevant Partner as appropriate.
- 10.3 The Commissioning and Finance Group will ensure that all services commissioned or provided under this protocol, and arrangements for complaints, are in accordance with respective agency policies.

## **11 Review of terms of reference**

- 11.1 These Governance Arrangements & Terms of Reference will be reviewed annually or sooner if required by the Co-Chairs, or in light of national/local policy changes.

## GOVERNANCE ARRANGEMENTS FOR CHILDREN'S JOINT PLACEMENTS DECISIONS IN LEEDS Appendix C



## Glossary of terms

Name	Purpose
CTB (Children's Trust Board)	The Leeds <a href="#">Children's Trust Board</a> brings together senior representatives from Children Leeds' partner organisations, including NHS Leeds, West Yorkshire Police, Jobcentre Plus, schools and the voluntary community and faith sector, in order to strengthen our co-ordination arrangements and provide a local vision for improving the lives of children, young people and families.
Commissioning & Finance Sub Group	Sub-group of the Children's Trust Board – multi agency forum that has oversight of commissioning priorities; ensures robust governance is in place for commissioning and procurement processes; oversees financial planning to support CYPP priorities and co-ordinates opportunities for aligned/ pooled finances.
DCS Panel (Director of Children's Services Delegated Decision Panel) Chief Officer, C&YPSC (Children & Young Peoples' Social Care) LCC Governance	Responsible for making financial decisions above £200k  Responsible for making financial decisions about individual placements up to £200k per annum The Corporate Governance team are responsible for servicing the Council's Standards Committee, the Corporate Governance and Audit Committee, and the General Purposes Committee. They also deal with the register of Members' interests and the Constitution, as well as providing legal advice.
LCC Children's Placement Service	Responsible for sourcing the most appropriate placement to meet the needs of an individual child at the most cost effective price
PCT Executive	The Board of NHS Leeds meets in public regularly throughout the year. It is responsible for taking key decisions about the organisation, how it uses resources and agreeing key priorities
NHS Clinical Commissioning Executive	The overall purpose of the Clinical Commissioning Executive is to be the NHS Leeds Commissioning decision making body responsible for NHS Leeds commissioning strategy; resource utilisation in line with health need; decommissioning; reinvestment and systems thinking across all pathway groups. It underpins the commissioning of safe, clinically effective, high quality services to improve both the health and wellbeing of people in Leeds and reduce inequalities.
NHS Placements - Child & Adolescent Mental Health Services (CAMHS)	CAMHS out of area treatments are occasionally made when a child needs a very specialist NHS or private sector hospital setting (sometimes under a Mental Health section) these placements are fully funded by NHS Leeds
NHS Children's Continuing Care	The NHS-led Continuing Care process is to determine packages of continuing care services when a child or young person has needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone