

Worcestershire County Council

Additional Papers:

Item 4: Update on the Assessment Pathway for Children and Young People who may have Autism

Item 5: Future Provision of Overnight Unit-Based Short Breaks for Children with Disabilities

Agenda

Children and Families Overview and Scrutiny Panel

**Wednesday, 25 September 2019, 10.00 am
County Hall, Worcester**

All County Councillors are invited to attend and participate

This document can be provided in alternative formats such as Large Print, an audio recording or Braille; it can also be emailed as a Microsoft Word attachment. Please contact Democratic Services on telephone number 01905 844963 or by emailing democraticservices@worcestershire.gov.uk

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and **'other disclosable interests'**

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
 - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests** OR relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

**Children and Families Overview and Scrutiny Panel
Wednesday, 25 September 2019, 10.00 am, County Hall,
Worcester**

Membership

Councillors:

Mrs F M Oborski (Chairman), Mrs J A Potter (Vice Chairman), Ms P Agar, Mr T Baker-Price, Mr B Clayton, Ms R L Dent, Mr P M McDonald, Mr S J Mackay, Ms T L Onslow and Mr J H Smith

Co-opted Church Representatives (for education matters)

Bryan Allbut (Church of England)

Parent Governor Representatives (for education matters)

Vacancy

Agenda

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Agenda produced and published by the Head of Legal and Democratic Services, County Hall, Spetchley Road, Worcester WR5 2NP. To obtain further information or hard copies of this agenda, please contact Alyson Grice 01905 844962/Samantha Morris 01905 844963 email: scrutiny@worcestershires.gov.uk

All the above reports and supporting information can be accessed via the Council's website [here](#)

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CHILDREN AND FAMILIES OVERVIEW AND SCRUTINY PANEL 25 SEPTEMBER 2019

UPDATE ON THE ASSESSMENT PATHWAY FOR CHILDREN AND YOUNG PEOPLE WHO MAY HAVE AUTISM

Summary

1. The Children and Families Overview and Scrutiny Panel will receive an on the assessment and diagnostic pathway for children and young people who it is considered are, or may be, on the autistic spectrum. This pathway is known in Worcestershire as the Umbrella Pathway.
2. Representatives from the Worcestershire Health and Care NHS Trust, Worcestershire's Clinical Commissioning Groups and the County Council have been invited to attend the meeting.

Background

3. Members will be aware of the Notice of Motion in respect of Diagnosis of Children with Autism which was agreed at Council in November 2017. Council agreed that the results of a review of the pathway being undertaken at the time should be considered by the Overview and Scrutiny Performance Board (OSPB) and a report was presented to OSPB in February 2018.
4. A further update was provided to OSPB in May 2019. At this meeting Members were reminded that it was the service's aspiration to have a maximum wait time of 6 months and a business case was in development to achieve this. Following the discussion, OSPB agreed that:
 - Officers would follow up on what was currently provided to schools with regard to NICE guidelines to ensure accurate referrals and look into providing further written guidance if necessary.
 - The Business Case for the Umbrella Pathway would be brought to the Children and Families Overview and Scrutiny Panel as soon as it was available.
 - A further update would be brought to OSPB in 12 months' time.

Actions

5. Following the review of the Umbrella Pathway in 2018, changes were made to the referral process in order to ensure there was evidence of the graduated response (assess plan do review) within the education setting prior to referral to the Umbrella Pathway. A dip sample was undertaken by Babcock Prime which identified evidence of assessment but failed to show evidence of the plan to be implemented in an attempt to meet the child's needs. This demonstrates that opportunity may be being missed to meet the child's needs within the education setting.

6. Following implementation of actions from SEND Inspection (May 2018) new guidance is ready for publication and available for schools and health professionals regarding the Worcestershire Graduated Response. This will also be available via Worcestershire Local offer. This has been co-produced with families and will provide information for both professionals and families about what support can be expected from all statutory services.

7. Additional changes to the referral process to Umbrella Pathway are currently being implemented to ensure that there is sufficient information available at the time of referral to enable more timely decision making regarding the appropriateness for assessments and which are the most appropriate assessments according to the individual child or young person's presenting needs.

8. Funding to the sum of £100K has been allocated by the Clinical Commissioning Group (CCG) commissioners from Mental Health Investment Standards (MHIS) funding to address the backlog and ongoing demand for Umbrella Pathway assessments.

9. An additional separate £100K has been allocated for ongoing support as identified by families and carers during co-production events and reviews. This has been modelled to include a facilitator with lived experience to co-ordinate support packages that include integrated workshops, seminars and provision of advice. Professionals will participate in these sessions according to need. Additional individual interventions will be available for exceptional cases who do not currently receive support from commissioned services.

10. A Business Case has been prepared and presented to Commissioners within the CCG (Appendix 1). This was sent on 31 August 2019. Whilst this is considered, Worcestershire Health and Care Trust continue to use current resource as efficiently and effectively as possible.

11. In an attempt to reduce the overall waiting times a plan is in place for professionals to focus on diagnostic discussions. It is anticipated that unless there are any unforeseen circumstances approximately 130 children will be discussed in comparison to the usual 40-60 cases. Although this is not a sustainable action we are seeking options to support additional meetings going forward.

12. The Business Case proposes two key investment initiatives:

- a. Additional workforce to increase capacity.
- b. A new support model for children, young people and families following diagnosis or when a diagnosis is not identified but a child or young person experiences significant difficulties.

13. In addition to the above, the proposal includes opportunity to implement a model where Umbrella Pathway is commissioned as a standalone service in contrast to the current model where the workforce is embedded in individual professional teams and commissioned within current service specifications. This will ensure the pathway is prioritised and remove competing service demands. It will enable clearer monitoring.

14. The changes proposed within the Business Case support the feedback from the Overview and Scrutiny Performance Board in May 2019, where significant concern was shared that the waiting times for children, young people and families has not improved and in some cases worsened since 2018.

Next steps

15. Ensure evidence of full graduated response is included in referrals with information from parents and schools. This will aim to reduce delays and will promote early intervention to meet the child's need. It will also ensure the assessment pathway is accessed appropriately.

16. Await confirmation and approval of the Business Case by CCG commissioners.

17. Recruit to additional workforce offering flexibility to the workforce for example rotational or shared roles.

18. Secure temporary staffing or additional hours worked by current staff to trial fast track assessments.

19. Identify children and young people who are less complex for 'one stop shop' day dual assessment with prompt diagnostic discussion.

20. Implement standalone Umbrella Pathway Team with specific service specification.

21. Monitor the impact of above on waiting times and other agreed key performance indicators (KPI's).

Purpose of the Meeting

22. The Children and Families Overview and Scrutiny Panel is asked to:

- Consider the information in this report and the attached business case;
- Determine whether it would wish to carry out any further scrutiny; and
- Agree whether it would wish to make any comments to the Cabinet Member with Responsibility for Children and Families.

Supporting Information

- Appendix 1 – Worcestershire Health and Care NHS Trust: Umbrella Pathway Business Case

Contact Point

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Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

Agenda and minutes of Council on 9 November 2017

Agenda and minutes of Overview and Scrutiny Performance Board on 28 February 2018 and 24 May 2019

[All agendas and minutes are available on the Council's website here.](#)



BUSINESS CASE

Title: Umbrella Assessment Pathway

Date: 30th August 2019

Version: Final

Author	Stephanie Courts
Owner	Sally Anne Osborne
Client	Worcestershire CCG's

Document History

Version	Date	Summary of Changes

Distribution

Version	Date	Distributed To

ASD	Autistic Spectrum Disorder
SPA	Single Point of Access
ADHD	Attention deficit hyperactivity disorder
NICE	National Institute for Health and Care Excellence
PAL's	Patient Advice and Liaison
SEND	Special Educational Needs and Disabilities
NHSE	NHS England
S<	Speech and Language Therapy
WTE	Whole Time Equivalent
CQC	Care Quality Commission
MHIF	Mental Health Investment Fund

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1 Introduction

This business case highlights the challenges in the Umbrella Pathway for timely diagnosis of Autism Spectrum Disorders (ASD) for children and young people. It also addresses the current gap in support for families following a diagnosis being made.

The purpose of this business case is to propose service developments which will lead to a timely diagnosis for young people with Autism Spectrum Disorder (ASD) in Worcestershire. Currently the average time from referral to diagnosis for young people within Worcestershire is approximately 14 months.

Reviewing working practices and adding additional resource into the assessment and diagnostic process will ensure improved efficiency and maintain quality.

When assessments are completed in reduced timescale there will be opportunity to work in partnership with education and social care to respond to the identified need for support for those diagnosed with Autism and those who have traits that do not reach the criteria for a diagnosis

2 Background/Current Service

The Umbrella Pathway has been developed to provide an assessment process for all children and young people presenting with neuro-developmental difficulties which may be due to Autism Spectrum Disorder (ASD). This does not include Attention Deficit Hyperactivity Disorder (ADHD). The Umbrella Pathway was redesigned during 2016 with implementation of the changes in January 2017.

The pathway provides a multidisciplinary assessment which includes agreed referral criteria, triage and multi-professional planning. Following the agreed assessments, a diagnostic discussion takes place and a decision made regarding the child's strengths and difficulties and any associated diagnosis. A final report is completed and shared with the child, young person and family at a level appropriate to the child, young person's age and cognitive ability. For children who are not given a diagnosis a report is written to identify strengths and difficulties including recommendations for meeting ongoing needs.

ASD is the term used to describe a range of conditions that affect a person's social interaction, communication and imagination. Autism is a lifelong developmental disability that affects how people perceive the world and interact with others. People with Autism see, hear and feel the world differently to other people. Autism is a spectrum condition. All people with Autism share certain difficulties, but being autistic will affect them in different ways. Some people with Autism also have learning disabilities, mental health issues or other conditions.

The National Institute for Health and Care Excellence (NICE) advises that although autism was once thought to be an uncommon developmental disorder, recent studies have reported prevalence rates of at least 1% in children and young people. Diagnostic criteria have changed over recent years in addition to increased awareness amongst the media. This may be a factor in the increasing number of children and young people being referred for assessment and diagnosis.

The service specifications for the Worcestershire Health and Care Trust services commissioned by the Clinical Commissioning Groups include a requirement to

contribute to the Umbrella Pathway. Specialist Teachers for Autism in the Babcock Prime team are also commissioned by Worcestershire County Council to contribute to the assessment process. However, the Umbrella pathway is not commissioned as a service in its own right.

The Worcestershire Umbrella Pathway was recently audited and is NICE compliant (Bailey 2019-unpublished). However it is acknowledged that there are limitations in the current capacity.

2.1 Access to Umbrella Pathway

Access to the Umbrella Pathway is via referral by a defined list of health and education professionals; it is not a self-referral service. To date it has been requested that referrals include evidence of interventions that have been attempted in order to meet the child's needs. Further information is currently sought via parent and education questionnaires. All this information is assessed within a multi-disciplinary planning group meeting, to identify if ongoing assessment is appropriate. If so it is decided which assessments are required based on the difficulties experienced by individual child or young person. There are currently changes being implemented at the planning stage, where referrals will include questionnaires from parents and school. The aim of this change is to reduce the length of time it takes to reach the planning stage.

Due to increased referral rates in 2017 criteria for referrals was reviewed in partnership with commissioners. This resulted in the request for evidence of interventions that have been attempted in order to meet the child's needs prior to referral to the pathway. This resulted in fewer referrals and therefore there was a reduction in the number of planning meetings needed.

A recent dip sample of referrals received directly from schools was undertaken. This identified there was evidence that schools had assessed a child or young person's additional needs but there was no evidence of a full graduated response: assess, plan, do, review. This cycle should be implemented twice prior to referral to Umbrella Pathway. Therefore it is recognised that there may be missed opportunity to meet the needs of children and young people in their education setting, which could prevent the need for full Autism assessment.

Table 1 - Numbers of referrals received by calendar year 2016 to 2018

Number of referrals received	2016	2017	2018
	463	1127	939

2.2 Assessment Process

The assessment process starts at the planning meeting when all information available is reviewed by a multi-professional team of at least two people. Parents are notified in writing regarding the outcome of the planning meeting including any further assessments that will be required.

If it is agreed that ongoing assessments are required then the child will be seen by two or more professionals from the Umbrella Pathway team, dependant on the nature and complexity of their difficulties. The professionals involved could include: Community Paediatrician, Speech and Language Therapist, Clinical or Educational Psychologist, Occupational Therapist, Specialist Teacher for Autism (provided by Babcock).

When assessments are completed the child will be discussed at a Diagnostic Discussion Multi-professional Meeting. A group of 2 or 3 professionals review all reports against specific criteria to decide whether a diagnosis can be made. This decision is reflected in a written report including the child's strengths and difficulties. This report is shared with parents either by telephone or face to face appointment.

Table 2 shows the number of children and young people awaiting assessments for each professional within the Umbrella Pathway.

Table 2 – Number of Children waiting for an assessment by profession

Professional assessment	Current numbers waiting July 2019
Speech and language Therapy	165
Clinical Psychology	193
Occupational Therapy	22
Community Paediatrics	150
Diagnostic meeting	353

2.3 Timescales within the current pathway

Information provided for parents at the time of referral acceptance states that in most cases the full assessment process may take about twelve months. A contact number and email address is provided if they wish to speak to someone about their child's assessment.

However despite changes to the referral process there continues to be an increased number of referral's to Umbrella Pathway. The current demand has continued to exceed the capacity to assess the children and young people. Capacity to achieve NICE guidance standards of 3 months between referral received and planning meeting is achieved, subject to questionnaires being returned in a timely manner. However current waiting times from referral to completion of the pathway have increased significantly.

An increasing number of complaints and Patients Advice and Liaison (PAL's) enquiries have been received with regard to dissatisfaction with the delays experienced by children young people and families. These often relate to school transition and perceived requirement to require a diagnosis to access support and interventions.

Concern was expressed in November 2017 by County Councillors regarding the pressures on Umbrella Pathway. Further to this, a report was discussed at the Overview and Scrutiny Performance Board in 2018 and an updated report was presented in June 2019. County Councillors expressed significant concern that the waiting times for children, young people and families has not improved and in some

cases worsened. The County Councillors were made aware of investment monies awarded by the CCG and requested presentation of the business case in September 2019.

Table 3 shows the time taken from referral to the end of Pathway (following written report and feedback of diagnostic discussion)

Table 3 Average time on pathway

	2016	2017	2018
Average time from referral to planning	24 days	118 days	112 days
Average time from referral to discussion	379 days	427 days	320 days
Average time from referral to closure*	371 days	371 days	213 days

The numbers included in table 3 include the number of cases that are closed within the stated year. It must be noted that some cases are still currently open.

2.4 Actions to date

Health and education commissioners have been aware of the pressures and increased demand for Umbrella Pathway assessments. This has been supported by commissioner review of referral criteria. Education commissioners have allocated additional resource to sustain the involvement of Babcock Education services within the pathway. Commissioners have successfully accessed NHS England non-recurrent funding to increase capacity within Community Paediatrics to increase the number of Neuro Developmental Assessments and also Speech and Language Assessments.

In addition there has been an increase in Diagnostic Meetings due to the reduction in the number of clinicians required from 3 to 2 unless a Community Paediatrician is required. Diagnostic capacity has increased although these actions are insufficient to deliver sustainable improvement and could result in greater challenge should families disagree with the outcome of the assessment.

3 Case for Change

Concerns regarding Autism Assessment and access to support for both children diagnosed and not diagnosed has been a consistent theme in recent engagement and consultation exercises, including those relating to Special Educational Needs and Disabilities (SEND). The waiting time from referral to diagnosis is steadily increasing for reasons already explained above. This has been attributed to by the following:

- Increased awareness
- Perception that diagnosis is a gateway to other support and services
- Perception as a gateway for support to education settings

There are changes due to be implemented to the referral process within the Umbrella Pathway. These include embedding the parent and school questionnaire into the referral form. This is expected to reduce delay between referral and the initial Planning Meeting. Implementation of this is due by end of September 2019.

In addition there will be improved knowledge of the graduated response for all professional involved in the planning stage of the pathway. Written guidance regarding the graduated response has been published by the Local Authority and support is being provided by Babcock. This will improve awareness and identification of full graduated response from early intervention providers, including assess, plan, do review, and preferably implemented in two cycles. This is likely to reduce referrals to the pathway as children and young people will access support to meet their individual needs promptly rather than experiencing delay whilst undergoing a lengthy assessment process.

Due to the complexity of multi-professional assessments within the Umbrella Pathway there are delays of differing lengths at various stages within the pathway. This complexity is exacerbated by the current model of delivery whereby the assessing workforce is integrated within their own professional service providing comprehensive clinical care in addition to responsibilities within Umbrella Pathway.

Table 4 identifies the current waits for each assessment within the pathway and includes actions from recent NHSE short term investment and further options for consideration.

Table 4 Capacity, demand and current waiting times

Assessments	Current capacity per month	Demand per month	Total Number waiting	Average Length of wait in months	% of Referrals Requiring Assessment*
Planning meeting	40	49	41	< 3	100
S&LT	20	27	165	8	54.8
Occupational Therapy	8	7	22	4	16.6
Clinical Psychology	28	25	193	7	51.0
Community Paediatrics	12	12	150	11	24.1
Diagnostic meeting	49	49	353	8	100

*average

All children require at least 2 assessments from the above however the complexities of their difficulties will determine the range of assessments required.

Recent NHS England short term investment has recently funded a small number of additional assessments. This funding has enabled an additional 48 SLT assessments and 20 Community Paediatric assessments. However despite additional diagnostic meetings being undertaken there has been no improvement to the waiting times for diagnostic discussion due to the increased number of children completing assessments.

Changes in the referral criteria have already had a positive impact on the number of children being accepted onto the pathway. Increasing the evidence of graduated response is likely to improve this further. More importantly this will also promote early intervention and support for the child/ young person's individual difficulties. This will be implemented September 2019. Despite the change to access criteria there will not be

sufficient capacity for Speech and Language Therapy, Clinical Psychology or Community Paediatric assessment.

For note the new criteria will not apply to children currently accepted onto the pathway for assessment.

ASD assessments can also be accessed in the private sector although anecdotal evidence suggests variability in the quality of these assessments and compliance with NICE guidance.

However in order to achieve completion of the Umbrella Pathway in a timely manner there is a requirement to invest further in key professionals to undertake more prompt assessments.

3.1 Related Strategy

Recent strategic plans have identified the need to invest in services to reduce waits and shorten care pathways for children and young people with Mental Health need including those requiring assessment for Autism Spectrum Disorders. These include:

- The NHS Long Term plan (February 2019)

Both autism and learning disability are identified within the long term plan as areas of clinical priority including people waiting many months and even years for an autism diagnosis. It also states that there is poor support for autistic people's mental health and there is insufficient understanding of what it means to be autistic and how to adapt care across the NHS

- Mental Health 5 year Forward View

Some children are particularly vulnerable to developing mental health problems - including those who are looked after or adopted, care leavers, victims of abuse or exploitation, those with disabilities or long term conditions, or who are within the justice system.

- NICE Guidance - ASD in under 19's: Recognition, Referral and Diagnosis Clinical guideline [CG128] Updated: December 2017

Best practice standards are identified to enable monitoring of quality care delivery for example: autism diagnostic assessment starting within 3 months of the referral to the autism team.

4 Options

The following option is proposed for consideration:

4.1 Option 1 Equal Investment in a) ASD Assessment and Diagnosis and b) Support Provision/ Early Intervention within current service specifications

Option 1 – Equal investment in a) additional capacity to address the back log of children and young people waiting and b) development of support post diagnosis (including when criteria for autism diagnosis not met) from within current teams

This option will continue to utilise workforce from within individual teams but will also include using additional investment and will achieve the following:

a) Additional capacity to sustain and strengthen the pathway and address the back log of children and young people currently being assessed but experiencing significant delays in progressing to either diagnosis or differential diagnosis.

b) A facilitated approach to ongoing support. This will include joint working and signposting to other providers including voluntary sector, charitable organisations, education services and social care providers. This will involve professional contribution to training and support groups that will be planned according to need within localities across the county. For exceptional cases there will be access to direct intervention post diagnosis.

This proposal will be dependent on ability to recruit appropriately skilled staff. However there will be increased opportunity for staff development and reduction in single points of failure within the workforce. The workforce will also have opportunity to participate in development of post assessment and diagnosis support improving both continuity of care and job satisfaction.

The workforce will remain in their own professional teams thus requiring commitment from individual teams to sustaining both current contribution and these new developments within Umbrella Pathway.

Table 5 shows the additional workforce to increase capacity/ reduce backlog

Table 5

Role	Band	WTE
SLT	6	0.6
Clinical Psychology	7	0.4
Advanced Clinical Practitioner	8a	0.4
OT	6	0.2
Admin Support	3	0.5
Total Staffing		2.1 wte

Total costs £101,109

Table 6 shows the additional workforce to provide Post Diagnosis Support

Table 6

Role	Band	WTE
Clinical Psychology	8b	0.4
Clinical Psychology B7	7	0.4
Associate Specialist	AS	0.15
Post diagnosis Support Facilitator	3	0.8
Total Staffing		1.75 wte

Total costs £98,415

Due to slippage in timeframes there is opportunity to subcontract new referrals to an outside provider. The provider commissioned by CCG and WCC for adult services has capacity and can provide 10 assessments per month to reduce current pressure on the Umbrella Pathway. Assurance regarding governance arrangements is considered low risk due to the current contract arrangements within Worcestershire. The proposal is to waiver the tender process due to the spot purchase nature of the contract and the urgent timescale. Referrals will be triaged by Umbrella pathway with assessment and diagnosis being completed by the commissioned provider. This will ensure there is equitable access to assessments. Statistical information will be used for assurance for example, diagnosis rates. Feedback from users via the FFT will also be monitored. As a spot purchase arrangement we could end the contract immediately if any concern was raised. The cost of this option would be £1500 per child's assessment.

Pros	<ul style="list-style-type: none"> To remove the backlog of cases from 2017/2018 To reduce the total length of time for the assessment pathway in future To provide minimum of 70 assessments for new referrals between Sept 19-March 2020 enabling focus on children/young people currently delayed. To regain local confidence in the Umbrella Pathway. Reduce the number of PAL's and complaints. To provide support to children young people and families post diagnosis To offer co-ordinated, co-produced advice and support from facilitator with lived experience.
Cons	<ul style="list-style-type: none"> Length of time it will take to clear backlog of cases. High cost per case when provided by alternative provider. Family expectation when some access alternative provider. Focus on support for those already completed assessment when others are significantly delayed pre diagnosis. Loss of commitment and workforce agreement as workforce changes. There will be no scope for flexibility to increase capacity for assessments if referral numbers do not reduce or if there are occasional peaks.

4.2 Option 2 Equal Investment in a) ASD Assessment and Diagnosis and b) Support Provision/ Early Intervention within standalone Umbrella Pathway Team with specific service specification

Option 2 – Equal investment in a) additional capacity to address the back log of children and young people waiting and b) development of support post diagnosis (including when criteria for autism diagnosis not met) from Umbrella Pathway Team

Based on the recruitment of staff detailed in option 1 (Table 5 and Table 6) together with current contribution to the pathway from individual teams there is potential opportunity to enhance sustainability of the pathway by remodelling the workforce undertaking assessments to develop an **Umbrella Pathway Integrated Team**. This will maximise efficient and effective use of workforce and remove competing clinical demand. It will also strengthen workforce development and clinical expertise and minimise single points of failure. There will be clear accountability and clarity in achieving KPI's. There will be increased opportunity to improve co-ordination of assessments and include a 'one stop shop' for the cases that are less complex to achieve timely diagnostic outcome. During the planning stage children that are considered to be less complex can be allocated to receive dual assessment within one day followed by prompt diagnostic discussion. Capacity for this shorter diagnostic discussion will be greater when the team are co-located and integrated thus impacting on the efficiency and effectiveness of the pathway.

Whilst developing and co-producing the post diagnosis support and intervention model and delivery plan the clinical workforce appointed will participate in reducing the backlog of diagnostic assessments. This will have a positive impact on the waiting times for children currently delayed within the pathway.

Table 7 shows both the current workforce commitment and the new investment workforce

Table 7 Proposed staffing model for future Umbrella Team

Role	Current WTE	MHIF posts		TOTAL
Umbrella Pathway/ Co-ordinator/ Team Leader Band 7	0.8 wte			0.8 wte
Clinical Psychology Prof Lead Band 8b	0.4 wte*TBC	Band 8b	0.4 wte	0.8 wte
Clinical Psychologist Band 7	0.4 wte*TBC	Band 7	0.8 wte	1.2 wte
SLT Band 6	0.6 wte	Band 6	0.6 wte	1.2 wte
Community Paeds	0.4 wte	Band 8a ACP	0.4 wte	0.8 wte
Community Paeds Sp Dr	0.55 wte	To Assoc Dr	0.7 wte	0.7 wte
OT Band 7	0.4 wte	Band 6	0.2 wte	0.6 wte
Band 4 Admin lead	0.8 wte			0.8 wte
Band 3 Admin support	2.0 wte	Band 3 uplift	1.0 wte	2.0 wte
Band 2 admin support		Band 2	0.4 wte	0.4 wte
Post diagnostic facilitator		Band 3	0.8 wte	0.8 wte
TOTAL MHIF COSTS			£199,525	

Within a standalone Umbrella Pathway Team there will be greater flexibility to manage changes in demand for assessment and diagnosis versus support and post diagnostic intervention.

<p>Due to slippage in timeframes there is opportunity to invest in short term roles and / or extension of contracted hours within the NHS workforce.</p> <p>This would be more cost effective than outsourcing to a private provider. It would also give greater assurance re the quality of assessments with sound governance and standards compliant with NICE guidance.</p> <p>This could also provide opportunity to pilot the 'one stop shop' model of care for cases identified at the planning stage as being straight forward and having good quality information within the referral. Due to the integration of Speech and Language therapy provided by our NHS team currently within Worcestershire schools, information is readily accessible or available thus reducing duplication and enhancing detail of difficulties individual children experience. This would not be available to a private provider.</p> <p>The cost of this option would be approximately £560- £900 per child based on temporary staffing rates and special duty rates for additional weekend working.</p>	
Pros	<ul style="list-style-type: none"> To provide a standalone service with clear accountability. To remove the backlog of cases from 2017/2018 To reduce the total length of time for the assessment pathway To provide minimum of 120 assessments for new referrals between Sept 19 and March 2020 from slippage funding enabling focus on children/young people currently delayed. To regain local confidence in the Umbrella Pathway. Reduce the number of PAL's and complaints. Improve sustainability of the assessment pathway. To provide support to children young people and families post diagnosis To offer co-ordinated, co-produced advice and support from facilitator with lived experience. Improved opportunity for professional development. Scope for flexibility if peaks and troughs in demand To have a transparent service model that is accountable and has clear and achievable KPI's. To reduce single points of failure within the pathway. To develop a skill mix increasing expertise and credibility. To provide opportunity for rotational posts to Umbrella pathway team. To provide opportunity for part time/ part job roles within Umbrella pathway To develop Umbrella Pathway clinics/one stop shop where children and young people can attend and be seen by more than one professional. To offer training to other health professionals and providers to improve experience of those with autism and autism traits.
Cons	<ul style="list-style-type: none"> This proposal will require expression of interest or redeployment of staff from current professional teams to Umbrella pathway. Service leads will need to agree the WTE to be redeployed to Umbrella Pathway team from current professional teams. This proposal may require management of change if expression of interest is not successful in defining the named workforce from current professional teams to the Umbrella Pathway Integrated Team. This model requires co-operation form staff to work additional hours or take on short term contracts

5. Proposal

The preferred option within this is business case is **OPTION 2**

Table 8 shows the impact **option 2**

Clinical Team	Current capacity	Investment capacity	Current Backlog	Impact trajectory: 3 months	Impact trajectory: 6 months	Impact trajectory: 9 months	Impact trajectory: 12 months
Clinical Psychology	28	6	193	162	131	80	33
SLT	20	20	192	159	93	75	36
Paediatrics	10	12	164	149	81	25	0
Diagnostic	40	20	348	288	246	195	100

Table 9 shows the impact when using slippage money to appoint to short term roles

Clinical Team	Current capacity	Investment capacity	Current Backlog	Impact trajectory: 3 months	Impact trajectory: 9 months	Impact of slippage use	Expected backlog cleared
Clinical Psychology	28	12	193	162	80	61	Feb 2020
SLT	20	20	192	159	75	66	Feb 2020
Paediatrics	10	16	164	149	25	29	March 2020
Diagnostic	40	34	348	288	195	120	April 2020

Without investment it is highly unlikely that the wait for completion of the Umbrella Pathway for assessment of ASD will improve. Numerous complaints and PALS enquires are received (approximately 70 in the last year) all taking time to investigate and feedback outcomes to families. There is currently inefficient use of resource managing family concerns and dissatisfaction with the timeliness of the pathway. This negative impact is experienced at all levels from Administration staff to Clinical Service Manager.

Feedback from General Practice identifies gaps between services with unnecessary steps in referral processes.

There is potential to maximise recovery by investing in short term roles using NHS staff which will also provide opportunity to test the future model. Additional impact on the backlog can be achieved by flexible use of practitioner to contribute to assessments and diagnostic discussion whilst the model of intervention is co-produced and planned. The Post Diagnosis Facilitator Role will enable a co-ordinated approach to training, support and any specialist interventions or strategies needed in partnership with a range of other providers. This structured approach will aim to meet the identified needs of families but can be adapted according to any changing needs. There will be opportunity to offer this training and support to both families whose children are diagnosed with autism and also those who have traits that do not reach a threshold for a diagnosis. The model will strengthen joint working with voluntary, charity, education and a range of social care providers.

6. Engagement

There has been several engagement events hosted by Worcestershire County Council to review and develop improved services for children and young people especially

those with special educational needs and disability. This has continued since the CQC/Ofsted inspection in 2018. By employment of a Post Diagnosis Facilitator, who would ideally have personal experience of autism, there will be ongoing dialogue and monitoring of family need thus promoting improved relationships, trust and credibility of professional within services.

Changes to the referral criteria for the Umbrella Pathway led to engagement with service users which have been sustained. When investigating complaints and PAL's direct communication with parents has also resulted in rich qualitative information regarding how needs could be more effectively met. Individual cases where current services do not meet needs will also be used to inform ongoing support and intervention models. Communication with Families in Partnership is ongoing.

The service is committed to work with system partners including education and the Local Authority and the wider health economy to review the requirements for the assessment process.

7. Implementation Plan

2019 - 2020	Action
Sept 19- October 19	Advertise permanent posts / secure temporary posts Recruitment to new roles Schedule assessments using additional staff hours Secure base for Umbrella Pathway Team
November 19- March 20	Map additional assessment and diagnostic sessions Undertake additional assessment and diagnostic sessions Map future joint clinics and diagnostic discussions Expressions of interest for roles within Umbrella Pathway Team Consider rotation roles or Implementation of change policy. Appointment of Post Diagnosis Facilitator Role Planning with partner agencies of support groups
April 20- May 20	Formation of new Umbrella Pathway Team Delivery of reformed service model Delivery of support programs with partner agencies Completion of backlog of Children and young people on pathway
June 20- Dec 20	Achievement of 6 month referral to diagnosis KPI

8. Conclusion

The current Umbrella Pathway is a pathway supported by professional from multi-professional teams. This has been successful in identification of a clear process and enabled achievement of NICE guidance standards. However due to other competing demands on the individual services there has been limited flexibility to meet the

increasing demands for assessment. It has also hindered the development of additional staff to ensure the pathway is sustainable. This has resulted in significant delays in the pathway leading to prolonged waits for children and young people. There has also been feedback and evidence that support post diagnosis and for those who do not receive a diagnosis is limited.

Following short term investment there was a small increase in capacity reducing waits for specific assessments. However this resulted in more children being ready for diagnostic discussion. Securing temporary staffing to sustain this additional capacity has been problematic but with fixed term increases in hours and availability of an ex-employee this will be achievable.

Developing a long term sustainable model can be achieved by implementation of option 2. This will enable accountability and clear KPI's to be reported. The development of a dedicated Umbrella Pathway workforce to improve the recovery and co-ordinate and provide committed clinicians to review current practice and develop skill mix to manage fluctuating capacity and demand within the pathway. As the ongoing support and intervention strategies are agreed with families and partners the Post Diagnosis Facilitator role will deliver lived experience support to families in partnership with a range of other organisations and providers including voluntary, statutory and charities. This will also inform the future model.

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CABINET
26 SEPTEMBER 2019**FUTURE PROVISION OF OVERNIGHT UNIT-BASED SHORT
BREAKS FOR CHILDREN WITH DISABILITIES****Relevant Cabinet Member**

Mr A C Roberts

Relevant Officer

Director of Children, Families and Communities

Local Members

Mr N Desmond
Mr S Mackay
Mr L Mallett
Ms T Onslow
Mr P Tuthill

Recommendation

1. **The Cabinet Member with Responsibility for Children and Families recommends that Cabinet:**
 - (a) **notes the information relating to short breaks respite provision for children with disabilities contained in this report, including the results of the consultation on the proposed model for the delivery by Worcestershire Health and Care NHS Trust (the Trust) as outlined in paragraphs 23 - 32 below and Appendix 1 attached;**
 - (b) **agrees the future model for the delivery by the Trust of short breaks provision outlined in paragraphs 19 – 22 below; and**
 - (c) **authorises the statutory Director of Children’s Services to take all appropriate steps to implement that future model, including varying the contractual arrangements with the Trust as necessary to implement the changes, and any future variation to the commissioned provision, to ensure the Council continues to meet its sufficiency duty in relation to the provision of short breaks.**

Background

2. This report updates Cabinet on the outcome of the consultation on the proposed model for the delivery by Worcestershire Health and Care NHS Trust (WHCT) of overnight short breaks for Children and Young People. It seeks agreement to the implementation of the proposed model.

3. The findings and recommendations in this report have considered the decisions of Cabinet in July 2018 including those relating to the Cabinet Member with Responsibility response to the Children and Young People Scrutiny Task Group report “Future provision of Overnight Unit-Based Short Breaks for Children with Disabilities” and in June 2019 to carry out a consultation. Cabinet is referred to previous reports on the topic including the 14 December 2017, 12 July 2018 and 6 June 2019 Cabinet reports.

4. Schedule 2 to the Children Act 1989 and the Breaks for Carers of Disabled Children Regulations 2011 require local authorities to provide services which are designed to give respite breaks for parents and carers of children with disabilities in order to assist them to continue to provide care or to do so more effectively.

5. Regulation 4 of the 2011 Regulations states that: “In performing their duty a local authority must provide, so far as is reasonably practicable, a range of services which is sufficient to assist carers to continue to provide care or to do so more effectively.”

6. Short breaks are part of a continuum of services which support children in need and their families. Local authorities must provide, as appropriate, a range of provision including day and overnight care as well as educational or leisure activities for disabled children outside their homes. Short breaks take place in the child’s own home, the home of an approved carer, or in a residential or community setting.

7. The duties on local authorities in relation to short breaks for individual disabled children and families can be summarised as follows:

- Duties to assess (both the child and their parent carer(s))
- Duties to decide, subsequent to the assessment, whether it is necessary to provide short breaks
- Duties to provide short breaks sufficient to meet needs where the decision is that it is necessary to do so, taking account of both the child's needs and the wider family context.

8. All disabled children are considered to be a child 'in need' (see section 17 of the Children Act 1989) and therefore the Council has a general duty to safeguard and promote their welfare by providing a range and level of services appropriate to their needs. If a disabled child or their parent requests an assessment then there is a duty to assess in each case, including any needs for carer support.

9. The National Health Service Act 2006 (as amended) states that a primary duty on Clinical Commissioning Groups (CCGs) is to commission healthcare services “to such an extent as it considers necessary to meet the reasonable requirements of the persons for whom it has responsibility.” A specific duty rests with CCGs to assess for and meet continuing care needs for children, in line with a national framework. Packages of care for such needs which cannot be met from ordinarily commissioned services will be agreed in discussion with the parent/carer.

10. There are important co-operation duties on local authorities and CCGs including:

- the Children Act 2004 which requires local authorities and health bodies to co-operate to safeguard and promote the welfare of children in their area

- the National Health Service Act 2006 which requires NHS bodies and local authorities to co-operate to advance the health and welfare of their populations
- the Children and Families Act 2014 which imposes a range of duties in relation to co-operation including a requirement for joint commissioning arrangements to be in place.

11. From the age of 18, adults with disabilities who are eligible for Council-funded services under the Care Act 2014 can receive "replacement care", also known as "respite" from caring or "short breaks". This is the support provided to an individual due to a carer having a break from their usual caring role, and usually involves overnight care for one or more nights. These can be planned breaks or short notice in emergency situations. Planned replacement care is identified in an individual's needs assessment and support plan, which sets out the number of nights of replacement care required for that individual per year. Planning the transition from children's short breaks to adults' replacement care provision is an important part of a young person's transition into adulthood.

Commissioning of short breaks provision in Worcestershire

12. Improving outcomes for vulnerable children and young people, which includes those with a special education need and/or a disability (SEND), is a key priority within the Children and Young People's Plan.

13. Worcestershire's Strategy for Children with Special Educational Needs and Disabilities and Worcestershire Local Area SEND Action Plan recognise the need for improved joint assessment of children and young people's needs, the need to build better relations with parent carers and the need to improve joint commissioning arrangements including the provision of personalised budgets and better joint planning and preparation for the transition into adulthood. The five key workstreams of the Action Plan, which are informing the design of a range of services which is sufficient to assist carers, are:

- The Local Offer
- Embedding the graduated response
- Assessment and planning
- Joint Commissioning and Leadership, and
- Workforce and Engagement.

14. In Worcestershire a range of short breaks are available, including community-based provision (including holiday and term-time play-schemes) to specialist services including residential (unit-based) and family-based overnight and weekend care.

15. Commissioning of short break provision must have regard to the needs of carers who would be unable to continue to provide care unless breaks from caring were given to them, as well as the needs of those carers who would be able to provide care more effectively if breaks from caring allowed them to undertake education, training or any regular leisure activity, meet the needs of other children in the family more effectively, or carry out day to day tasks which they must perform in order to run their household.

16. Short breaks in themselves should:

- Help to support a child or young person's social and emotional development
- Help to support a child or young person learn new skills
- Provide a child or young person with new experiences
- Promote the welfare and safeguard children and young people.

17. The report to Cabinet in June 2019 detailed the range of short break provision currently available to families with Children with Disabilities in Worcestershire, the results of co-design activity with families, and the impact of re-commissioning activity during 2018.

Consultation on the future delivery of overnight short breaks by the Trust

18. Cabinet considered a proposal for the future model of delivery of overnight short breaks by the Trust in June 2019 and authorised the Director of Children, Families and Communities to carry out a consultation on the proposed changes as detailed in the consultation pack at Appendix 1.

19. The proposed model is based on a proposal by the Trust to develop the Osborne Court campus in Malvern to create 4 more bedrooms for children in the unit currently used for adults of which 2 beds would be commissioned by the Council and 2 would be for other commissioners to buy. To enable this change the Trust propose refurbishing two currently unused bungalows on the same site to create a unit for adults with 5 bedrooms.

20. The proposed delivery model does not include the use of the Trust-run Ludlow Road short breaks unit in Kidderminster thus leading to the closure of the unit if the proposed model is agreed.

21. The proposed investment into the site in Malvern by the Trust is significant and involves a reconfiguration of accommodation resulting in two children's units located next to each other and the adult service moving into the refurbished bungalows. A further additional single occupancy unit is currently available for those children and young adults with the most challenging behaviours who require a service on their own. This unit has previously been designated as children's provision only (and is subject to Ofsted registration) but in the future young people reaching the age of 18, with an assessed need for respite provision, will be able to be funded by adult services to continue to use the provision during transition. This change has already been implemented for current users of the service, where appropriate, as they reach 18.

22. As stated above, the proposed future delivery model does not include delivery at the short breaks unit in Ludlow Road, Kidderminster, which would result in current users of the service accessing short breaks at alternative overnight provision in units or family-based support. The proposed additional beds at Providence Road in Bromsgrove (approved July 2018) and at Osborne Court in Malvern would provide equivalent replacement provision (24 bed nights per week compared to Ludlow Road's 20 bed nights per week) and flexibility to meet future demand. There are 18 families currently accessing Ludlow Road who will require an alternative provision from April 2020 whose future needs have been assessed during the consultation and one family who will be in transition to adult provision (as appropriate) by April 2020.

Summary of consultation process and analysis of responses

23. The consultation was open from 14 June 2019 to 1 August 2019; however feedback continued to be collected after the end of the consultation to ensure that all families could ask questions and comment on the proposals. Several different options were available to professionals and families wishing to comment on the proposals, responding to feedback on previous consultations that indicated a range of preferences. This included a request for drop-in sessions which were facilitated across a number of days and locations. Feedback was gathered in the following ways:

- Online and printed survey
- Consultation drop-in sessions
- One-to-one conversations with families.

24. Details of the on-line survey responses are at Appendix 2 and included in the summary and analysis below.

25. Four drop-in sessions were held throughout July with representatives from the Council's Children's Services and the Trust. Three drop-in sessions were held at Ludlow Road Short Breaks Unit (two on a weekday and one on a weekend) and one weekday drop-in session at Perdiswell Young People's Leisure Club in Worcester. The drop-in sessions enabled families to have the proposals explained in more detail, ask any questions, share thoughts and feedback and have one-to-one conversations if required. These sessions were available for any family to attend but only those who access Ludlow Road Short Breaks Unit came along. A total of five families attended the drop-in sessions with some families attending more than one session.

26. A number of families requested one-to-one conversations about the proposals either face-to-face or over the phone. Other families spoke directly to their social worker or short breaks review worker to ask questions and give their feedback on the proposals and preferred alternative overnight short break provision. All families currently accessing Ludlow Road have been contacted in at least one of the above ways and are aware of the proposals, and all comments and feedback have been fed into the consultation. The support received at Ludlow Road is highly valued by families and those who currently access the unit do not want it to close. Families value the 'home from home' feel of Ludlow Road as well as the relationships that staff have built up with children and the whole family.

27. The key concerns about the proposals that were raised by families currently accessing Ludlow Road are summarised below, together with a response and an analysis of the potential impact on families of the proposal to close Ludlow Road:

Concern	Response and analysis of impact on families
<p>There will be a lack of provision in the north of the county – now and in the future as the population grows</p>	<p>Overnight short breaks would continue to be delivered in a number of locations including unit-based provision in Kidderminster, Bromsgrove, Malvern and Worcester (purchased provision at Acorns Hospice) and family-based across the county. All units provide services to children and young people based on the suitability of the provision and ability to meet needs as well as their geographic location.</p> <p>The proposed delivery model has an overall increase in the availability of provision (total number of bed nights per week) and the flexibility to commission further beds at Osborne Court if required to meet need in the future. Therefore, the potential impact on the availability to current and future families of appropriate provision by ceasing the use of one unit in the north of the county is minimal (see also travel concerns below).</p>
<p>The travel distance to alternative units would increase for some families. This would impact on:</p> <ul style="list-style-type: none"> • Respite time for the family due to the time it would take to take/collect children at weekends and holidays which would reduce the break for families. A small number of families choose to deliver feeds to the unit during respite stays as they live nearby. • Meaningful respite for the family, some families would be concerned about the distance they are away from the children in case of emergencies which would impact on 	<p>The overall impact on travel distance (and therefore time) of the proposals has been calculated, based on the assessed alternative provision for each impacted family accessing Ludlow Road provision.</p> <p>Analysis shows that for two families the travel distance from school to the proposed alternative unit is shorter but the distance to home is longer, for two families the travel distance from both home and school to the proposed alternative unit is longer, and for fourteen families the proposed alternative unit is closer to both home and school.</p> <p>Travel distance has been taken into account in identifying suitable alternative provision for each family accessing provision at Ludlow Road currently.</p> <p>Where there is an identified negative impact on travel distance from home to the alternative unit an assessment of the need for travel support is being completed. There are no circumstances where a parent is required to routinely deliver food or medicines to the unit during an overnight stay.</p>

<p>them being able to rest and relax</p> <ul style="list-style-type: none"> • Health and happiness of the child – some children become very unsettled when travelling or can't travel long distances due to their health needs 	<p>Concerns about the distance away from home in an emergency are understood however staff at the units are trained to deal with emergencies arising from the health needs of children and young people, including where necessary arranging for hospital admission.</p> <p>For families who are eligible for school to home transport this is replaced by school to unit transport on days that the child or young person travels directly between the unit and school. A small number of families are not eligible for school to home transport and in each of these cases a separate assessment relating to travel support is being completed.</p> <p>Fourteen families live closer to the alternative unit identified and therefore the impact on meaningful respite provision will not be negatively impacted for these families.</p> <p>Four children/young people will have a longer journey to/from home to unit and of these two will also have a longer journey to/from home to school as well. The choice of alternative provision has taken careful consideration of the health impacts of these longer journeys and the future planning of provision (eg days of the week etc) will seek to minimise the impact.</p> <p>Overall the impact on travel and related concerns is positive for the majority of families and on balance the negative impact for the remainder can be managed by careful planning and assessment of travel support needs.</p>
<p>Transitions (moving to another unit) can be very difficult for the child and whole family</p>	<p>It is recognised that changes in provision can be difficult for the children and young people accessing overnight provision and their wider families. Careful planning of transitions, tailored to the individual needs of each family will help to mitigate the impact.</p> <p>Alternative provision is, in the main, managed by the same Trust (with the potential for some staff transferring to the new provision minimising the impact of change) or directly managed by the Council therefore supporting close working between the unit managers and the Children with Disabilities team.</p>

	<p>Whilst there would be some short-term impact of transitions the longer term benefits of the proposals include increased adult provision at Osborne Court (so supporting a transition on the same site for more young people, based on assessed need for replacement care) and the creation of a stable, resilient, sustainable and responsive service for families that is not under constant review.</p>
<p>Providence Road would not have the nursing staff that Ludlow Road and Osborne Court currently has – families were concerned that the needs of some children could not be met at Providence Road</p>	<p>The consideration (by social care professionals and families) of the health and care needs of each child and young person accessing Ludlow Road, and impacted by the proposals, has informed the identification of suitable alternative unit or provision. Other factors such as travel distance and family preferences have also informed decision making where more than one unit is suitable.</p> <p>The alternative provision identified is as follows:</p> <p>10 CYP – Providence Road 7 CYP – Osborne Court 1 CYP – other, due to health needs.</p> <p>Staff at Providence Road are trained and supervised to meet the health needs of the children and young people who attend their unit and this training (which is specific to each child for some procedures) is in place prior to any child or young person attending the unit.</p> <p>In summary this concern has been addressed in the assessment of need, individual planning for each child and young person and in conversation with families.</p>
<p>Consultation and change causes a lot of stress for families</p>	<p>This is recognised and the proposed model has been developed in order to support the development of a service that is stable, resilient, sustainable and responsive for families and is not under constant review.</p> <p>Transition plans that address the individual needs of families during the implementation of the proposed changes (if agreed) will seek to mitigate the impact of change.</p>
<p>The proposal by Acorns to close Walsall Children’s Hospice, and changes to the</p>	<p>The proposal to close the Walsall Acorns Hospice has been suspended by Acorns, at the moment. The Council and CCG are in close contact with Acorns</p>

<p>eligibility criteria at Acorns in Worcester will impact on the amount of short break units needed across Worcestershire.</p>	<p>regarding their proposals and will work with Acorns to understand the impact on the Worcester hospice should the proposals be reinstated in the future.</p> <p>Changes to criteria for overnight provision at Acorns in Worcester have already been implemented by them and as a result where there is an assessed need for overnight provision from the Council this has been provided within the current system.</p> <p>As noted elsewhere the proposed delivery model would result in increased capacity in the system and the ability for the Council to commission additional provision from the Trust in the future if this is required.</p> <p>The impact of the changes at Acorns are therefore considered to be managed within the proposals.</p>
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28. Positive feedback on the proposals was also received from families:

- The facilities at other units are good – particularly the hydro-therapy pool at Osborne Court
- Alternative units are closer to school and home for some families and better suited to some children’s needs – a number of families wish to move to alternatives as soon as possible
- Staff at alternative units have been very welcoming when families visited and some families feel reassured that alternative units could meet their child’s needs
- The information provided as well as the opportunity to speak to someone face-to-face about the consultation and proposals has been well received
- The proposed creation of extra beds per night to offer more respite is good – it makes sense to have different options and choices as having choice is really important to some families.

29. During the consultation social care professionals and families have worked together to further understand the best alternative option for the provision of overnight short breaks for each family currently accessing the unit at Ludlow Road, should the proposals be agreed, by clearly assessing the needs of families to ensure that the alternative provision identified would meet the health and care needs of the child or young person, and provide a meaningful break to carers.

30. The analysis of the sufficiency of alternative provision should Ludlow Road close, based on the identified alternative provision for each family, following assessment and discussion with families is set out in Appendix 3 to this report. This clearly shows that the needs of all families accessing Ludlow Road and impacted by the proposals (18 families) can be met by the alternative provision which would be available.

31. The Trust have responded to the positive comments about the ‘home from home’ feel at Ludlow Road, and some questions raised about the practical considerations of

the reconfiguration at Osborne Court, by undertaking to work with families on any particular considerations when finalising the décor and furnishing of the Osborne Court provision and the operational detail of operating as one service in two separate units on the Osborne Court site. The Trust has also confirmed that operationally they will continue to work with the Council on the staffing structure and configuration of Osborne Court to optimise the site and to ensure families continue to receive a consistent offer in line with assessed need. This will ensure that a cost effective service is delivered that is able to flex to meet current and future demand.

32. Based on the detailed consideration of the proposals, consultation responses and the assessment of need of affected families, it is the view of the professionals responsible for the provision of a sufficiency of meaningful short breaks, that the proposed delivery model can meet the assessed needs of impacted families and would deliver a service that is stable, sufficient and flexible to changing needs of the population in the future. The negative impact of the change process for some families can be mitigated by careful planning and management of the transition process and is felt to be justified in view of the improvements to the service that will result.

Financial Implications

33. The Council's 2019/20 Base Budget for Children's Replacement Care is £2.331m. This includes additional funding of £0.540m approved by Council in February 2019 to rebase the budget to reflect current replacement care costs and to remove a shortfall in the Children's Budget following the withdrawal of Public Health Ring-Fenced Grant funding for Ludlow Road.

34. The following table sets out the financial impact of the proposed option including:

Current Costs - The current budgeted costs of replacement care in 2019/20 broken down by provision type.

No Change - The forecast impact of making no change to the current configuration of Trust delivered provision for which the implications would be:

- Current costs reflect the budget for this provision for 2019/20; however the Trust have indicated that without any change to the delivery model there would need to be an increase in costs in future years to cover the costs of delivery across two sites. This equates to an increase in costs of £0.113m, in order to meet the existing cost of service (currently £68k more than income from the Council) and additional NHS pensions and pay award pressure from 2019/20, and
- Refurbishment costs at Ludlow Road are not included and are likely to be higher than £0.3m estimated in 2018 due to OFSTED requirements.

Proposed Costs - The proposed cost of the revised delivery model which, if agreed, would result in a net cashable saving against 2019/20 budget of £0.124m based upon:

- A reduction in the cost of Trust unit-based provision of £0.287m compared with current costs and £0.4m compared to 'no change' position

- The proposed contract value supporting the Trust investment of approximately £0.6m
- The estimated increased costs of £0.150m to fund additional provision at the Council-run Providence Road (based on 2018 estimate), and
- Additional Support costs of approximately £0.013m.

	Current costs	No Change	Proposed costs
WHCT unit based provision	£1,043k	£1,156k	£756k
WCC provision	£931k	£931k	£1,081k
Additional support costs and alternative provision (Thorn Lodge)	£140k budget	£140k budget	£153k
Family based	£217k	£217k	£217k
Totals	£2,331k	£2,444k	£2,207k

Legal Implications

35. The statutory context is set out above. In summary, the statutory duty to provide short break provision is contained in Schedule 2 to the Children Act 1989 and the Breaks for Carers of Disabled Children Regulations 2011 which require local authorities to provide services which are designed to give respite breaks for parents and carers of children with disabilities to assist them to continue to provide care or to do so more effectively. The Council must also comply with its Public Sector Equality Duty (PSED) in making decisions concerning persons with a Protected Characteristic such as disability (the PSED details have been frequently set out in previous reports, and see paragraph below). The Children Act 2004 also sets a general target for the Council to discharge its functions having regard to the need to safeguard and promote the welfare of children.

HR Implications

36. There are no direct HR implications for the Council arising directly from this report. Worcestershire Health and Care NHS Trust continue to work with their staff regarding any implications in relation to the provision of overnight short breaks.

Equality and Public Health Impact Assessments

37. A combined Equality and Public Health Impact Assessment of the proposals has been completed and the potential impact of the proposals are addressed within the body of this report in paragraphs 25 – 30. The assessment is at Appendix 4 to this report.

Privacy and Data Protection Impact Assessments

38. No implications identified.

Risk Implications

39. Risks identified include:

- No change – the costs of provision would rise and the benefits to be gained from the changes at Osborne Court would not be realised
- No decision – would cause further uncertainty and concern for families
- Delays – any delay to the refurbishments at Osborne Court would lead to a delay in de-commissioning Ludlow Road. The risk will be mitigated through careful planning of the works and effective plans being developed by the Trust and the Council for the transition of families to the alternative provision.

Equality and Diversity Implications

40. The Council is fully aware of its Public Sector Equality Duty obligations as set out in numerous reports to Cabinet. We have determined that a detailed Equality Impact Assessment in respect of the proposed delivery model is beneficial and this is included as Appendix 4 to this report.

Supporting Information (available electronically only)

Appendix 1: Consultation pack

Appendix 2: Summary of responses received

Appendix 3: Analysis – alternative provision and travel distance

Appendix 4: Combined Equality and Public Health Impact Assessment

Contact Points

County Council Contact Points

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Specific Contact Points for this report

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Background Papers

In the opinion of the proper officer (in this case the Director of Children, Families and Communities) the following are the background papers relating to the subject matter of

this report:

Agenda papers for the meetings of the Cabinet held in July 2015, 16 May 2016, 14 December 2017, 14 June 2018, 12 July 2018 and 6 June 2019

Children and young people's continuing care [national framework](#).

[Worcestershire Strategy for Children and Young People with Special Educational Needs and Disabilities](#)

[Worcestershire Local Area SEND Action Plan](#)

Worcestershire's [short breaks](#) offer

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