

## Briefing for Health Select Commission and Improving Lives Select Commission

1	Date of meetings:	11 April 2019 Health Select Commission 16 April 2019 Improving Lives Select Commission
2	Title:	Outcomes from Joint Scrutiny Workshop Session – Transition from Children’s to Adult Services
3	Directorate/Agency:	Adult Care, Housing and Public Health Children and Young People’s Services NHS Rotherham Clinical Commissioning Group

### 4 Review Sub-group

Membership - Councillors Cusworth, Eliot, Evans (Chair), Jarvis, Keenan and Short.

### 5 Purpose of this briefing

This paper outlines the outcomes of a workshop held by members of Health Select Commission (HSC) and Improving Lives Select Commission (ILSC) on 19 March 2019. The purpose was to seek assurance that young people and their families/carers will have a positive transition from children’s to adult services, through clear pathways and a strength based approach that seeks to maximise independence and inclusion.

Members identified specific issues to explore in depth to ensure that:

- There is a clear understanding of the cohorts of children and young people likely to transition to adult services in the next few years, with strategies, plans and budgets aligned accordingly.
- The new pathway based on the Preparing for Adulthood<sup>1</sup> model will lead to demonstrable better outcomes for young people transitioning from children’s to adult services.
- Services are able to evidence how young people and their families/carers have voice and influence in transition and support planning.
- Children’s and adult services have a shared approach to assessment and strength based practice.

Evidence comprised briefing papers, case studies and a presentation, followed by discussion and questions to officers. The refreshed draft Education, Health and Care Plan<sup>2</sup> (EHCP) template was also circulated to the sub-group.

Members would like to thank the following officers for their co-operation with the planning and delivery of the workshop:

- Ian Spicer, Adult Care, Housing and Public Health
- Jenny Lingrell, CYPS and Rotherham Clinical Commissioning Group
- Gordon Waigand, Adult Care, Housing and Public Health

### 6 Background

The workshop resulted primarily from scrutiny of the adult social care budget position and service performance by the Overview and Scrutiny Management Board (OSMB) and from scrutiny of Special Educational Needs and Disability (SEND) sufficiency by ILSC. In addition, there are links to the nascent Social Emotional and Mental Health (SEMH) Strategy considered by the HSC as part of its focus on mental health, plus other initiatives to reduce out of borough placements.

## 7 Context

Legislative drivers underpin transition as the Children and Families Act (2014) and the Care Act (2014) both outline an entitlement to support for young people aged 18-25. Transition has historically been recognised as a challenge due to different criteria or thresholds in children's and adult social care services, coupled with managing the expectations of young people and their families/carers.

Rotherham schools face considerable pressure in continuing to meet the needs of pupils with SEND and increasing numbers of students have an EHCP. These plans take a more holistic approach than their predecessors, Statements of Educational Need.

Complex care placements for children and young people are jointly funded by social care, health and education and are a significant pressure on social care and health budgets. Strategies to provide provision for places locally will benefit the High Needs Block<sup>3</sup> budget which has accrued a cumulative deficit since 2015/6 of £15.272m. Despite increases to this budget, it has failed to keep pace with demand for specialist and bespoke education places. More local provision would result in cost reductions for health and social care. It would also make it easier for monitoring purposes to ensure needs were being met and from a safeguarding perspective.

The Adult Care budget position for 2018-19 (as at February 2019) was an anticipated overspend of £5.399m. Detailed project plans aim to deliver both the requisite outstanding savings and a balanced budget from 2019-20 onwards. However at OSMB in September it was reported that this position may be impacted by transition cases from Children's Services and also Transforming Care cases (people moving from inpatient to community based learning disability provision).

Transition is one of the priorities within the Children and Young People's Transformation workstream of the Rotherham Integrated Health and Social Care Place Plan. A new transition pathway will be launched in the summer based on the PfA model, as recommended by Ofsted and the Care Quality Commission (CQC). Initial work has focused on children with high support needs, with further consideration required to include universal and targeted help groups. The priority is to prevent gaps forming, particularly for young people with autism. Attention has also been drawn to the need to include young people with health conditions such as asthma and diabetes. In tandem, an All Age Autism Strategy is being developed and will be scrutinised at HSC later this year.

## 8 Findings

### 8.1 Understanding the cohort – numbers and main presenting needs of the children and young people

#### 8.1.1 SEND cohort

The current picture shows 2235 people aged 14 and over across the SEND cohort. Included within this are young people with a current EHCP; those with SEN support from their school; and/or those who are open to the Children's Disability Team or Adult Transitions Team. Predominant presenting needs are in relation to children diagnosed with autism spectrum disorder (ASD) or with SEMH.

#### 8.1.2 EHCP cohort

As at 11 February 2019 2095 children and young people had an EHCP, with moderate learning disability or ASD accounting for just over 50% of primary need. The number of EHCPs is forecast to increase by over 700 in the next two years, with a steep upward

trajectory rising to 4307 plans by 2028, in part due to better identification of needs. The sub-group were concerned by this projection and resulting implications and agreed it was critical to monitor this position closely. Officers invited Members to attend a meeting of the SEND panel where decisions are made on EHCPs following pre-assessments.

#### 8.1.3 PfA Transition cohort

A snapshot of the dashboard showed that of the current cohort of 1171, 73.4% had no referral to adult services, 12.5% (146) had a referral through the transition team and 14.1% had another adult services referral. Given that the majority of young people do not transfer to adult services the data illustrates the key role of schools and education settings as the lead agency in planning transition for many young people. The SEND agenda includes work on post-16 provision as that is less well developed.

Although the number of young people transitioning to adult services might not be high, support packages may be costly for those with complex needs. The detailed information in the matrix means planning may commence at an early stage for the small cohort of young people with significant needs who will need to be in residential placements. Discussion with the NHS is key regarding Continuing Health Care (CHC) funding and whether a person would be fully funded. Therefore in terms of service sustainability right sizing care packages to meet needs, maximise independence and enable packages to be provided cost effectively remains imperative. (See 8.4.1 regarding CHC.)

Attention was drawn to the fact that following transition to adult services for the period from 18-25 years, service users face a subsequent transition at 25. Again preparation is vital to ensure things were done right with no “cliff edge”, as changes would result even though people were already in the adult world.

#### 8.1.4 Transition data matrix

This recent development provides a single comprehensive view of data regarding an individual child or young person (up to age 25), including the services each receives. It will be a useful tool for cohort identification to support SEND sufficiency work and assist with identifying demand and to inform support and accommodation needs planning.

## 8.2 Strategic alignment

### 8.2.1 Shared priorities

Members were keen to verify that there were shared priorities between Adult Care and Children and Young People’s Services. They also sought assurance regarding common ground on dealing with expectations and workers understanding the long term implications in terms of “forever money” once a package of support had been agreed. Assurance was given that strategically this was the case, although some practitioners might still want more formal services, which comes back to workforce development to embed the strengths based approach (see 8.4.2).

Work should commence in Early Years (0-4) with a shift in direction from talking in terms of transition to talking of PfA planning from the start, eliminating the so called “cliff edge” for young people and their families. Where possible things should be put in place to support children before an EHCP is needed.

### 8.2.2 Strong partnership working

The PfA Strategic Group brings together Adult Social Care, Children and Young People’s Services, Education and the NHS. It also includes representatives from the Rotherham Investment Development Office, Housing, Rotherham Parent Carers Forum and Genuine Voices. Rotherham’s Housing Strategy includes complex needs, building homes to

lifetime standards and addressing out of borough accommodation, so links to the PfA approach.

The group is developing the transition pathway based on 12 joint shared principles which will ensure consistency for young people who would benefit from a PfA approach. Members were reassured that these principles include: *Person Centred Transition Planning; Aligning Assessments; Involvement and Consultation with Young People and their Families; Developing the Workforce; and Quality and Monitoring*. All of which were issues that linked to the scope of the workshop.

#### 8.2.3 Joint Pathway between Adult Social Care, Education and CYPS

At an operational level Adult Care Transitions team works jointly with Children & Young People's Services, health and education for all new referrals for young people aged 14 to 18 with an EHCP/Care Needs Assessment who may be in need of a social care assessment. Adult Care now has greater input and earlier input into EHCPs than previously. It is also proposed that Adult Care assume responsibility for new referrals for 18 to 25 year olds with an EHCP.

It was noted that the pathway has evolved from its first iteration which focused on young people with eligible needs for Adult Social Care. Feedback suggested it needed to be broader in scope to address the needs of young people in transition who would not be eligible for adult social care and to include health transitions. In light of this, a passport approach is being developed, based on the PfA principles, for all young people and their families going through transition.

#### 8.2.4 Looked After Children

Clarity was sought on how transition was managed for care leavers with a disability. Services would exchange information and undertake joint work but as young people stay with the Care Leaver Service (CLS) until they are 25, the Transition team was able to step back and leave it to the CLS. Some care leavers may stay with a foster carer beyond 18.

### 8.3 Voice and influence

#### 8.3.1 Rotherham Parent Carers Forum

As mentioned above, *Involvement and Consultation with Young People and their Families* is one of the underpinning principles of the PfA pathway development. Rotherham benefits from having a good, active Rotherham Parent Carers Forum who co-chair the PfA Board and are involved in service development.

#### 8.3.2 Families

Whilst expressing clear empathy for families who are already anxious about transition, the need for honest and realistic conversations with families was highlighted. A range of factors are at play - different legislation applies, managing expectations and the need for families to be confident in their children's abilities. Parental anxiety was often overlooked so it was question of building trust and trying to develop more of a partnership. The Adult Care Transitions Team benefitted from good staff retention so that the knowledge, experience and consistency is there and the team works more closely with families than in adult care in general. If there were tensions advocacy was important and best interest decisions would be made when necessary.

#### 8.3.3 EHCP reviews

It was stressed that the focus in discussions with the child/young person at any age should be on their aspirations and for those with an EHCP these are reviewed annually.

## 8.4 Shared approach to assessment and strength-based practice

### 8.4.1 Health and Continuing Health Care (CHC)

The health side is important and addressing health needs also needs to be more at the forefront, again in partnership. Under the *Aligning Assessments* principle health and children's assessments should be aligned regarding outcomes.

Members probed into CHC and processes following the annual assessment if there had been a change whereby a person no longer qualified for full CHC funding but still required a similar level of support. They were assured people would not be left to struggle and that a joint approach to review needs and ensure the right package would be taken, with joint responsibility in cases of joint commissioning. Officers agreed it was working better now in a joint approach and a single lead at Rotherham Clinical Commissioning Group for CHC for children and adults was helpful.

### 8.4.2 Strength based practice

This is a key element in the new approach to social care with a focus on what people can do and their assets, personal, community or family, which tends to lead to better outcomes and is more sustainable, rather than assessing them for services. Progress has been made but is not yet fully embedded with all practitioners in both children and adult services. It was confirmed that a similar strength based approach was taken in schools and early years.

In response, further workforce development is planned, following a comprehensive training needs analysis and review of current training to reduce potential duplication and come up with a new core offer, including SEND and PfA, via a single point of access. Support for staff is crucial in the challenging process of conversations and negotiations with families i.e. expectations and to unpick what is best for the child. It is equally important in complex cases such as CHC which need good inter-agency dialogue and if there are two pots of money these need to be used effectively.

Moving on from practice, further details were provided of what was in place to meet the needs of people moving from activities in centres to community-based ones. Positive initiatives such as social prescribing were highlighted although the market and community alternatives are still being developed. The need to link in with mainstream activity and processes was emphasised and the use of Direct Payments and Personal Assistants (PAs) to facilitate shared activity with others. Information, advice and guidance is critical for service users of all ages and their families/carers and it was acknowledged that this was an area that could be improved.

## 8.5 Demonstrating outcomes – short and long term

### 8.5.1 Case studies

Two of these were used to demonstrate how people used direct payments to pay for a personal assistant to provide support to meet their needs. For one person this was physical care to facilitate independent living now they had returned to live in Rotherham following an out of borough placement - a better and more sustainable outcome. For another it was for support to develop skills and confidence in incremental steps on the way to achieving longer term personal aims.

Another from an education setting showed a very detailed plan covering multiple themes with a baseline position for each and clear targets for each half term in the academic year. It was very holistic and would necessitate time and support to develop the person's

skills but progress was being made and recorded. The final case outlined familiarisation work by staff in advance of a change in educational setting for a young person with autism for whom routine was crucial. Extra support may need to be put in place to support a transition, which has a cost but makes it more sustainable.

All four case studies illustrated progression over time in developing skills and confidence as people entered a new phase of their life. Members agreed the case studies showed good transition and outcomes but questioned whether they were typical and if transition was usually smooth. Officers confirmed that a lot of complex work sat behind them and that it can be a difficult process. For example, out of borough placements may be temporary, with some people not where either we or they want them to be regarding accommodation, and it may be a question of balancing freedom and calculated risk. Managing expectations will always be a factor.

#### 8.5.2 Measuring effectiveness

There is a measure for completion of EHCPs within the statutory timescale, which is more of an output rather than an outcome measure and does not measure the quality of the plan. Ofsted/CQC inspections focus on three areas - identification of need, what is done once a need is identified, and outcomes. Special Schools also work on outcomes.

#### 8.5.3 Qualitative measures

Questions were asked regarding annual service user surveys and satisfaction surveys. It was confirmed that generic satisfaction questionnaires are used, not ones specific to transition and that the annual survey does not include transition customers. The PfA Board had been discussing how to obtain outcomes and measures and officers recognised that more qualitative work was needed. Members concurred that this was an area to develop further.

## 9 Conclusions

Members welcomed the closer working between children's and adult services, and also with partners including health and the Rotherham Parent Carers Forum, to deliver Preparing for Adulthood under the key principles identified. They also acknowledged the benefits of PfA starting early in a child's life, not just in the teenage years, in terms of developing skills and confidence. There was recognition that this work is still at a relatively early stage but the sub-group felt positive and reassured by what is developing.

The new data matrix facilitates good oversight of children and young people who are likely to transition to adult services, which will assist with understanding and planning future demand. The steep upward trajectory for projected numbers of people with an EHCP was a concern and will need to be closely monitored. As large numbers of young people will not transition to adult services it is vital to develop the information, advice and guidance available and to ensure the market develops to provide a flexible and community based offer.

Further development of outcome and satisfaction measures is required to capture the difference the new pathways and revised EHCPs are making for young people and families, including in the longer term. More work is needed to embed the strengths based approach across all staff and partners, with quality assurance processes recommended to ensure consistency and quality when using the refreshed EHCP template.

## **10 Follow up actions for Scrutiny**

Members are asked to consider taking the following actions in light of the outcomes of the workshop:

- 1) Improving Lives Select Commission to continue to scrutinise SEND sufficiency in its work programme and to have oversight of the EHCP trajectory.
- 2) Health Select Commission to have a progress update on the SEMH strategy in 2019-20, including workforce development.
- 3) Health Select Commission to scrutinise the All Age Autism Strategy as part of its work programme in 2019-20, with ILSC members invited to attend.
- 4) Members to consider undertaking student-led visits to Rotherham Opportunities College and Newman Special School.
- 5) Members to attend a meeting of the SEND panel to observe the decision making process for EHCPs.
- 6) Members to provide feedback to officers on the refreshed EHCP template.

## **11 Recommendations**

That this briefing be noted and the following recommendations be forwarded for consideration:

- 1) That the PfA Board develop a range of outcome measures during 2019-20 to supplement output measures such as number of EHCPs completed in time, in order to:
  - understand the impact of the new pathway
  - capture achievement of individual aspirations, in EHCPs and in the longer term
- 2) That the PfA Board develop measures of satisfaction during 2019-20 for young people and families/carers with regard to the transition/PfA process and new pathways.
- 3) That quality assurance processes are in place to monitor the consistency and quality of EHCPs when the new template is introduced.
- 4) That Adult Social Care continues to develop its Information, Advice and Guidance offer in 2019-20 for all customer cohorts, including young people transitioning from Children and Young People's Services and for people aged 25 who may face a second phase of transition.
- 5) That training and workforce development continues to embed taking a strengths-based approach fully with staff across Children and Young People's Services and Adult Care, Housing and Public Health, and with health partners.
- 6) That representatives from the PfA Board, including Rotherham Parent Carers Forum, provide Scrutiny with a further progress update during 2019-20.

## 12 Contact Details

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## Endnotes

### 1) **Preparing for Adulthood (PfA)**

Guidance and resources are available to assist local authorities and partners in developing their pathways to support for young people and their families/carers through transition from children's to adult services. The four main areas of focus in PfA are: - employment; independent living; health, and community inclusion.

### 2) **Education, Health and Care Plans**

An EHCP is for children and young people aged up to 25 who need more support than is available through special educational needs support. The plans identify educational, health and social needs and set out the additional support to meet those needs. The intention is to secure the best possible outcomes for young people and, as they get older, prepare them for adulthood.

### 3) **High Needs Block of the Dedicated Schools Grant**

Funding source for education of pupils with an identified Special Educational Need and normally subject to an EHCP. The funding is for pupils from ages 0-25 in a range of provision including special schools, mainstream schools, alternative provision and independent specialist provision.