Report of the Strategic Director, Health and Well Being to the Joint Meeting of the Children's Services & Health and Social Care Overview and Scrutiny Committees to be held on 27th October 2016.

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Subject:

Progress Report on the development of an integrated transitions service for young people with disabilities in Bradford.

Summary statement:

This report informs members of the progress of the project plan to develop an integrated service for 14-25 year old disabled young people and their families in Bradford

The project board is supported by members from the three local Clinical Commissioning Groups, the Local Authority (Children's and Adult Services), Bradford District Care Foundation Trust, Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust working in partnership to deliver improved outcomes for young people.

Bev Maybury
Strategic Director, Health and Well Being

Report Contact: Fred Bascombe,
Service Manager - Disabilities
Phone: (01274) 431185
E-mail: fred.bascombe@bradford.gov.uk

Portfolio:

Health and Social Care

Overview & Scrutiny Area:

Children's Services and Health and Social Care

1. SUMMARY

1.1. This report outlines plans to provide young people with disabilities and their families with improved information and support into adulthood and independence. It also describes the work done so far. Historically at a local and national level families have described their experience as one of fragmented services delivered by a number of organisations each with quite clear separations in their responsibilities and a divide between provision for those under and over 18.

1.2 The present work has its origins in the programme that supported the implementation of the Children & Families Act 2014. A key aspect of the Act was the objective of integrating assessment and provision of support via a single education health and care plan(EHC) for each child whose needs were eligible and subject to continuing eligibility an entitlement to an EHC up to age 25. The 14 to 25 offer was described within a framework of objectives set out as preparation for adulthood. The guidelines state that preparation for adulthood should begin within the EHC from academic Year 9 when students reach 14 and the integration of 14-25 services supports continuity of planning and support during this period as well as providing greater opportunity for a single professional to co-ordinate planning at this critical time of change.

1.3 The leadership of this transferred to Adult & Community Services in November 2015 when officers agreed A&CS would lead the development and bring together social care support to young disabled people from 14 up to 25. A project team with representation from the Clinical Commissioning Groups (CCG's), Local Authority (Children's and Adult Services), Bradford District Care Foundation Trust (BDCFT), Airedale Hospital Foundation Trust (AHfT) and Bradford Teaching Hospital Foundation Trust (BTHfT) is working together to deliver a more integrated approach with improved outcomes.

2. BACKGROUND

2.1. This work represents a response to the duties and guidance from recent legislation and practice guidance on transition and preparation for adulthood in particular:

2.1.1. Child and Family Act 2014
2.1.2. Care Act 2014 together with accompanying statutory and good practice guidance
2.1.3. "Better Life Outcomes" Preparing for Adulthood programme (PfA) 2013
2.1.4. "From the pond into the sea – Children's transition to adult health services", Care Quality Commission 2014
2.1.5. Mental Capacity Act 2005

2.2. It also addresses the findings of local consultation with families and young people undertaken in 2013 and 2015 which confirmed that local experience was very much as reported nationally. A lack of information about help available, repeating

the same story to multiple professionals, fragmented service response and little sense of the young person being at the centre of planning what is their future.

2.3. The challenges had been summarised well and often and are set out well in DoH guidance, ***"A transition guide for all services - key information for professionals about the transition process for disabled young people";*** **DoH; 2007.** The guidance stated that transition from childhood to adulthood is difficult to get right because:

- The process must be individual to the needs and aspirations of each young person.
- It is a fluid process, spread out over a number of years.
- Local options for disabled young people are often limited and support can be patchy and inconsistent.
- These challenges are compounded by young people's moves from one service to another at different ages across social care, health and education services.
- Each of these transitions is likely to occur independently of each other, which means that disabled young people and their families may repeatedly have to deal with new agencies and professionals, retelling their story each time.
- Eligibility criteria are set by social care services to manage their limited resources and different eligibility criteria often apply when they move on to adult services.
- The process of bringing a group of appropriate people together to plan, agree and implement a local strategic transition protocol is in itself a challenging piece of work.

2.4. Work has been progressing initially under the direction of the programme to implement the SEND reforms of the Child & Family Act and guidance about transition planning/preparation for adulthood from both the Department for Education and Department for Health and now continues as a workstream in both the Journey to Excellence programme in Childrens and the Transforming Care programme in Adults. A blueprint for the service reflecting both the Districts New Deal priorities, the SEND Code of Practice and the Preparation for Adulthood principles.

2.5. In response to the Care Act the care market is being developed to provide better choice, quality and value through the new commissioning frameworks for care services, the development of technology to keep people safe and independent, the online market place using the Connect for Support platform and the self care developments to strengthen prevention.

2.6. There are strong links with the Transforming Care Programme that is operating in parallel with this project. This is an all age change programme focusing on improving services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. This will drive system-wide change and enable more people to live in the community,

with the right support, and close to home.

2.7. The programme endorses the view that children, young people and adults with a learning disability and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have a home within their own community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives.

3. REPORT ISSUES

3.1. **Promoting Independence and Choice**

The ethos of the Care Act and the guidance on preparing for adulthood is one of maximising independence, promoting ambition and aspiration to live independently. Assessments and services are being shaped to support this. Assessments seek to be asset based building on people's strengths and their own priorities rather than overly focusing on deficits and disability. Professionals are being encouraged to move away from traditional practice which at times resulted in a dependency culture with people being over protected and denied opportunities to take positive risks and maximise their independence and quality of life.

3.2. **Council Funding – Constraints**

The project needs to work within the constraints of the Council's savings programme and therefore has to seek new ways of delivering support within existing resources and enabling people to access the existing resources of the community wherever possible. Current budgets in Adult Services for disability are under considerable pressure. The promotion of personal budgets, direct payments and plans to develop individual service funds seek to achieve greater choice and control for individuals whilst also bearing down on the costs associated with traditional service solutions.

3.3. **Personal Budget Entitlements**

Whilst direct payments have been established in adult and children's social care for some years take up has not been high and following work done with 'In Control' children's service have now launched a resource allocation system for children with disabilities and this is being rolled out to existing service users as well as being the default for new assessments. It is too early to report on the impact as this was only launched in July 2016, but it will represent a new approach to determining levels of support in line with the personalisation model of resource allocation. Whilst assurances have been given to families that this is not linked with budget reductions it will alter the way in which respite care is allocated and hopefully lead to more flexible solutions if people choose to use their budget to access other forms of support. There will also be further benchmarking undertaken to monitor how allocation of support pre and post adulthood compare to ensure any variation is based on need rather than a

difference of approach. There are also provisions for personal budgets for educational support that will be developed as well.

3.4. **Decision Making and Panels.**
It is recognised that there is a need to streamline decision making and wherever possible bring agencies together to make a co-ordinated decision about a support plan and how that is resourced. Work has been done to map current arrangements and we have begun to revise arrangements so that commissioners/budget holders can co-ordinate arrangements. It is complex due to the volume of work being done and the difficulty of co-ordinating all of the work taking place and the interdependencies.

3.5. **Continuing Health Care**.
The provision of care funded under the continuing health care frameworks represents a challenge to care delivery as the framework for under 18's is quite different to that covering adults so there is a need to review eligibility in anticipation of this milestone with a significant potential for changes in funding which can either result in some loss of support or a transfer of some or all responsibility to other agencies or health providers. This can impact on the local authority's social care or educational provision.

3.6. **Education Health and Care Plans.**
The Council is undertaking a major review and conversion workload associated with migration of existing special needs statements to the new framework and a significant increase in requests for an assessment under the new framework. It is also reviewing the experience so far of the new approach and how well it is achieving the aims of integrating planning and support. There is potential to take the ambitions of a single plan for young people further as a result of this.

3.7. **Integration.**
Whilst this report focuses on the integration of the work of the children with complex health and adult social care transitions teams, the ambition is to develop from the current collaborative working in the hub a much greater degree of integration in planning and delivering support to young people. Over half of the disabled young people seeking support as young adults have not received support from children's social care. Often their needs have been met with support from family and their educational provision.

3.8. **Outcomes – Preparing for Adulthood.**
The Preparing for Adulthood (PfA) programme is funded by the Department for Education as part of the delivery of the SEN and disability reforms
It aims to identify and deliver the necessary activities required to support young people with SEND in the successful transition to adulthood outlined in the four PfA life outcomes. These are:

- Higher education and or employment – this includes exploring different employment Paid employment (including self-employment)
- Good health
- Independent living (choice and control over your life and support and good housing options)
- Community inclusion

3.9. **User Engagement and Co-production.**
Young people and families have been consulted about their experience of services and a Transition Forum has been monitoring the project alongside the SEND reforms and are able to comment on and influence the project. There is also a vacant position on the project board for user representation although the engagement with the forum provides a broader level of involvement.

3.10. **Progress Report on the formation of the transitions (preparing for adulthood team14-25) service –**
A Project Board oversees the change plans with representation from Council and Health bodies and is supported by a transitions forum representing young people and their families. Plans cover workforce and workforce development, finance, information systems, well as modelling future demand and capacity and are aligned with work within the 'Journey to Excellence' in children's services and the Transforming Care programme that focuses on learning disability in adults. Transitions is broader than learning disability and so the work on the autism strategy will also be important in supporting the service as it features significantly in the needs of the young people supported. We are also currently engaging mental health services to ensure there is alignment with working arrangement there for people needing support from those services as they are currently outside the scope of this project.

3.11. In September 2014 a single transitions team for young people with a disability was developed within adult services and began 'hot desking' to support a multi-disciplinary hub based at Future House to share information and co-ordinate service delivery as part of the new arrangements for single education health and care plans. In April 2015 funding from the Better Care Fund Care Act was used by Adults to increase the size of the team, including a 1.0 WTE team manager. The team now has 12 WTE staff. In November 2015 the whole team has co-located with Children's Social Care, Education and Children's Continuing Health Care Nurses to form an integrated hub based at Margaret McMillan Towers.

3.12. Transition duty has been established working closely with the children's services single point of contact to ensure a better response to new contacts and request for assessment.

3.13. Increasing capacity in the team and co-location have led to tangible benefits for young people who are engaged in planning for moving on from school and or children's social care much earlier. Whereas 3 years ago young people often

reached 18 before an adult social worker was able to offer advice and or assessment. Last year planning began with the annual review at 17 and this year we are making joint visits at 16 and earlier assessment and identification of needs enables planning for adulthood to commencing sooner.

3.14. More proactive work with schools and colleges is taking place and the team are spending time with young people in school to support discussions about aspirations for the future. There is a focus on access to mainstream services and independent living and reducing reliance on traditional social care. Whilst 138 new entrants of working age began receiving financial support from the Council during 2015/16 a number of these were outside the scope of a transition service by reason of age approximately 100 came from transitions either at 18 or as they subsequently left school year 14, or whilst in the further education system. Significantly the team were above to enable a number of young people to develop support systems independent of social care by means of advice on financial support, help for carers and access to training and employment.

3.15. The CCG's have this year confirmed permanent funding for transition nurses based with the respective care trusts to support young people as their health services change from the familiar arrangements of childhood into GP led adult health provision. This helps to ensure information is shared and care transfer planned so that support is provided with greater continuity. They are also able to support the co-ordination of health support with help from education and social care.

3.16. We are extending the scope of the transitions service to begin from 14 and are reconfiguring the workforce to support the changes. We are forming a 14 -25 team managed within adult services that brings together (6FTE plus Manager) posts from the Children's Complex Health& Disability Team (CCHDT) and the existing adults team. A remodelled 0-14 CCHDT service will remain with Childrens Services. The enlarged transition service will be led by a newly established Transitions Manager (using Care Act funding). This post will take forward the development of transition planning across health and social care and oversee council responsibilities for disabled children and young adults. After some recruitment difficulties we hope to make an appointment from the current applicants shortly. Once staff have been confirmed in the new service a staff development plan will support them with their new responsibilities. Protocols for the new teams will be agreed between departments and with health colleagues to formalise standards and working arrangements.

3.17. Adult & Community Services migrated to 'SystmOne', a new digital care record system on the 22 August 2016. This is a shared system with local health partners that links to the NHS spine, a national database of basic patient details i.e. NHS number, Name, Date of Birth. This provides the basis for shared care record between health and social care professionals. The transitions project has an ICT workstream to support the changes and deal with data governance and

access to systems. Relevant records for the 14 – 25 age group are currently held in three systems within the Council in additional to any stand alone school or college records The social workers (who) will in the medium term need to access and record work in two social care systems based on the age of the young person as well as ensuring compliance with working practices under the Children Act and the Care Act. They will also need to share information with other agencies.

3.18. Training and development for the staff will be essential as the legal and policy context is different in Children's and Adults and both will be enacted in the new team. The most significant training and development for the team will be in strength based assessment and there will be a need to commission support planning and brokerage options for young people and their families to support the use of personal budgets (social care, education and health). In April 2016 the Bradford District & City CCG's confirmed permanent funding for 5 transition nurses across the health providers to support young people with complex health needs with preparation for adulthood and access to health care co-ordinated by the GP rather than by paediatrician as is the case in childhood.

3.19. The Local Offer website and supporting alternative media will support public access to information for young people and their families. This will co-ordinate with the Connect for Support site which provides access to service provision for adults and is designed to become a market place for providers and customers with the goal of not only providing information but an on line market place for obtained support using a personal budget.

4. FINANCIAL & RESOURCE APPRAISAL

There are no financial proposals in this progress report for appraisal although a copy has been shared.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The programme maintains a risk log for the change programme but there are no significant risks to highlight at this point.

6. LEGAL APPRAISAL

None

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

The changes being made are designed to improve access to support for all and those who are disadvantaged are over represented in the user group.

7.2 TRADE UNION

Consultation has taken place with Unions on the plans for reconfiguring the workforce. There are no reductions in jobs but some posts transfer between children's and adult services.

7.3 WARD IMPLICATIONS

All wards, as it is a District wide service.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. RECOMMENDATIONS

9.1 That the Committee notes the progress made and the plans for the development of an integrated transition service for young people.

10. APPENDICES

Appendix 1

Details and Costs on new entrants to service including young people coming into adult services

Residential Home	Client Numbers	Average Cost Per week	In Year Costs	Full Year Costs
2012/13	8	1,255.15	396,289	523,578
2013/14	13	1,522.90	523,504	1,032,308
2014/15	9	1,021.04	228,799	479,157
2015/16	8	1,240.21	320,030	517,344

Nursing Home	Client Numbers	Average Cost Per week	In Year Costs	Full Year Costs
2012/13	3	448.86	33,123	70,215
2013/14	0	0.00	0	0
2014/15	0	0.00	0	0
2015/16	2	675.50	55,347	70,445

Overall (Residential + Nursing)	Client Numbers	Average Cost Per week	In Year Costs	Full Year Costs
2012/13	11	1,035.25	429,412	593,793
2013/14	13	1,522.90	523,504	1,032,308
2014/15	9	1,021.04	228,799	479,157
2015/16	10	1,127.27	375,377	587,789

Source - COMMCARE
Reports
Includes all new entrants

Day Care	Client Numbers	In Year Costs	Full Year Costs
2012/13	72	229,375	229,375
2013/14	33	164,788	164,788
2014/15	40	154,760	154,760
2015/16	34	144,468	144,468

Block contract for day services has taken additional people into the service since 2012/13 at no additional cost except where 1:1 support has been required. 78 in 2014/15 and 67 in 2015/16

Home Care + Other	Client Numbers	In Year Costs	Full Year Costs
2012/13	82	588,839	588,839
2013/14	99	720,233	720,233
2014/15	88	891,166	891,166
2015/16	104	1,703,943	1,703,943

Overall Day Care + Home Care	Client Numbers	In Year Costs	Full Year Costs
2012/13	154	818,214	818,214
2013/14	132	885,021	885,021
2014/15	128	1,045,926	1,045,926
2015/16	138	1,848,411	1,848,411

Source - COMMCARE
Reports
Figures include all new clients with spend
Assumed all in year costs are for full year
Age Profile N/A on reports

Direct Payments	Client Numbers	In Year Costs	Full Year Costs	Average Age at entry Years
2012/13	32	185,764	256,302	36.1
2013/14	35	307,066	417,114	31.0
2014/15	42	237,897	319,882	30.8
2015/16	44	342,244	494,084	33.2

Source - COMMCARE
Reports
2015/16 Excluding ILF clients

Overall Summary	Client Numbers	In Year Costs	Full Year Costs
2012/13	197	1,433,390	1,668,309
2013/14	180	1,715,591	2,334,443
2014/15	179	1,512,622	1,844,965
2015/16	192	2,566,032	2,930,284

12. BACKGROUND DOCUMENTS

None.