

Agenda

Children and Families Overview and Scrutiny Panel

Tuesday, 11 January 2022, 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 Scrutiny on telephone number 01905 844965 or by emailing scrutiny@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

Tuesday, 11 January 2022, 10.00 am, County Hall, Worcester

Membership

Councillors:

Cllr Kyle Daisley (Chairman), Cllr Tracey Onslow (Vice Chairman), Cllr Dan Boatright, Cllr David Chambers, Cllr Matt Jenkins, Cllr Steve Mackay, Cllr Jo Monk, Cllr Tony Muir and Cllr David Ross

Co-opted Church Representatives (for education matters)

Mr T Reid (Church of England)

Parent Governor Representatives (for education matters)

Mr M Hughes

Agenda

Item No	Subject	Page No
1	Apologies and Welcome	
2	Declaration of Interest and of any Party Whip	
3	Public Participation Members of the public wishing to take part should notify the Assistant Director for Legal and Governance in writing or by e-mail indicating both the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 10 January 2022). Further details are available on the Council's website. Enquiries can also be made through the telephone number/e-mail address listed in this agenda and on the website.	
4	Confirmation of the Minutes of the Previous Meeting (previously circulated)	
5	All Age Disability (0-25) Service Proposal (Indicative timing: 10.05-10.45am)	1 - 14
6	Update on the Assessment Pathway for Children and Young People who may have Autism (indicative timing: 10.45-11.15am)	15 - 20
7	Budget Scrutiny 2022-23 (indicative timing: 11.15am -12.00pm)	To follow

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

Item No	Subject	Page No
8	Work Programme (indicative timing: 12:10-12.20pm)	21 - 24

CHILDREN AND FAMILIES OVERVIEW AND SCRUTINY PANEL

11 JANUARY 2022

ALL AGE DISABILITY (0-25) SERVICE PROPOSAL

Summary

1. This Report provides the Panel with an update on the transformation and proposed restructure to create a new All Age Disability (0-25) Service, to provide a more coherent and co-ordinated response to need and deliver better outcomes both in the short term and into adulthood.
2. The aim is to offer longer term life and independence planning for children and young people into adulthood. As a consequence, the individual will see diminishing experiences of a sharp change in their support at 18 years old (social care) or 25 years old (education). Support will be planned early, with individuals and their families/carers to ensure ongoing achievement and sustainment of their independence, enabling and empowering people to live their own lives, in their local community with choice and control.
3. This Service is being developed jointly between Worcestershire County Council's People Directorate (the Council) and Worcestershire Children First (WCF). The programme is sponsored jointly by the Strategic Director of People and the Chief Executive of WCF/Director of Children's Services.
4. The following have been invited to the meeting:
 - The Cabinet Members with Responsibility for Adult Social Care, Children and Families and Education
 - The Strategic Director of People and the Chief Executive of WCF/Director of Children's Services
 - Members of the Adult Care and Well-Being Overview and Scrutiny Panel.

Background

5. Following the Adult Care and Wellbeing Overview and Scrutiny Panel Review of the Consultation on Council Provided Day Services for Adults with Learning Disabilities, an update on the development of the All Age Disability Service had been requested and it was agreed that this would be a joint discussion with this Panel.
6. The catalyst for the development of the Service came from a stakeholder engagement with parent carers and young people in the autumn of 2019 as part of the Special Educational Needs & Disability improvement. This followed the SEND Inspection in 2018 that required an action plan for improvement and the SEND Strategy 2019-2021 to focus on Preparation for Adulthood. The participants made it clear there were a number of areas they found challenging and it was difficult to get the right help at the right time as a young person prepared for adulthood.

7. This was re-enforced by analysis of the data about late decision making, difficulties in timely planning for adulthood from the earliest of years and challenges of co-ordinating responses to this transition. This was despite the improvements that had been made from the creation of the Young Adults Team (People Directorate). There was also an issue of too many young people having their needs met out of the county away from family and their local community. It was clear a joint response was needed to both provide improved local provision and confidence to both parent carers and young people of the offer.

8. The focus has been on improving the experiences of support and coordination through a joined up “offer” for those children and young people with disabilities and special educational needs aged 0 to 25.

9. The aim is to offer longer term life and independence planning for children and young people into adulthood. As a consequence, the individual will see diminishing experiences of a sharp change in their support at 18 years old (social care) or 25 years old (education). Support will be planned early, with individuals and their families/carers to ensure ongoing achievement and sustainment of their independence, enabling and empowering people to live their own lives, in their local community with choice and control.

Issues for the Panel to Consider

10. The detailed proposal for Transformation and Restructure – Integrating the adult services Young Adult Team (YAT) service into new All Age Disability Service (0-25) is attached at Appendix 1.

In Scope

11. The following existing services are in scope of the proposed new Service: Children’s SEND Services, Children’s Social Care, Children with Disability and the Young Adults Team.

Preferred Option

12. To effectively deliver this as a coherent All Age Disability Service, integrating the teams is the preferred option. That is a single 0-25 Service, led by a single strategic lead, with a locality footprint of combined staff of Children with Disability (CWD), Special Educational Needs or Disability (SEND) and Young Adults Team (YAT) under single management. This would provide a consistent and coherent offer with locality flexibility responding to levels of need and locality resources. By structuring to an area footprint, it will improve local networks and community provision.

13. The benefits of restructuring into a more integrated service and the best way to enable a more coherent and coordinated approach from 0-25, in line with Special Educational Needs transformation changes brought in by the 2014 Children and Family Act, is by the Adult Services (People Directorate) provision being hosted under a single strategic leadership and management team alongside children’s services provision, to support the early identification and planning.

Benefits

14. The identified benefits are:

- Improve the experience for young people and their families
- Provide a better service for families
- Build stronger relationships with the child, young person, and their families, which leads to a more person-centred approach to provide greater consistency for families and avoid information getting lost
- Ensure preparing for adulthood can run through the entire service, with a broader and better understanding of resources/support for 17+ cohort
- Achieve greater collaboration and ownership of the Education Health Care Plan (EHCP) and CYP future planning
- Have a Locality focus for each 0-25 team, enabling better links with schools and community resources and a greater understanding of that specific local area's needs
- By integrating the teams into a single service improve joint problem solving, be more solution focused, and increase creativity
- Improve communication between the different disciplines and individual professionals.

Budget Implications

15. There will be a transfer of staff resource from the People Directorate to WCF and a contribution to the development and management of the service.

16. Additional costs to facilitate an integrated area-based model will be found within efficiencies in both WCF and the People Directorate.

17. Budgets for placements and care packages will remain for pre-18 year olds in WCF and post-18 year olds in the Council but both will be delivered and managed through the All Age Disability 0-25 Service.

Governance

18. The SEND Improvement Board will be transformed into a new All Age Disability 0-25 Partnership Board co-chaired by the new Director of All Age Disability 0-25 and a Health Lead. The People Directorate will have representation on the Board.

19. There will be an agreed set of Key Performance Indicators (KPI's) for this Service and a monthly report on those along with a finance report that will be shared with the Strategic Director for People and the CEO/Director of Children's Services.

Risks

20. Risks have been mitigated for. The changes do not anticipate any redundancies as deleted positions are likely to find a comparable position in the new service.

Purpose of the Meeting

21. The Panel is asked to:

- consider the information and comment on the proposal,

- determine whether any further information or scrutiny on a particular topic is required, and
- agree whether it would wish to make any comments to the Cabinet Members with Responsibility.

Supporting Information

Appendix 1 – Proposal Paper for Transformation and Restructure – Integrating the adult services Young Adult Team (YAT) service into new All Age Disability Service (0-25)

Contact Points

Stephen Mason, Interim Head of Service All Age Disability (0-25) – Design & Change
Tel: 01905 84 5294
SMason3@worcschildrenfirst.org.uk

Alyson Grice/Alison Spall, Overview and Scrutiny Officers Tel: 01905 844962/846607
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) there are no background papers relating to the subject matter of this report.

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

Worcestershire County Council
Proposal Paper for Transformation & Restructure
Integrating the Young Adults Team Service into
New All Age Disability Service (0-25)

Document Control

Project Title	All Age Disability Service 0-25 (AAD 0-25)
Project Sponsor	Paula Furnival / Tina Russell
Business Lead	Sarah Wilkins
Version	2
Date	20 th December 2021

Summary of Case for Change

This is joint venture of design and change between Worcestershire’s People’s Directorate and Worcestershire Children First. The programme is sponsored jointly by the Director for People and the CEO WCF/Director of Children’s Services.

From Young people’s, Families ‘views, external inspection feedback and our own aspirations, we know the experience of children with disabilities and their families is not what we would want it to be. It is often described as disjointed, uncoordinated with multiple barriers of a repeated assessments, repeating one’s story and a plethora of meetings and plans. We know this is a particular difficulty at points of transition.

Bringing the services together we can provide a single point of contact. Provide a coherent, holistic, and co-ordinated response to need. Effective earlier identification and longer-term planning being sensitive to both ongoing needs but avoiding dependency by encouragement of independence skills and ambitious aspirations, outcomes for young adults can be improved through greater inclusion and access to local universal services.

Users experience can be greatly improved by having the one point of contact, not having to constantly repeat their “story” and avoid a stop start experience of multiple assessments and intervention plan.

The aspiration is to embrace the original goal of the introduction of Education Health and care plan of a single plan working to shared outcomes.

See Business case for further details of the aspirations and benefits

Preferred Option

To effectively deliver this as a coherent All Age Disability service, integrating the teams is the preferred option. That is a single 0-25 service, led by a single strategic lead, with a locality footprint of combined staff of Children With Disability (CWD), Special Educational Needs or Disability (SEND) and Young Adults Team (YAT) under single management. This would provide a consistent and coherent offer with locality flexibility responding to levels of need and locality resources.

Whilst it would be possible to deliver some of the transformations and aspiration by keeping teams and services separate and within their respective directorates, it risks continuation of disruptive difficult

All Age Disability 0-25 Service Proposal Paper

communication, team management conflict and competing demands and processes, delaying and hindering further progression and transformation in the interest of children, young people and their families and the increased effectiveness and efficiency.

- The relevant workforce from Worcestershire Children First and the People Directorate are brought together in one overall service for All Age Disability, to include the Children with Disabilities Team (CWD), SEND casework (SEND); and the Young Adults Transitions team (YAT) and include the provision of support needs of both Children and Families Act and Care Act including short breaks, respite, and personal budgets
- This service will support and enable people aged 0 to 25 with SEND.
- The alignment of the work of this service with teams working with Vulnerable Learners and Vulnerable adults in the Community teams will be considered carefully when developing process, pathways, and structure.

1: Structure

The locality model is seen as beneficial for developing and maintaining local network and responding to the different needs and challenges across the county, whilst maintaining the same aspirations and outcomes for all.

Not in Scope

- Vulnerable Learners and Virtual School are to be moved under the revised Director of Education portfolio
- Young Adults Team Housing officer is to be moved to Adults Commissioning Team.

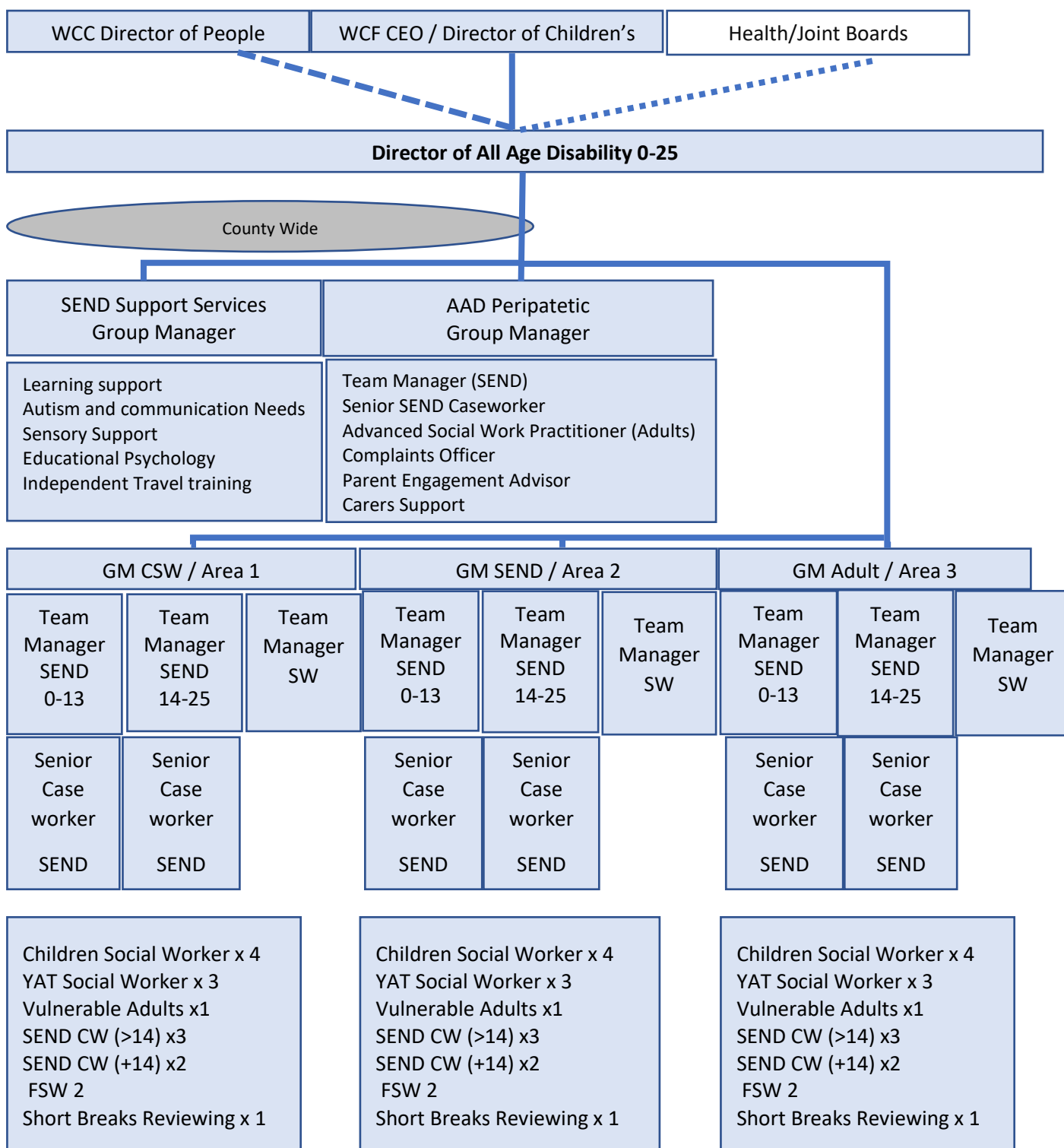
In Scope

- Agreed SEND Support (Education Psychologists, Autism, Learning Support) and will be moved as is
- SEND Early Years to move from Early years as is and be part of a second stage AAD 0-25 review of SEND Early years
- The County wide SEND Services (Assessment, Review) will be in scope but aligned into the locality model of delivery.
- SEND Locality
- Children with Disability
- Young Adults Team - Vulnerable Adults 0-25 workers are currently in scope, but further work is being completed to confirm or change this recommendation.

At this first stage of an integrated model, for professional identity and the continued different professional disciplines development, it is too big a step to have generic management. It is proposed that Group Managers have a service area lead in conjunction with the locality area. The service will work to 3 geographic areas and have teams within by discipline of Social Work and SEND but recourse to all area Team Managers for individual case issues. An area footprint felt more viable than district teams as it acted against individual discipline isolation, and team viability if it incurred any absences but could be operating to a 'softer' patch model within each area.

All Age Disability 0-25 Service Proposal Paper

Structure chart follows:



The structure changes should have minimum impact on staffing numbers as much is aligned as is, where there are efficiencies, they will contribute to areas of growth that better serve a locality-based, integrated model. It is anticipated deleted posts holders will be offered a comparable alternative within the new structure.

2: Operating Model

Is to a singular management structure and having shared responsibility for the county wide AAD 0-25 service through a leadership teams of GMs that reflect the specialist skills and knowledge of each of the service

All Age Disability 0-25 Service Proposal Paper

areas within AAD 0-25 (SEND, Social Work and Adults) to deliver to an integrated AAD 0-25 not just their specific service area.

To have a locality footprint with County standards and outcomes and operate within a patch/pod model To maintain specialism of frontline staff but to integrate and co-ordinate activity. Introduction of shared tools that all contribute to as relevant. Preparation for adulthood delivery plan, Independence skills audit tool and Independent travel tool.

To support a graduated response to meeting need at the right time with the right help, as close to universal provision as possible. This requires support and guidance to schools, colleges, Special Educational Needs Co-ordinators (SENCOs), and early help. The SEND support Team being a part of the graduated response supporting others to meet need in an inclusive way.

Provide a single point of contact for parent carers and young people, schools, colleges, and other partners Work in a co-ordinated integrated manner in both identification and early planning and individual case resolutions.

3: Commissioning

This links strongly with both Governance and Budget. Commissioning will be consistent with the agreed Worcestershire Joint SEND Commissioning Strategy 2021-2025 and operate to the three levels:

- Strategic
- Operational
- Individual

It will fulfil Local Authority duties being compliant with both the letter and aspiration of the SEND Code of Practice (2015)

- Co-production and consultation with Parent carers and young people
- Development of the Local Offer to offer greater choice and promote inclusion
- Preparation for Adulthood needs and provision
- To be outcome focused and accountable to delivering them

Compliant with the requirements of The Send Code of Practice the AAD commissioning will

- securing Education Health and Care (EHC) needs assessments
- securing the education, health and care provision specified in EHC plans, and
- agreeing Personal Budgets

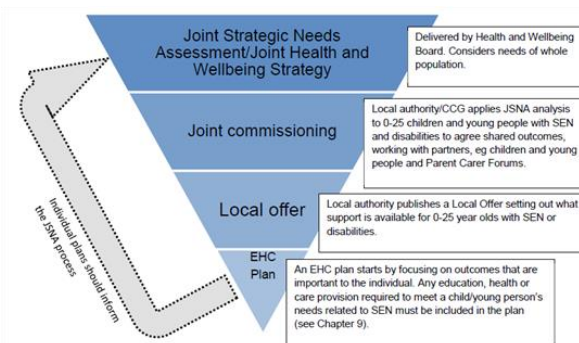
Strategic

Legal framework:

- Section 25 of the Children and Families Act 2014 places a duty on local authorities that should ensure integration between educational provision and training provision, health and social care provision, where this would promote wellbeing and improve the quality of provision for disabled young people and those with SEN.
- The Care Act 2014 requires local authorities to ensure co-operation between children's and adults' services to promote the integration of care and support with health services, so that young adults are not left without care and support as they make the transition from children's to adult social care. Local authorities must ensure the availability of preventative services for adults, a diverse range of high-quality local care and support services and information and advice on how adults can access this universal support.

All Age Disability 0-25 Service Proposal Paper

- Our Joint commissioning arrangements will enable partners to make best use of all the resources available in an area to improve outcomes for children and young people in the most efficient, effective, equitable and sustainable way.



Strategically, Adult and Children commissioners will be working together to commission services for 0-25 initially deciding if led by children or Adults, decided on by best fit according to scope of the commission but design is with both adults and children and health where possible. To continue work on aligning commissioning cycles and developing an ever-increasing joint commissioning mechanisms. The commissioning intents will be Governed by the New All Age Disability (0-25) Partnership Board making use Joint Strategic Needs Assessments data, which the AAD 0-25 will influence and shape through its link and reports to the Children & Young People Strategic Partnership Board and Health and Well Being Board.

Operational

Utilising the aggregation of a set of similar needs will be commissioned into contracted portfolio or service areas. These will be fulfilling the aspirations and principles of the All Age Disability 0-25 and SEND Strategy an example would be the commissioning of Worcestershire short breaks for children and young people with disabilities.

These will be managed through new joint authorisation panel, with health for Short Breaks and Complex Needs (including Complex Health Care (CHC) and Child and Adolescent Mental Health Service (CAMHS)) – to be chaired by AAD 0-25 Director.

For 18-25 year olds, the delegated scheme used in Adults services will be operated within the AAD service.

Individual

This refers to the brokerage of an individual service tailored to meet a particular need. Commissioning at this level will set in place specific arrangements for individuals or small groups of people requiring particular attention (generally beyond the arrangements of universal services). This will include individual placements for education, respite or care and the provision of direct payments and personal budgets.

Case commissioning for Individual children's will be done through the WCF commissioning Hub and for adults using the delegated scheme and current funding panel, although there would be benefit in continuing to develop work towards combining some panels or creating something complimentary for AAD.

Decision making on case for access to these sits in AAD although the budgets will be held as follows:

- 0-18 Placements – Children's Social Care looked after, or educational placements sits in Worcestershire Children's First budget
- 18-25 budget held in WCC - decision placement identification and decision-making sits in AAD bit the service is responsible and accountable for ensuring best practice and consistency of adult services.

All Age Disability 0-25 Service Proposal Paper

The All Age Disability 0-25 service will further enhance the developments in YAT in better and earlier identification of need to inform commissioning cycle by scheduled multi-disciplinary meetings for the different cohorts and utilising identified needs and destinations from the individuals EHCP annual reviews. All commissioning at the three levels will be consistent with principles, standards, and quality assurance of the Worcestershire Joint SEND Commissioning Strategy 2021-2025

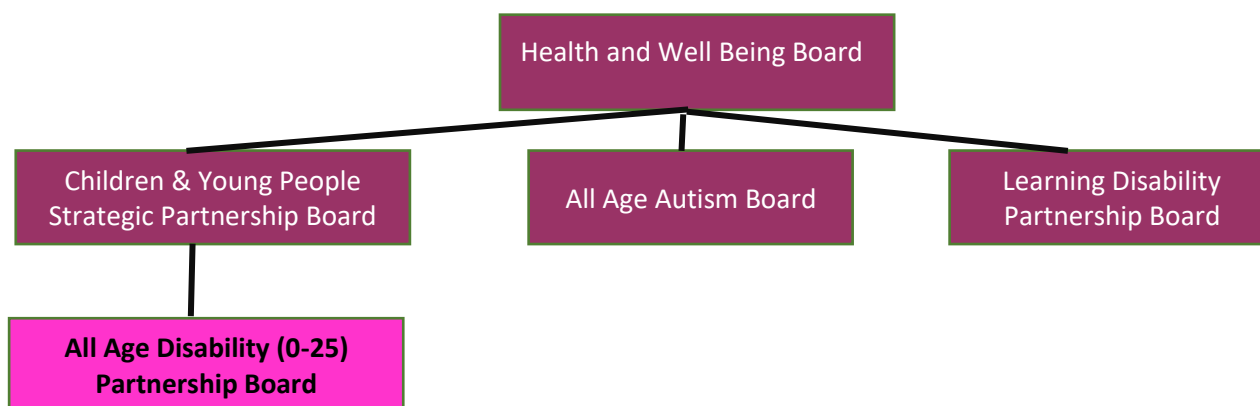
4: Governance

AAD 0-25 Partnership Board - Reports into the CYPSP and HWBB

This multi-agency board will oversee the AAD 0-25 strategy which will include the SEND strategy / AAD Service and offer/ safeguarding / Links into ICS and the relevant corporate plan priorities for this cohort of people.

AAD Reports to this single All Age Disability 0-25 Board. This will require a New constitution and rebranding of the current SEND Improvement board, and membership in consultation with the current SEND Board.

Consideration: The All Age disability 0-25 board relationship with Adult Services, All Age Autism Board and Learning Disability Partnership Board. Similar consideration needs to be given to Health boards especially within the development of the Integrated Care changes.



Monthly Quality Assurance(QA) will take place under WCF wide QA model & system Quality Assurance will be delivered by WCF QA lead who reports directly to CEO/Director of Children’s Services. There will be an agreed set of KPI’s for this services and a monthly report on those along with a finance reports that will be shared with Director of People’s services and the CEO/Director of Children’s Services. In additional the service will produce a quarterly report covering Key Performance Indicators (KPI)/Audit/Service User feedback / outcomes and impact, which will also be shared with the AAD 0-25 partnership board – this is in line with the rest of WCF services

Leadership

Strategic AAD 0-25 lead at Director Level (WCF grade) reporting to Director of Children’s Services
Group Managers report to AAD 0-25 Director

Team Managers report to Group Managers Matrix management for professional standards and development as required.

Case work then subject to ‘Pod’ allocation

All Age Disability 0-25 Service Proposal Paper

PODs are cross-functional and multidisciplinary teams that connects design, build, and run in order to deliver the right customer service and provision.

The AAD will be the single point of contact for the three service areas and will be allocated according to need and provision sort. A pod will either be geographic area and/or clustered round schools. Allocating to identified workers from that pod with the right specialisms but with the flexibility to allocate neighbouring 'pod' worker when capacity requires this. Essentially what will be different will be considering the holistic needs at the point of contact and co-ordinating joint work from beginning.

5: Budget

A cautious phased approach is to be taken to support package budgets. The budgets for adult care packages can be managed as is, via the cost codes currently used to track and hold to account the decision making and expenditure. Therefore, the budget would not need transferred and will remain in adults' services.

The staff resource will be TUPE across. There will be a calculated contribution to the service delivery management and QA overhead costs. These two cost will create an annual fee from WCC to WCF as part of the contract to deliver services for 18-25 year olds in receipt of dual support.

Commissioning budget for individuals:

- decision making on individual cases will be held in WCF under management of AAD 0-25 Director:
- Specific budgets will remain in WCF/WCC
- 0-18 Placements – CSC looked after, or educational placements sits in WCF budget
- 18-25 budget held in WCC - decision placement identification and decision-making sits in AAD.

There will be regular reporting to demonstrates efficient and cost controlled use of the funding in conjunction with KPI and other QA mechanisms to evidence high quality service that provides best value with good outcomes as outlined above.

Benefits

Non-Financial
<ul style="list-style-type: none">• Improved user experience• Increased independence for young people with SEND• Increased options for independent living for young people with SEND• Increased access and support for education/training and/or employment for young people with SEND• Seamless transition for young people with SEND into adulthood

In addition to the aspirations of improved user experience and outcomes there are also the following benefits:

- Single dedicated strategic leadership, supported by a transformational integrated management team
- Developing a joint independence strategy which includes the following elements: promotion of Independent travel, independent living and Community Access and Engagement. An integral part of the strategy is, within the wider context of improved customer care/help developments, is the creation of Independence hub(s)
- Single point of contact for Children, young people with a disability and their families for services, supported and complimented by the Independence hub developments
- By bringing the teams together and co-locating improves communication and shared problem solving and longer-term planning

All Age Disability 0-25 Service Proposal Paper

- Resolution to challenges is within the one service – reduce blame, hand offs and family frustration of being passed between services
- Efficient use of resources to meet need rather than over processing people
- Smoother handover between professionals, better informed Care assessment and plans with the young person's information 'traveling' with them
- Developing new integrated workings that focus on delivery rather than process, by working through each other, increased co-working to a joint plan and outcomes.
- Increased drive and planning for independence and life in the local community at the earliest opportunities, improving outcomes and reducing costs.
- This will place the WCC & WCF services for disabled children and young Adults in a better position to maximise the partnership with health as it plans the implementation of Integrated Care Systems (ICS), working to place based services and optimising the health investments.

With this benefit focus of early identification, preparation for adulthood integral to all work, the placement of the new service within Worcestershire Children First is the most logical one. This will be supported and challenged by joint WCF & WCC effective accountability, performance management with cost controls.

Strategic Alignment

In WCC Corporate Priority: "It is our priority, working with partners, to ensure Worcestershire residents are healthier, live longer, have a better quality of life and **remain independent** for as long as possible."

Under that priority the specific outcomes for people will focus on:

- 1. Good health through life**
 - a.) Increase Healthy Life Expectancy** of our residents by reducing health inequalities, so people live independent, healthy lives for as long as possible.
 - b.) Improve People's Health and Wellbeing** by maximising our local cultural, communities and heritage offer.
- 2. Education to independence through training or employment**
 - a.)** Creating an offer for all young people to fulfil their potential through being active in volunteering, training, education and work
- 3. Belonging to community: friends, healthy relationships, positive activities, being part of community**
 - a.) Empowered Communities** by ensuring the right information, advice and support are in place and easily accessible and people and communities become more resilient and self-reliant.
- 4. Skills for life and independent living**
 - a.) Person Focused Services** developed through collaboration and building on the strengths and capabilities of local communities - ensuring that we make every conversation count consistently across the County's public sector.
 - b.) Evidence Based Decision Making** to ensure that services and support is shaped to meet the needs of Worcestershire's residents, that is responsive to the needs of different communities

These changes will be coherent and contribute to the Single place strategy, 'One Worcestershire' and the 'Here2Help'/Customer care developments – 3 conversation model. Creating a service that is locality facing and by bringing the transition team into a single service it will ease access, along with the joint development of an Independence strategy and Independence hub within the Here2Help offer and embracing the reimagination of the access to services, self-service and self-help and digital strategy

All Age Disability 0-25 Service Proposal Paper

Key Issues and Risks

Deliver transformation within current structures	continuation of disruptive difficult communication, team management conflict and competing demands and processes
Deliver – with different “hosting” arrangement e.g. secondments and/or co-location	No single point of contact, dispersed strategic leads, complex management problem solving
Adult Services budget control	<p>Increased expenditure, historically children’s services support has been higher.</p> <ul style="list-style-type: none"> • Mitigated by work already done on aligning direct payment rates and process. • Strong Governance and accountability built into the change. Which can include provision budget remaining within Adults • Re-enforced culture of Needs and outcomes rather than service provision and entitlement
Performance Management and Accountability	This is a joint venture from conception. Robust governance, performance management and accountability are built into the changes
information sharing, single case management and transfer of information across the 3 case management systems currently used (Capita One, Liquid logic Children, Liquid Logic Adults)	<p>This exists within the current system but may become an added barrier to enabling the integrated working.</p> <p>To mitigate we will Review systems and maximise the communication, cross population and data reliability across the 3 systems, we will review the requirements to meet this need as contracts come up for review.</p>
Impact on staff as this is further change and restructure – risk of “Change Fatigue” and anxieties of detachment from Adult services for some	<ul style="list-style-type: none"> - Strong staff communication and engagement – feedback <ul style="list-style-type: none"> o Joint workshops o Regular updates & Briefings o Dedicated Email o Joint senior management at Team Meetings - so far has been very positive on the principles and objectives. Concerns expressed are on the details of how it will work and the personal impact of where and who they will be working with.
Public awareness and perception about the change. Does this constitute significant change and require public consultation. Additional risk of expectation of what the new service would be able to deliver from day 1	<ul style="list-style-type: none"> - We are engaging and working with Families in Partnership (FIP) & Worcestershire Association of Carers (WAC) - Regular Updates are going on the SEND Local Offer - Develop some launch events - - We have consulted with legal services and are agreed as there is no change in service offer but only the way we arrange the services, it does not constitute a significant change and a public consultation is not required.

All Age Disability 0-25 Service Proposal Paper

Appendix 1 - Financial Implications:

The Budget implications:

	Current	All Age Disability 0-25	Difference
WCF (SEND & CWD)	5,795,100		
Young Adults Team	738,400		
TOTAL	6,346,400	6,572,600	226,200

The current draft restructure proposal requires an approximate £230k investment. This is to enable equality of provision across the three geographic areas and ensure sufficient capacity and support for the 3 professional disciplines. This in the first instance is being explored if this can be found within efficiencies in both WCF and Adult services. Overtime, reduction in the use of more expensive out of county residential colleges by an improved holistic local offer will reduce costs and longer-term liabilities of the service.

The specific budgets relating to the children and young people for provision and placements are being worked on to bring together in one place the SEND and CWD current budgets and any Section 75 Health Budget. There is not anticipated any change to these.

A similar piece of work is being completed for young adults, again no anticipation of changes. The proposal as outlined above is budgets will remain in WCF & WCC respectively all though managed through the AAD 0-25 service.

The activity of the coordinated services, including social care disability services and educational services for SEND will have a significant impact on the High Needs budget within the DSG (Dedicated Schools Grant). The DSG budget is ring-fenced and therefore does not form part of the Local Authority's overall revenue position, however it is Local Authority spend.

The Local Authority High Needs DSG budget provides additional funding for children and young people with SEND has been overspending for the last few years resulting in a deficit of around £16m at the end of 2021/22 which will need to be carried forward into 2022/23 which doesn't impact on the council's financial position at the moment. High Needs deficits are a significant national issue, and the council continues to work with the Local Government Association and other local authorities to seek clarification on both the position once the statutory instrument expires and a sustainable funding strategy for the High Needs budget. However, we must not wait for a national solution and the service will need to formulate a robust High Needs recovery plan to reduce the deficit which is embedded into day to day working of the service which will be aligned to the accelerated action plan resulting from the joint area SEND revisit in November 2021.

The joining up of functions and services will serve to impact positively on effective and efficient spend of this Grant. Several placements for Children and Young People will mature into placements in Adult Services once the children reach Adulthood. Therefore, this programme will consider the potential impact of transitions into Adult Services budgets.

CHILDREN AND FAMILIES OVERVIEW AND SCRUTINY PANEL 11 JANUARY 2022

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

Summary

1. The Panel is to be provided with an update on the Umbrella assessment and diagnostic pathway for children and young people who it is considered are, or may be, on the autistic spectrum.
2. Representatives from the Herefordshire and Worcestershire Clinical Commissioning Group (CCG), the Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT) and Worcestershire Children First (WCF) have been invited to attend the meeting.
3. In addition, the Cabinet Members with Responsibility for Children and Families and for Education have also been invited.

Background

4. This Service has been part of ongoing Scrutiny since 2017 (agendas and minutes of previous meetings are detailed in the background papers below).
5. 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.
6. 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 ongoing needs.
7. It has been the service's aspiration to have a maximum wait time of 6 months and a business case was approved and improvements are being implemented in order to achieve this. However, despite some improvements in waiting times there have been numerous challenges in achieving the 6 month maximum waiting time.
8. In March 2020, COVID-19 resulted in all Umbrella Pathway assessments being cancelled due to a Government directive to stop non-essential services. Some professionals were redeployed to front line acute care.

9. As a response to COVID-19, an increased support offer was developed for children and young people and their families by the Speech and Language Therapy (SLT) Team. This was accessible by those with an autism diagnosis, undergoing assessment or whose difficulties were in line with autism traits. Feedback from families has been positive. Families who were not previously known to SLT have also benefited. Online resources were also made available which have been accessed by high volume of people.

10. Following initial lockdown, clinicians who had not been redeployed (mostly Community Paediatricians) focused their clinical Umbrella Pathway working hours to non-patient facing activities to support the pathway. This included triage and planning and diagnostic discussion.

11. A further change was implemented September 2020 with the introduction of triage for all referrals received rather than discussion at a planning meeting with more than one clinician. This change has released clinical time back into other elements of the pathway and removed delays between referrals being received and reviewed by clinicians as there is no wait for a planning meeting. Referrals are triaged on a rota basis to ensure all clinicians have an oversight of referrals. There is an opportunity for the triaging clinician to discuss more complex referrals with other pathway clinicians at the end of each diagnostic discussion meeting.

12. Trials of virtual assessments were also initiated in order to minimise additional waiting times within the umbrella pathway. Limitations were experienced according to the age of the child with greater success in the teenagers. Development of new/adapted assessment tools were also implemented by SLT. These were introduced in September 2020 but are only suitable for specific young people.

13. Following a review in February 2021, a commissioner-led task and finish group was established to support the services contributing to the Umbrella Pathway to implement the actions directed by Integrated Commissioning Executive Officers Group (ICEOG).

14. The CCG provided funding of £104,374 to HWHCT and WCF for additional capacity to clear the backlog of cases awaiting diagnosis.

15. There has been a recent change to the clinical and service leadership within HWHCT, which has provided some internal challenge to the current delivery of the service. The Clinical Director is a Consultant Paediatrician who has extensive experience (12 years) in neurodevelopmental diagnosis.

16. The focus of the task and finish group was to ensure that all children referred prior to 1 April 2021 completed the pathway, and additional investment was made to provide the capacity required.

Current position

17. HWHCT confirmed that the baseline investment is sufficient to maintain a 6-month diagnostic pathway at the current rate of demand.

18. Two cohorts of children on the waiting list were identified. Cohort One were referred prior to 1 April 2020 (225 children were in the cohort in April 2021) and

Cohort Two prior to 1 April 2021 (304 children were in the cohort in June 2021) see Table 1 below.

19. The service provided the task and finish group with child-level information for both cohorts, detailing the assessments required, the diagnostic meeting and final feedback appointment with the family. This information was reviewed monthly by the group.

20. A change in clinical leadership within the Community Paediatric service facilitated a review of the current pathway with internal challenge on the purpose of the individual assessments required to support a clinical decision on the diagnosis for the child.

21. All cases were reviewed to confirm the actions required to complete the pathway. This reduced the number of assessments required for some children where sufficient information was available to support clinical decision-making.

22. The task and finish group focussed on improving the efficiencies of the service, leading to a proactive approach to managing appointments and receipt of clinical information from each assessment completed. Clear standards were set within the Standard Operating Procedures for the service including a consistent approach to the management of cancelled appointments.

23. The pathway commences with a comprehensive Neurodevelopmental assessment of the child, which may provide sufficient information for a diagnosis to be made. This assessment will also determine if further information is required, and any additional assessments necessary to support the clinical diagnosis.

24. A member of the Umbrella Multi-Disciplinary Team (MDT) is now the allocated case worker for each child. They are the point of contact for the family, collate the information from the individual assessments, present the case at the diagnostic meeting and feedback the outcome to the family. They are also responsible for providing the written report on strengths and areas of support for the child.

13. The Reduction in backlog of cases is given below:

Table 1

	Total in Cohort One	Total in Cohort Two
29-04-21	255	
13-05-21	244	
03-06-21	214	304
08-07-21	172	286
09-08-21	85	240
07-09-21	30	208
06-10-21	12	169
03-11-21	3	93
20-12-21	2	39

14. Of the two remaining cases in Cohort One, one family did not attend the initial appointment in September and further assessments are now required. The second child has been offered appointments which have been declined and has been

further impacted by staff having to isolate due to Covid. The second child is scheduled to complete the pathway in the first week of January 2022.

15. HWHCT have provided assurance that the service has the capacity to complete the remaining cases. Of the 39 remaining cases in cohort two, 18 will complete the pathway by the end of the first week in January. A further 12 are scheduled for diagnostic discussion by the end of the first week in January and we anticipate that feedback will be provided shortly afterwards and therefore the pathway completed by the end of January.

16. The remaining 9 all have dates scheduled for assessments and these are being prioritised by staff. There is capacity in January for diagnostic discussion and feedback for these remaining 8 cases as soon as their assessments are completed. This will be monitored by commissioners to ensure there are no barriers to the service being provided as agreed.

17. The redesign of the pathway has significantly reduced the need for the Complex Communication Needs Team (CCN) to provide assessments, releasing their capacity to provide support for children in their education setting. The demand for CCN assessments has reduced from 185 assessments requested in 2018 to 20 over the past 12-month period. The anticipated future demand is 24 per year.

18. A support facilitator with lived experience of a child with autism has been employed by HWHCT to co-ordinate access to support for parents following completion of the Umbrella Pathway. The role is part-time and will focus on signposting rather than direct delivery of support.

19. On completion of the pathway, families are also signposted to the Worcestershire Local Offer. A leaflet with details of the Local Offer is included with the report which is sent to families. Some children will remain under the care of a paediatrician, for example if on medication or have other clinical conditions requiring medical management.

20. Families of newly diagnosed children in future will be offered an opportunity to attend a virtual workshop about the health implications of having a diagnosis of Autism. This will then inform the ongoing support offer to be administered and facilitated by the support facilitator role, with support from appropriate clinicians.

Next Steps

21. Maintain the revised referral process with evidence of full graduated response is included in referrals with information from parents and schools is actioned and monitored.

22. Refresh of capacity and demand modelling to ensure the current and future changes in the process are reflected. Monitor milestones of recovery and monitor achievement, negotiating and implementing urgent actions in the event of any slippage – ongoing.

23. Identify children and young people who are less complex or demonstrate strong traits of autism at the outset in order to fast track them to prompt diagnostic discussion. (Example child recently referred to pathway and received diagnosis within 6 weeks of referral) - ongoing

24. Assurance on the continued improvement in access and time taken to conclude the assessment and diagnostic pathway is provided regularly at system level meetings including ICEOG, Special Education needs and disability (SEND) Improvement Board and internally within the Herefordshire and Worcestershire Health Care NHS Trust.

25. National Health Service England (NHSE) are requiring all Integrated Care Systems (ICSs) to deliver a 3-year plan for Learning Disabilities and Autism (LDA). Within this programme funding is available to commission post-diagnostic support for autistic people and a project is progressing to co-produce the specification and procure a service from 1 July 2022.

26. Additional funding has been secured to support 14-25 year olds who are newly diagnosed and at risk of experiencing a crisis and hospital admission. This is also part of the LDA Programme delivery.

27. Each Local Authority (LA) is leading the development of an Autism Strategy following publication of the National Strategy this summer. Worcestershire needs to focus on ensuring children and young people can receive the educational and other support they require at the point of need, rather than requiring a clinical diagnosis.

Purpose of the Meeting

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

- Consider the information in this report and 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.

Contact Points

Alyson Grice / Alison Spall, Overview and Scrutiny Officers, Tel: 01905 844962 / 846607
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

[Agenda and minutes of Council 9 November 2017](#)

[Agenda and minutes of Overview and Scrutiny Performance Board 24 May 2019](#)

[Agenda and minutes of Children and Families Overview and Scrutiny Panel 25 September 2019](#)

[Agenda and Minutes of the Children and Families Overview and Scrutiny Panel 13 November 2020](#)

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

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CHILDREN AND FAMILIES OVERVIEW AND SCRUTINY PANEL

11 JANUARY 2022

WORK PROGRAMME

Summary

1. From time to time the Children and Families Overview and Scrutiny Panel will review its work programme and consider which issues should be investigated as a priority.

Background

2. Worcestershire County Council has a rolling annual Work Programme for Overview and Scrutiny. The 2020/21 Work Programme has been developed by taking into account issues still to be completed from 2020/21, the views of Overview and Scrutiny Panel Members and the findings of the budget scrutiny process.

3. Suggested issues have been prioritised using scrutiny feasibility criteria in order to ensure that topics are selected subjectively and the 'added value' of a review is considered right from the beginning.

4. The Children and Families Overview and Scrutiny Panel is responsible for scrutiny of:

- Children's Social Care and Families
- Public Health relating to Families
- Education and Skills

5. The current Work Programme was agreed by OSPB on 21 July and was approved by Council on 9 September 2021.

Dates of Future Meetings

- 23 February 2022 at 2pm
- 10 March 2022 at 10am
- 10 May 2022 at 2pm
- 7 July 2022 at 10am
- 20 September 2022 at 2pm
- 3 November 2022 at 10am

Purpose of the Meeting

6. The Panel is asked to consider the 2021/22 Work Programme and agree whether it would like to make any amendments. The Panel will wish to retain the flexibility to take into account any urgent issues which may arise.

Supporting Information

- Appendix 1 – Children and Families Overview and Scrutiny Panel Work Programme 2021/22

Contact Points

Alyson Grice / Alison Spall, Overview and Scrutiny Officers, Tel: 01905 844962 / 846607
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes for Council on 9 September 2021
- Agenda and Minutes of OSPB on 21 July 2021

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

Children and Families Overview and Scrutiny Panel

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes/Follow-up Action
11 January 2022	All Age Disability Strategy		To be considered jointly with the Adult Care and Well Being O&S Panel
	Update on the implementation of the Assessment Pathway for Children and Young People who may have Autism	15 November 2020	Panel requested an update in 12 months
	Scrutiny of 2022/23 Budget		
23 February 2022	Update on Special Educational Needs and Disabilities (SEND) Improvement	16 June 2020	Ofsted/Care Quality Commission (CQC) re-visit delayed – now taking place 1 - 3 November 2021.
	Feedback following Ofsted Inspection of Fostering Service		
10 March 2022	Education Covid Recovery - impact on Educational Outcomes 2021 including Apprenticeships		
	Delivery Model for Medical Education Provision – Update	16 March 2021	
	Performance and In-Year Budget Monitoring (Q3 October to December/Period 9)		
10 May 2022	Impact of Child poverty		Requested at Panel Meeting 13 November 2019 (refer to Worcester City Task Group Report)
	Performance and In-Year Budget Monitoring (Q4 January to March)		

Possible Future Items			
TBC	Future of Youth Work in Worcestershire (was Positive Activities)		
TBC	Ofsted Inspecting local authority children's services (ILACS) Inspection – Feedback from focused visit post July 2021	11 September 2019	ILACS inspection due post July 2022
TBC	Current organisation of Education within the County (2 tier/3 tier)		Requested by Panel 16 July 2021 To be considered when further KS2 data available
TBC	Vulnerable Learners (to include children missing education, Elective Home Education, Young People not in education, employment of training (NEETS), exclusions and alternative provision)		To remain on the work programme (Requested 12 Nov 2021). More up to date data requested
TBC	Update on GET SAFE		To include the experience of young people who have experienced the service
Standing Items			
March	Education Performance outcomes		Annually
July	WSCP Annual Safeguarding Report		Annually
November/January	Budget Scrutiny		
March/July/September/November	Quarterly Performance and In-Year Budget Monitoring		