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**TRAFFORD**  
**COUNCIL**

## **AGENDA PAPERS FOR CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE**

**Date: Tuesday, 14 January 2020**

**Time: 6.30 pm**

**Place: Committee Room 2 and 3, Trafford Town Hall, Talbot Road, Stretford, M32 0TH.**

### **A G E N D A**

**Pages**

**1. ATTENDANCES**

To note attendances, including officers, and any apologies for absence.

**2. DECLARATIONS OF INTEREST**

Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.

**3. URGENT BUSINESS (IF ANY)**

Any other item or items which by reason of:-

(a) Regulation 11 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the Chairman of the meeting, with the agreement of the relevant Overview and Scrutiny Committee Chairman, is of the opinion should be considered at this meeting as a matter of urgency as it relates to a key decision; or

(b) special circumstances (to be specified) the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

**4. QUESTIONS FROM MEMBERS OF THE PUBLIC**

A maximum of 15 minutes will be allocated to public questions submitted in writing to Democratic Services ([democratic.services@trafford.gov.uk](mailto:democratic.services@trafford.gov.uk)) by 4pm on the working day prior to the meeting. Questions must be within the remit of

the Committee or be relevant to items appearing on the agenda and will be submitted in the order in which they were received

5. **MINUTES OF PREVIOUS MEETING** 1 - 8  
  
The minutes of the Children and Young People's Scrutiny Committee meeting held on 8<sup>th</sup> October 2020 are attached for approval
6. **MINUTES OF THE START WELL BOARD** 9 - 18  
  
The minutes of the Start Well Board meeting held on 7<sup>th</sup> November 2019 are attached for noting
7. **SCHOOL READINESS**  
  
Report to follow
8. **UPDATE ON OFSTED REPORT MAY 2019 - INSPECTION OF CHILDREN SOCIAL CARE SERVICES**  
  
Report to follow
9. **PREPARING FOR ADULTHOOD (PFA) PROTOCOL** 19 - 54
10. **COMMUNITY PAEDIATRICS UPDATE** 55 - 60
11. **CORPORATE PARENTING BOARD UPDATE**  
  
Verbal update
12. **WORK PROGRAMME 2019/20** 61 - 66
13. **EXCLUSION RESOLUTION**

Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of "exempt information" which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

**SARA TODD**  
Chief Executive

### Membership of the Committee

Councillors D. Western (Chair), T. Carey (Vice-Chair), J. Bennett, Miss L. Blackburn, J. Dillon, J. Holden, S. Longden, A. New, S.B. Procter, D. Acton (ex-Officio), Dr. K. Barclay (ex-Officio) and Khan.

### Further Information

For help, advice and information about this meeting please contact:

Fabiola Fuschi,  
Tel: 0161 912 2019  
Email: [fabiola.fuschi@trafford.gov.uk](mailto:fabiola.fuschi@trafford.gov.uk)

This agenda was issued on **6<sup>th</sup> Jan 2020** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

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# Agenda Item 5

## CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE

8 OCTOBER 2019

### PRESENT

Councillor D. Western (in the Chair).

Councillors T. Carey (Vice-Chair), Miss L. Blackburn, J. Dillon, J. Holden, S. Longden, A. New, S.B. Procter and D. Acton (ex-Officio)

#### In attendance

Ged Rowney	Interim Director of Children's Services
Karen McCallum	Head of Education of Vulnerable Children Service and Senior Advisor
Fabiola Fuschi	Governance Officer

#### Also Present

Councillor Hynes, Deputy Leader and Executive Members for Children and Social Care

Councillor Carter, Lead Member for Education

### 29. ATTENDANCES

Apologies for absence were received from Councillor Dr. Barclay and Mrs. Khan.

### 30. DECLARATIONS OF INTEREST

There were no declarations of interest received.

### 31. URGENT BUSINESS (IF ANY)

There were no items of urgent business received.

### 32. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no public questions received.

### 33. MINUTES OF PREVIOUS MEETING

The Committee gave consideration to the minutes of the meeting held on 9th July 2019. Item 16 – Attendances, should read Councillor Shirley Procter and not Councillor Judith Proctor.

Members objected that the resolution for Item 24 – Update on Ofsted Report May 2019, Inspection of Children's Social Care Services, requested that the update for October's meeting include the action plan to address Ofsted recommendations. However, this was not part of today's agenda.

The Interim Corporate Director for Children's Services explained that Children's Services Improvement Plan was publically available on the Council's web-site. However, copies of the plan were handed over to Members at the commencement of the meeting.

**RESOLVED** that, subject to the amendments agreed above, the minutes of the Children and Young People's Scrutiny Committee meeting held on 9<sup>th</sup> July 2019 be approved as a correct record.

#### **34. MINUTES OF THE START WELL BOARD**

The Committee gave consideration to the minutes of the Start Well Board meeting held on 27<sup>th</sup> June 2019. Members queried whether funding had been identified to support the Maternity Voices Partnership. It was agreed that a verbal update would be provided at the next meeting.

**RESOLVED -**

1. That the minutes of the Start Well Board meeting held on 27<sup>th</sup> June 2019 be noted.
2. That a verbal update concerning the funding to support the Maternity Voices Partnership be provided at the next meeting of the Committee.

#### **35. EXCLUSION FROM SCHOOL AND OTHER RELATED ASPECTS**

The Committee considered a report of the Head of Education of Vulnerable Children Service and Senior Adviser which informed of the processes in place in Trafford to manage school exclusions.

The author of the report and the Interim Corporate Director for Children's Service were in attendance to present the information and address the enquiries of the Committee.

The officer reported that the Vulnerable Children service maintained good working relationships with schools in Trafford through the provision of advice, guidance and recommendations. Fixed period exclusions in Trafford were lower than the national average and fixed period exclusions of children in need and those of children under child protection were also low. Although more data was required for a breakdown of vulnerable groups, existing data indicated that there was a higher proportion of exclusion of pupils with Special Educational Needs and Disabilities (SEND) than expected. With regard to permanent exclusions, since 2013/14, the rate across Trafford had risen from 0.07% to 0.16% in 2017/18. In 2018/19 figures had shown a downturn to 0.12%. The officer added that data relating to exclusions, admissions and SEND was stored in three different systems; consequently, it took a long time to compare information. A more up to date and efficient system was required to gather and compare data efficiently for better analysis.

Members sought clarification with regard to the percentage of school exclusions in Trafford, in 2017/18, in comparison to the percentage in England and in the North West. Officers reported the following statistics of children excluded from school:

Trafford 0.6%, England 0.1% and the North West 0.11%. Officers added that, since 2015, there had been a constant increase in school exclusions. Members queried the reason for this trend. It was explained that several factors such as the SEND reform, decrease in school funding and its impact on school staff. Changes in society also impacted on behaviours and school's expectation. Members queried why it was not possible to identify the schools with high levels of exclusions and SEND. Officers explained that figures varied from year to year. However, schools with high cases of exclusions were those which took the highest number of pupils in year. Members raised concerns with regard to the fact that the high rate of exclusions in Trafford could be caused by the cuts to school budgets. Officers explained that certain data, such as ethnicity of children excluded from school, was currently being recorded manually by individual schools; consequently, gathering these figures was very difficult and a new system was necessary. It was explained that plans were in place to acquire a system able to capture the necessary data. Members queried the cost of the new system. Officers explained that, in Trafford, all schools but one had their own admission process. A solution could be for all schools to have a unitary authority managing admissions. With regard to academies sharing data on exclusions, it was explained that it was a statutory duty to report these figures, although, at times, this data was not communicated by schools quickly enough. Members queried what interaction existed with pupils who were out of the area and their families. Officers explained that in the instance of fixed period exclusions, the school would address the issue with the pupils and their families. Officers also explained that the exclusion of children with EHCP would be very rare. Officers added that local authorities and schools had invested substantial resources to make sure that school exclusion was the last resort to manage pupils' behaviour.

Members also raised concern with regard to the fact that off-rolling of Year 10 pupils was a common pattern to avoid bad exam results. However, this was difficult to evidence.

The Executive Member for Children's Social Care explained that there was a national movement that aimed to put pressure on Ofsted in order to increase support in schools through pastoral care and early intervention strategies. The Executive Member mentioned the work of Children and Young People's Scrutiny's Task and Finish Group on SEND and School Exclusion and stated that it was important to have mechanisms in place, such as scrutiny committees, to ensure that Trafford was an inclusive borough.

Officers explained that the Bridge Programme offered tailor-made support to ensure that, after a period of time spent at the Pupil Referral Unit, children could go back to the mainstream school. If a child was permanently excluded twice, schools could refuse to admit him/her.

**RESOLVED –**

1. That the report be noted;
2. That the actions outlined in the report be endorsed:
  - a. A new data system be purchased which can bring together all of the non-academic information around pupils, so that vulnerable cohorts can be more easily identified and tracked.

- b. When the Behaviour and Standards Officer post is filled, the Officer carries out:
  - i. An analysis of permanent exclusion from secondary school to determine how many permanently excluded pupils have transferred into the school after the start of Year 7;
  - ii. Initiates shared conversations across groups of schools to consider the appropriate length of fixed term exclusions depending on age and what the behaviour policy reach relates to.

**36. UPDATE ON OFSTED REPORT MAY 2019 - INSPECTION OF CHILDREN SOCIAL CARE SERVICES**

The Committee gave consideration to a presentation of the Interim Corporate Director of Children's Services which provided the latest developments on the Children's Improvement Programme. The programme had been devised following the outcome of the Ofsted inspection in May 2019 to address the regulator's recommendations.

The Executive Member for Children's Social Care was in attendance to respond to the enquiries of the Committee.

The Senior Officer explained that phase one of the programme, "Responding", was being completed and in the next weeks, phase 2, "Strengthening" would start being embedded, focussing on shifting culture to support families at the earliest stages of issues arising. There were nine work streams with 100% of tasks either complete or on target. The Improvement Board monitored progress against the action plan. A project manager was in place to bring forward the programme. The Department for Education (DfE) funded a peer support approach and Trafford was working with Cheshire West and Chester Council focussing on front door services, children's first response and MARAT (Multi-Agency Risk Assessment Team). In September, members of staff had been trained on the Voice of the Child as part of a major drive to engage with young people and their families. The Restorative Practice Approach started to be embedded to build on strength of families. The referral forms had been updated and Liquidlogic (social care management system) had been modernised and a new dashboard had been introduced in order to manage information more effectively. Front line staff had been trained on a new level of needs and a new risk register had been introduced to mitigate potential risk that had been identified. An Early Help offer had been put together with additional support. Child protection plans and child protection cases had reduced. Proportion of Looked After Children (LAC) with annual health assessment had been completed above target. Referral decisions had been made in line with timescales.

The Interim Corporate Director of Children's Services went on to inform the Committee of work strands that required improvement. LAC cases had increased, although, lately, figures had decreased through an intense assessment process. The number of open cases was on the increase; officers explained that this might be due to Ofsted report making agencies and partners more risk adverse and reporting cases more quickly.



Members sought and received clarification on the risk register, specifically the post-mitigation activity and how related to the objectives highlighted. The Committee requested to see the risk assessment in detail. Members queried whether the Ofsted visit next week would find that Trafford Council was performing according to its standards. The Senior Officer explained that Ofsted's visits would take place periodically to ensure scrutiny of the improvement process which took place in stages. A new, full inspection would take place in two years.

The Committee also queried open cases and whether there were any common themes. It was explained that a common theme was certainly caseloads for members of staff. However, management was currently working to ensure that workers had a maximum of 20 cases, currently 19-21. Ofsted wanted to see progress and development in the areas identified for improvement. The Committee asked when a permanent Corporate Director of Children's Services would be appointed. It was explained that the interviews were on progress. The Committee also queried the reasons for such a sudden deterioration in the Ofsted rating. The Lead Member for Children's Social Care explained that, over a number of years, social workers' caseload had increased substantially, exceeding national standards and managers had been unable to properly audit children's files. Consequently, leaders had not had effective oversight of the situation. Following the inspection, the leader and deputy leader of the Council were members of the Improvement Board and a more rigorous scrutiny of data sets available was in place.

Members asked what progress had been made against the four measures in red related to Early Help. The lead member for Children's Social Care explained that a piece of work had recently been completed to make the Early Help offer more effective through modified levels of need and supporting schools where the requirement did not meet social care intervention. Members also requested to have more information with regard to the Risk Heat Map, in particular, the service performance indicators.

**RESOLVED: -**

1. That the update be noted;
2. That more information be provided with regard to the Risk Heat Map, in particular, the service performance indicators.

**37. FOSTERING PROCESS**

The Committee considered a progress report of the Director of Early Help and Children's Social Care on the recruiting activity to increase fostering capacity in the Borough. The Interim Corporate Director of Children's Services attended the meeting to present the information and address the enquiries of Members.

The target for 2019/20 was to recruit 18 fostering household. To date, 10 fostering households had been approved and 9 were currently being assessed. The service delivery risks were outlined. These consisted in delay in allocation for assessment due to capacity within the Family Placement team; however, at present, there were no applicants who were unallocated.

The Corporate Director of Children's Services draw the attention of the Committee on the fact that 8 young people had moved not according to the plan. Studies would be carried out to establish why this had happened.

Members queried why only one Fostering Plus Household had been approved. Officers explained that the services continued to actively recruit and five additional carers were being through the process.

Members also asked how many foster carers there were in Trafford and how Children's Services balanced experienced foster carers with the less experienced ones. The Interim Corporate Director explained that in Trafford there were 128 foster families. Regular recruitment took place to ensure that new foster parents replaced those who had left the scheme. Training and mentoring was in place to support foster parents who also had their own peer support groups such as coffee mornings. The Committee asked about a recent survey carried out with foster parents. The Officer explained that this was an independent survey conducted by Ofsted. Some issues had been identified and these were being addressed with the involvement of Have Your Say group. The Committee queried about the lack of capacity to develop in house specialist fostering scheme. The Officer explained that there was an issue with recruiting foster carers across all authorities. Trafford Council was looking at increasing in house provision. However, a long term investment process was being planned for 2020/21.

Members queried about the in house specialist fostering services that existed a few years ago. It was explained that this was not financially viable. Members also asked whether any comparative work had been done to establish the most effective way of recruiting foster carers. It was explained that there was an ongoing campaign through social media as well as posters on public transports and through collaborative work with other authorities in Greater Manchester. Members sought and received clarification on the outcome of a meeting with foster carers concerning the Ofsted inspection as well as ways in which the Authority listened to the Voice of the Child and the input of Children in Care Council. Members carried on querying the reason why some children were placed with foster parents linked to Independent Fostering Agencies. It was explained that the main reason was to match the child with the right placement.

**RESOLVED** that the content of the report be noted.

### **38. OUT OF AREA PLACEMENTS**

The Interim Corporate Director of Children's Services delivered a presentation on Out of Area Placements. Data was shared with Members concerning the number of placements with Independent Fostering Agencies, their lengths and costs. Figures were also provided about in-house foster and external residential placements.

Members sought and received clarification on progress concerning the development of in house provision for complex cases.

**RESOLVED** that the content of the presentation be noted.

### **39. CHILD PROTECTION PLAN UPDATE**

The Committee gave consideration to a progress report of the Strategic Lead Quality Assurance and Improvement on the Child Protection Re-plans which occurred when a child that had already gone through the Child Protection process, was subject to a subsequent plan. In the last ten months, there had been 32 re-plans equating to 20%; this figure was in line with national and statistical neighbours and it represented a substantial improvement compared to March 2018 when the percentage of re-plans had been 29%. The improvement had been determined by the implementation of restorative Child Protection processes and close supervision of the Strategic Lead to ensure consistent application of thresholds.

The Interim Corporate Director of Children's Services was in attendance to present the information and address the enquiries of the Committee.

**RESOLVED** that the content of the report be noted.

#### **40. CORPORATE PARENTING BOARD UPDATE**

The Chair informed the Committee of the topics discussed at the latest meeting of the Corporate Parenting Board. Children in care had explained the importance of having their mobile phones to maintain contact with their friends when arriving at a new placement. Discussions took place with regard to care leavers and the importance of preparing for life outside of care and the support available. Officers reported that the themes raised by young people in care were investigated and feedback would be provided at the following meeting of the Corporate Parenting Board.

**RESOLVED** that the update be noted.

#### **41. WORK PROGRAMME 2019/20**

Members considered the work programme for the current municipal year. They noted the increase in needs and waiting times to access mental health services for children and young people. Therefore, the Committee agreed to start a task and finish group on Healthy Young Minds.

**RESOLVED -**

1. That: the work programme 2019/20 be noted;
2. That: a task and finish group be formed to focus on Healthy Young Minds, mental health services for children and young people.

The meeting commenced at 6.30 pm and finished at 8.22 pm


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## Start Well Board Minutes

7<sup>th</sup> November 2019, Trafford Town Hall

### Attendees

Cllr Cath Hynes (Chair), Executive Member for Children's Services, Trafford Council  
 Eleanor Roaf, Director of Public Health, Trafford Council  
 Jane Hynes, Public Health, Trafford Council  
 Jane Cryne, Public Health, Trafford Council  
 Kate Hardman, Public Health Intelligence Analyst, Trafford Council  
 Sarah Grant, Partnerships and Communities, Trafford Council  
 Louise Wright, Sports Relationships Manager, Trafford Council  
 Cathy Rooney, Director of Children's Services, Trafford Council  
 Ann Day, Healthwatch Trafford  
 Sarah Grant, Senior Partnerships and Communities Officer, Trafford Council  
 Karen Samples, Director of Education, Trafford Council  
 Claire Ball, Commissioning Officer, Trafford Council  
 Jo Gibson, Head of All Age Commissioning, Trafford Council  
 Debbie Pole, Specialist GP, Trafford CCG  
 Colette Haggis, Early Help, Trafford Council  
 Sophie Reeve, Trafford College  
 Sally Carr, The Proud Trust

<p><b>1</b></p>	<p><b>Welcome, introductions and apologies</b></p> <p>Cllr Cath Hynes welcomed the group and introductions were made.</p>
<p><b>2</b></p>	<p><b>Minutes from last meeting – 13 March 2019</b></p> <p>Attendees agreed the minutes from the last meeting.</p> <p><b>Action:</b> Partnerships and Communities team to take up the discussion regarding increasing uptake of Healthy Start Vouchers in Trafford; to be taken forward with Children's Centres and MFT to understand how we measure uptake of vitamins</p>
<p><b>3</b></p>	<p><b>Outcomes Framework</b></p> <p>Kate Hardman presented the attached outcomes framework highlighting statistics on healthy weight, smoking in pregnancy and childhood vaccination coverage as requested by the board.</p> <div style="text-align: center;">  <p>Start Well Outcomes Update_C</p> </div> <p style="text-align: right;">see full document at the end of the minutes</p>
<p><b>4</b></p>	<p><b>Children's Commissioning / LCA Vision</b></p> <ul style="list-style-type: none"> <li>- <b>Presentation</b></li> <li>- <b>Development of a Children's Strategy</b></li> </ul>
<p><b>5</b></p>	<p><b>Children's Services Improvement Plan</b></p> <p>Cathy Rooney presented the update from the Children's Improvement Board following an</p>

	Ofsted monitoring visit on 22 <sup>nd</sup> October.
<b>6</b>	<b>Start Well Priorities</b>
	<b>Healthy Weight Update</b> <b>Progress of the Healthy Weight Steering Group</b>
	<b>Maternity Voices Partnership</b> <b>Progress update</b>
<b>7</b>	<b>Health and Wellbeing Board</b>
	<ul style="list-style-type: none"> <li>- Discussions to take to the board</li> <li>- Nomination of an attendee to represent the Start Well Board</li> </ul>
<b>8</b>	<b>Date and time of next meeting</b>
	Thursday 30th January 2020, 2-4pm

# Update on Start Well outcomes 7<sup>th</sup> November 2019

Kate Hardman, Public Health Intelligence Analyst

E-mail: [kate.hardman@trafford.gov.uk](mailto:kate.hardman@trafford.gov.uk)

# Updates

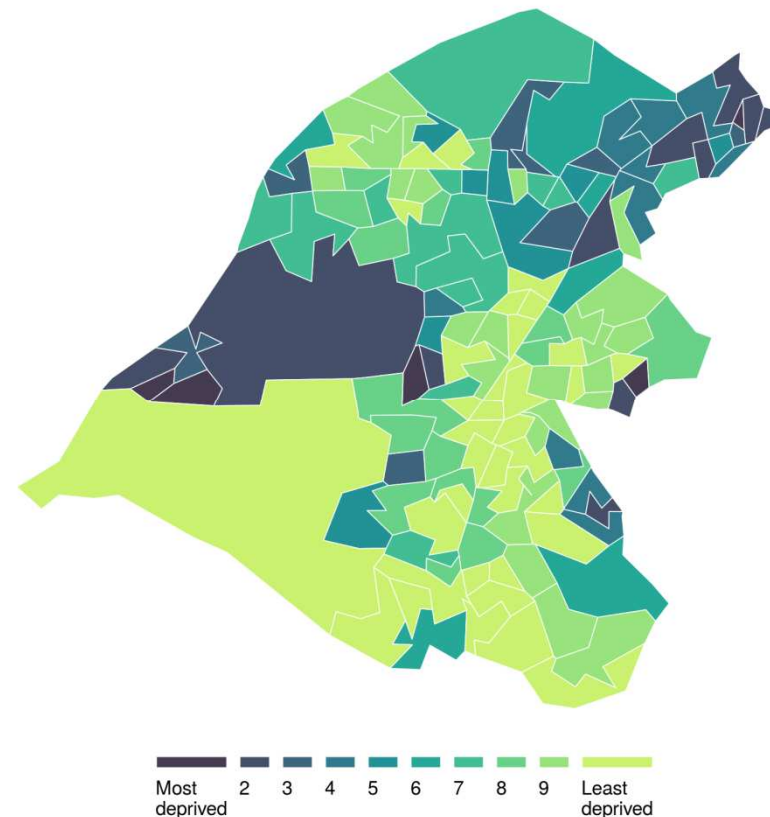
- Child poverty – publication of 2019 Indices of deprivation
- Excess weight
- Smoking in pregnancy
- Vaccination coverage



# Income Deprivation Affecting Children – 2019

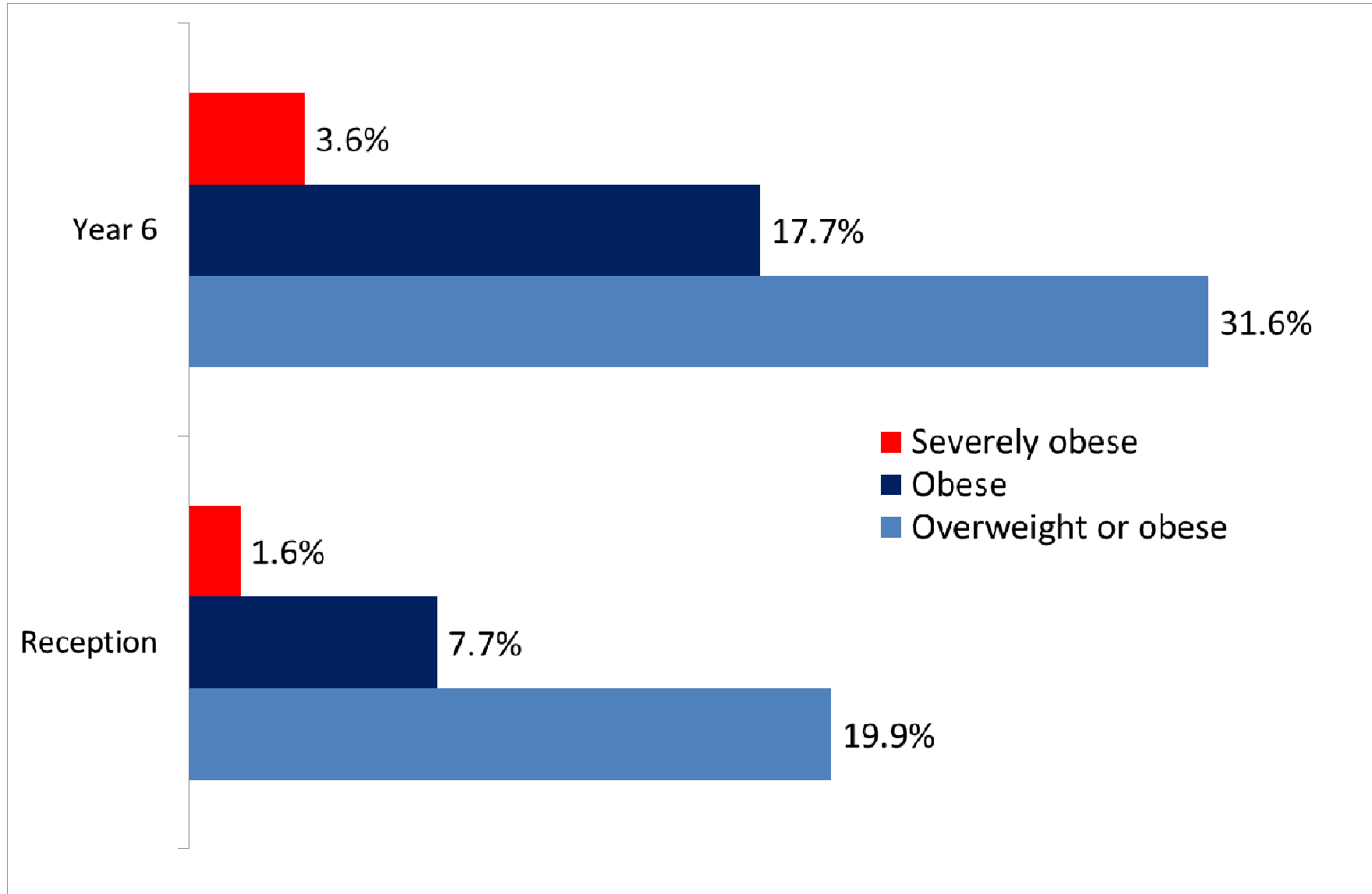
- Measures the proportion of all children aged 0 to 15 living in income deprived families
- Trafford ranks 214 out of 317 districts in England on the average 2019 IDACI score. This represents a decrease in relative deprivation on 2015 when Trafford ranked 196 out of 317.
- 11.7% of Trafford 0-15 year olds experiencing income deprivation on this measure, but rising to 44.1% in the most deprived LSOA
- 5 out of 138 (3.6%) of Trafford LSOAs rank in the 10% most deprived in England: 2 in Bucklow-St-Martins, 1 in St Mary's, 1 in Clifford, and 1 in Sale Moor.

**Income Deprivation Affecting Children, 2019**  
Lower-layer Super Output Areas in Trafford by decile



Source: English Indices of Deprivation (2019), MHCLG  
Contains Ordnance Survey data © Crown copyright and database right 2019

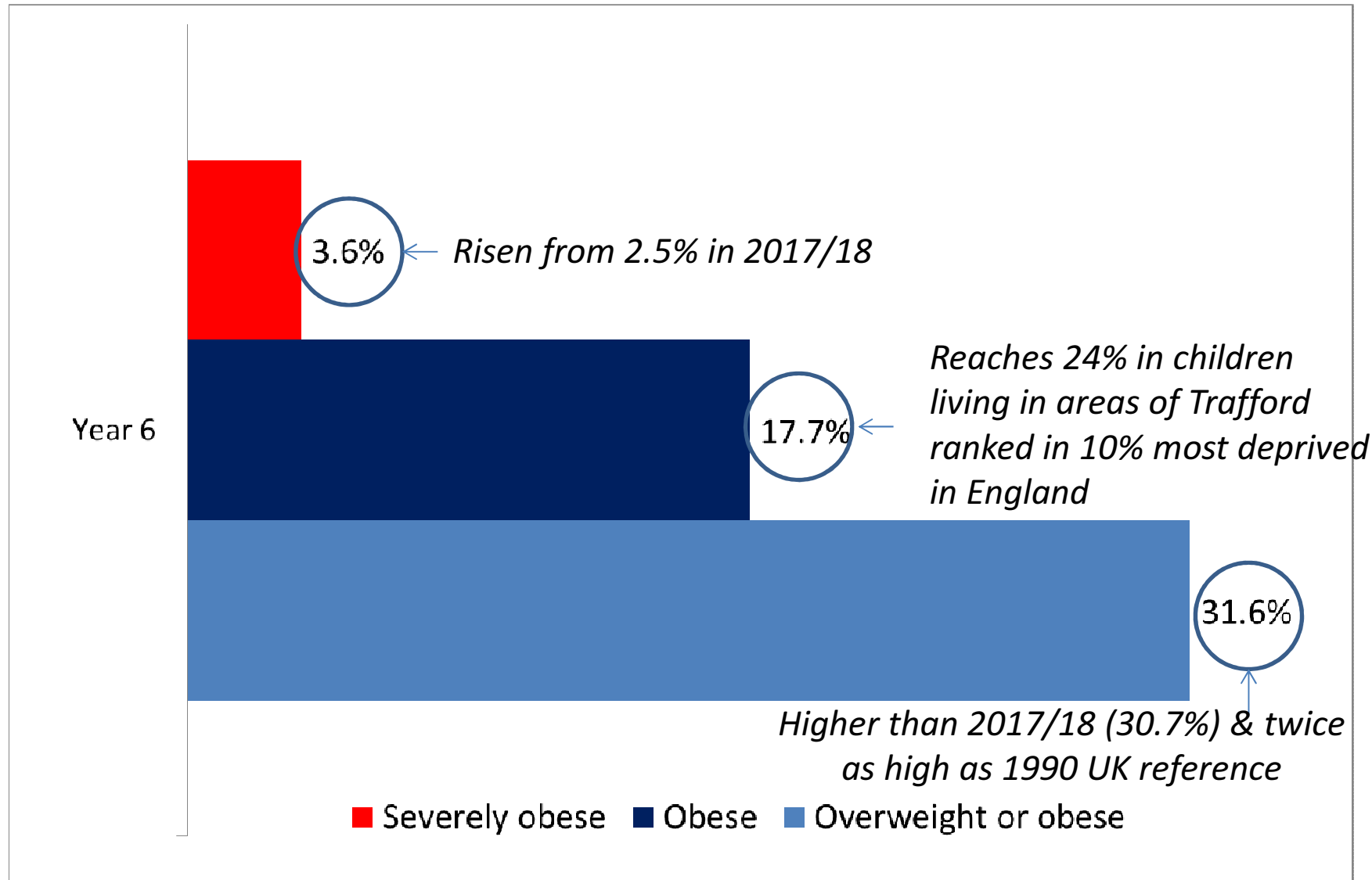
# Excess weight in Trafford school children – 2018/19



Source: National Child Measurement Programme

# Excess weight in Trafford school children – 2018/19

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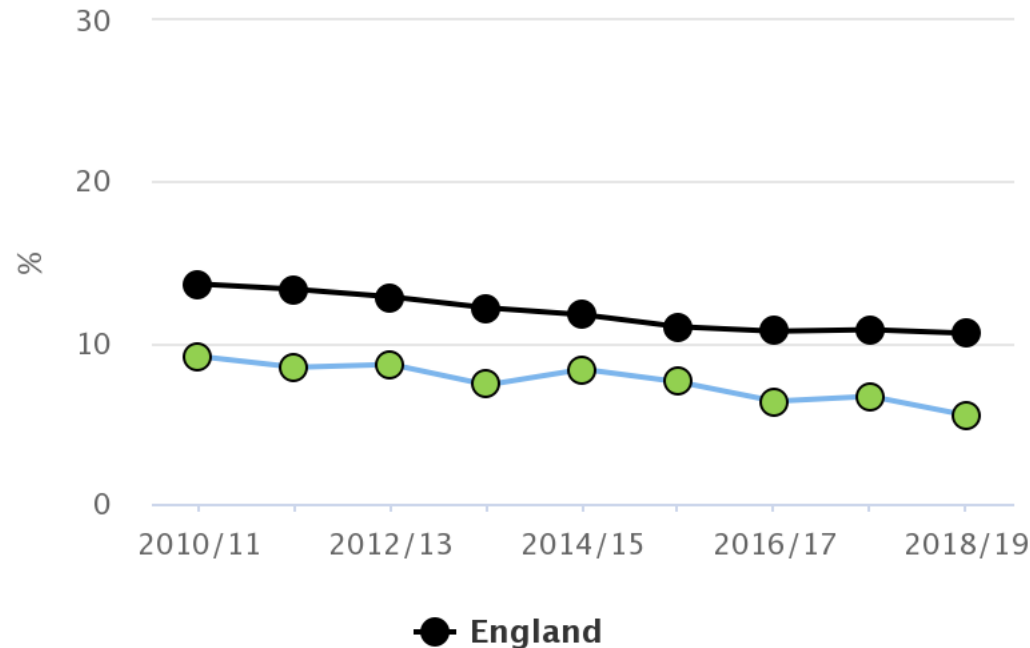


Source: National Child Measurement Programme

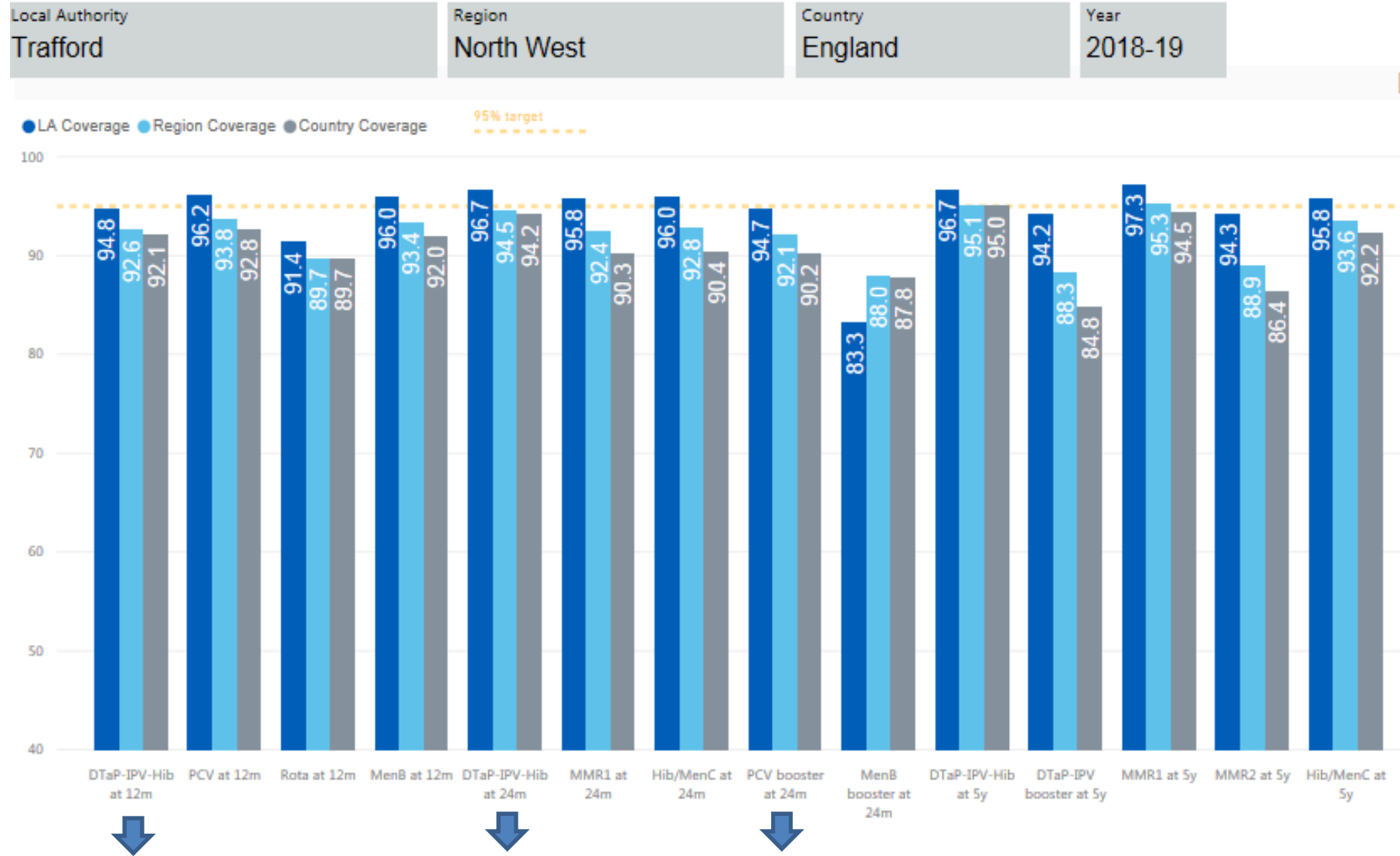
# Smoking in pregnancy

5.5% of mothers known to be smokers at time of delivery, significantly lower than England (10.6%), lowest in the North West and lowest among group of 15 most similar authorities.

C06 - Smoking status at time of delivery for Trafford



# Childhood vaccination coverage



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## TRAFFORD COUNCIL

**Report to:** Children and Young People's Scrutiny Committee  
**Date:** 6<sup>th</sup> January 2020  
**Report for:** Information  
**Report of:**

**Report Title**                      **Preparing for Adulthood (PfA) Protocol**

### **Purpose**

The following report and information has been requested as an update on the process of implementing a new Preparing for Adulthood Protocol to replace the old Transition Protocol.

### **Recommendation**

Members are asked to note the information outlined in this report

### **Context**

Preparing for Adulthood is a process or period of change. The term can be applied to all young people to describe the stage in their lives when they move from adolescence to adulthood. However, for the purposes of this protocol it refers to children and young people with an EHCP or a Pathway Plan where it is likely that they may receive care and support due to the Care Act when they are adults. There are also sections that apply to the carers of young people preparing for adulthood and young carers who are themselves preparing for adulthood.

The protocol sets out Trafford's commitment to supporting those young people who may have the need for additional care and support in adulthood. It reflects Trafford's approach to multi-agency practice across the areas of Education Health and Social Care. It describes how all the agencies will fulfil their duties and responsibilities under current legislation and guidance relating to transition.

### **Scope**

This protocol is a shared document that reflects agencies working in partnership with young people and their families. It outlines how we all work together and guides professionals and families alike in managing the transition to adulthood. This protocol describes what should happen and when, who has responsibility and how agencies should work together. It is aimed at professionals from across education, health and social care, including the following services/organisations:

- Trafford's all age integrated health and social care service
- Healthy Young Minds
- Pennine
- Trafford Local Authority SEND services
- Cheshire and Wirral Partnership Adult Learning Disability Services
- Trafford CCG
- Schools, colleges educational settings
- Other partner agencies, e.g. information and advice providers and advocacy services.
- Trafford Parents Forum

This protocol applies to children and young people between the ages of 14 and 25 who have disabilities and/or complex needs who have an Education, Health and Care Plan (EHC).

It also covers young people who:

- Those who are likely to meet the eligibility criteria for adult social care services (in line with the Care Act 2014) which may include:
  - i. Young people with Care Planning Approach (CPA) plans;
  - ii. Young people with Pathway Plans;
  - iii. Young People in receipt of Continuing Care funding;
  - iv. Young people known to Children Community Nursing Team (CCNT)
- Those who would benefit from support in planning for adult life but do not have an EHC Plan/SEN (e.g. those with high-functioning autism or social/emotional/mental health difficulties/ill health);
- Carers of young people preparing for adulthood and young carers who are themselves preparing for adulthood.
- Complex Safeguarding

### **Objectives Achieved**

A multi-agency group including professionals from across Education, Health and Social Care have worked together to achieve the following;

- A new complete protocol which has had recent sign off from the SEND board
- The development of the PfA board that meets to ensure all activities related to this area of work are completed. The PfA board reports to the SEND board.
- A new online training package has been written to inform professionals across education, health and social care for their specific role and responsibilities in the protocol. This is in draft form and it is anticipated that this will go live at the beginning of the next academic year.
- A monitoring group has been established and meets bi monthly. The TOR of this group is to gather assurance that the new protocol is being implemented effectively and to monitor the cohorts of young people as they move through to accessing appropriate adult services in line with the new pathway model.

### **Future Objectives**

The following activities have been identified as part of the ongoing process around implementation;

- Further co-production work with Trafford Parent Forum on the type/format of information that young people and parents would find useful to help them effectively navigate the journey from children's' to adults' services. This will inform the development of an agreed rolling schedule of information events available to young people and their families.
- Rolling out of the online training to all professionals.
- Training for all secondary school SENCOs on holding Person Centered Annual Reviews (as per the protocol)



- Completing a review of Annual Review paperwork to include Preparing for Adulthood as a central tenet from Year 6 onwards

The objective listed above form part of the PfA implementation plan.

**Appendices**

Pathway Experience

PfA Policy

Contact person for access to background papers and further information:

Name: Dr Karen Harris (Principal Educational Psychologist and Head of Inclusion)

Extension: 3191

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## Scrutiny Committee: Pathway Experience

### Independence Pathway

Young Person AB (year 11)

AB is a young person living at home and attending a mainstream school. He has an EHCP to support his specific literacy difficulties which impacts on his understanding of words and texts. Whilst this impacts on his self-esteem AB is friendly, sociable with a group of friends and aspirations to be a mobile mechanic. It is expected that he will complete school and go to college to become a mechanic.

AB is on the Independence Pathway as at his annual PfA review it is determined that he will not require support from adult services to maintain his home. He has no ongoing health needs so there are no health transitions and his health care continues to be delivered through his GP practice. He receives further education and employment advice from the school.

The young person or parents are able to access the Local Authority PfA Landmarks website which links them to useful information, tool kits, websites and support groups from the Local Offer who can provide universal/ tier 2 supports.

### Independence (Enhanced) Pathway:

Young person CD (year 9) and a child in care.

CD lives with her foster carer and attends mainstream school. Her home life with her foster carers is stable and they intend to remain together until CD is an adult. Due to early life experiences she has difficulty managing her emotions and can present with complex behaviours that unfortunately impacts on her friends and family and she has an EHCP to support her with these SEMH difficulties. Education services provide top up funding for targeted approaches and a teaching assistant. Health services are providing an ADHD assessment and social care provide a skills worker once a week who takes CD out to support her learning community skills.

Looking to the future CD would maintain her placement at school and home. Her EHCP will this year turn to a Preparing for Adulthood EHCP and in addition at 16 a Pathway Plan will describe support she will receive as an eligible adult.

There is no evidence at this time that she could not manage her own home, go to college or enter the workforce therefore will not need to transition to adult social services but the LA will discharge its obligations through the EHCP and Pathway

Plan until she reaches 25. There are no ongoing health needs which require a transition so all her health care needs will be met through GP services at 18. If, at a future PfA review, there were concerns she may need care and support from adult social care services then a notification of change is sent to the SEND PfA monitoring group who will move CD into the neighbourhood pathway thereby informing the relevant neighbourhood that there is a young person in their area they may need to assess.

The young person or parents are able to access the Local Authority PfA Landmarks website which links them to useful information, tool kits, websites and support groups from the Local Offer who can provide universal/ tier 2 supports.

### Neighbourhood Pathway

Young person EF

EF is a young person 15 years old. He lives with his parents and attends a specialist school due to the impact of Foetal alcohol syndrome and ADHD. He struggles to concentrate for extended periods of time, is easily distracted, struggles to process information and finds it difficult not to act on impulses. Liam wants to attend a FE college but is not sure yet what he wants to study.

At the last EHCP PfA annual review it was felt that he would not be able to maintain a home by himself however at this time parents are saying that he will remain with them until he is in his 20's. Following the EHCP PfA review Liam was placed in the Neighbourhood Pathway as it was felt that he should receive an assessment for adult social care services when it would be of significant benefit to do so. At the Neighbourhood PfA monitoring group meetings EF's EHC is reviewed and consideration is given as to when it would be a good time to undertake the review. As he is currently living at home it was felt that such an assessment did not need to occur until he was closer to 18.

As EF approaches 18 the neighbourhood PfA monitoring group will see that an assessment is due and can contact the family to undertake a Let's Talk 1 level conversation about what support need they feel is needed. If they are satisfied that he is doing fine at college and is settled at home then there would be no need for a Let's Talk level 2 or 3 conversation at this time but this can be reviewed as part of the Neighbourhood PfA monitoring functions. At 18 there may not be any need for ongoing care and support as parents are managing the situation however they will have been provided with information on how to contact adult services when it is time for EF to move to independence.

### Neighbourhood (Enhanced) pathway

Young person GH known to Complex Needs (children social care) and the Short Break team

GH is a 16 year old young person who attends a mainstream school but has an EHCP due to his complex autism. GH is an intelligent young person but there are strains on the family due to his complex behaviours. He is known to CAMHS due to his suicide ideation and is on the Dynamic Support Database (DSD) due to his risk of hospitalisation and/or entry into care. There have been periods when he has been a school refuser due to social and emotional needs and has open to the Complex Needs (children social care) due to him scoring red on the DSD. Currently he is stable and has returned to school and receives a direct payment to employ a PA who is supporting him access some of his old activities in the community.

At the EHCP PfA annual review it was felt that there would be periods in his life when he would be unable to maintain his own home, although it is not yet clear when and what level of support he will need. He does not have a learning disability so is not on the Complex Needs pathway and any future support will be delivered through the neighbourhood teams.

The neighbourhood PfA monitoring group is aware of GH as they have had his details since he was in year 9. The Neighbourhood PfA monitoring group have viewed the EHCP and feel they need more information. They have requested the Complex Needs social worker updates a Child and family assessment with a PfA Indicative Care Act (Transition) insert which asks specific question regarding the required support under the Care Act framework. When they receive this information they will be able to make a determination as to when it would be of significant benefit to undertake a Lets Talk assessment.

The monitoring Group also has representative by invite to the group and have asked the CAMHS transition coordinator update on GH the CAMHS transition. The CAMHS advice to the group is that GH does not at this stage meet the criteria for adult mental health services and he is being directed to his GP and wellbeing services. This information is sent back to the EHCP coordinator as advice of change to the EHCP. The Neighbourhood monitoring group, seeing the EHCP, the Child and Family (transition ) assessment and the short break support plan request a Lets Talk 2 assessment to be undertaken before JS is 18 to enable the necessary funding agreements to be made.

### Complex Needs Pathway

IJ is a 16 year old young person known to Complex Needs (children social care) and short breaks team.

IJ has been known to the Complex Needs (children social care) since he was 7. She lives with his family and attends a specialist school due to his learning disabilities. The family receive a substantial package of support including oversight short breaks and PA hours delivered through a personal budget. The Complex Needs Monitoring group have tracked her progress since year 9 and whilst the EHCP is giving guidance on the key stage outcomes and provision the adult social care attendee believes there would be significant benefit to undertaking a Indicative Care Act (transition) to help detail the support planning. This assessment is undertaken by the Complex Needs social worker using a Child and Family assessment with a PfA Indicative Care insert. From the indicative care act assessment planning for adult services can begin. Parents have indicated that IJ will live with them for the foreseeable future but they are realistic about their ability to care for him as he and they get older, however these are not decisions that need to be made for a couple of years yet. The young person is allocated an adult social worker when they are 17 to ensure the current support will meet their needs in early adulthood and to make representations to All Age Panel if required.

#### Complex Needs (Enhanced) Pathway

KL is a 14 year old young person known to Complex Needs (CSC) and is a Child in Care.

KL is a young person with severe learning disabilities who recently began living in a specialist residential home as her care needs had become too difficult for her aging parents. She has been known to the Complex needs team (CSC) since she was 5. Since year 9 KL has been monitored through the Complex Needs PfA monitoring Panel. A PfA Indicative Care Act assessment will be requested by the monitoring group when she is 16 to enable joint planning with adults. The PfA Monitoring group makes the recommendation at 16 that a move to adult based residential services will need to take place on or around her 18<sup>th</sup> birthday. An adult worker is allocated at 17 to work with the children social worker to identify suitable provision and both social workers then attend All Age Pane to secure funding agreement for the move. The Complex Needs (adult health services (Cheshire Wirral Partnership)) are represented by their transition coordinator who queried whether TG should be in receipt of Continuing Health Care funding and has requested the social worker completed an CHC screening assessment. From this screening a multi-disciplinary meeting (DMT) determines whether TG is eligible and if so then his adult support is delivered through the Cheshire Wirral partnership.



## Trafford multi-agency Preparing for Adulthood Protocol for young people with Education, Health and Social Care Plans moving from Children's to Adult Services

*November 2019*

An operational practice protocol for Trafford's Children, Families and Wellbeing directorate and associated stakeholders

**Version Control**



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## Part 1

### The Preparing for Adulthood Overview

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## **Introduction**

Preparing for Adulthood (PfA) is a process or period of change. The term can be applied to all young people to describe the stage in their lives when they move from adolescence to adulthood. However, for the purposes of this protocol, Preparing for Adulthood refers to children and young people with an Education Health Care Plan (EHCP) and it is anticipated that they may have eligible needs under the Care Act, 2014 as an adult. This document also includes information which applies to the carers of young people preparing for adulthood and young carers who are themselves preparing for adulthood.

It is a period of time when young people are able to make life choices as they enter into adulthood. It is a time when they may reflect on what they have achieved so far and what they wish to achieve in the future. There are many decisions to be made and while these may be exciting they may also be challenging and make young people and their families feel anxious.

This protocol sets out Trafford's commitment to supporting young people who may have the need for additional care and support in adulthood. It reflects Trafford's approach to multi-agency practice across the areas of Education Health and Social Care. It describes how all the agencies will fulfil their duties and responsibilities under current legislation and National best practice guidance relating to transition.

## **Principals**

In this document the phrase 'Preparing for Adulthood' is the planning process linked to the EHCP/Pathway plan that supports the following outcomes:

### **Preparing for Adulthood Outcomes**

- The right for young people to make their own choices
- The right to access higher education and/or employment – this includes exploring different employment options, such as support for becoming self-employed and help from supported employment agencies
- The right to independent living – this means young people having choice, control and freedom over their lives and the support they have, their accommodation and living arrangements, including supported living
- The right to participate in society, including having friends and supportive relationships, and participating in, and contributing to, the local community
- being as healthy as possible in adult life

## **Scope**

It is hoped that this protocol becomes a shared document that reflects agencies working in partnership with young people and their families. It outlines how we will all work together and guides professionals and families alike in managing the transition to adulthood. This protocol describes what should happen and when, who has responsibility and how agencies should work together. It is aimed at professionals from across education, health and social care, including the following services/organisations:

- Trafford's all age integrated health and social care services
- Healthy Young Minds
- Manchester Foundation Trust (MFT)
- Trafford Local Authority SEND services
- Cheshire and Wirral Partnership Adult Learning Disability Services
- Trafford CCG
- Schools, colleges educational settings
- Other partner agencies, e.g. information and advice providers and advocacy services.
- Trafford Parents Forum

- Trafford Carers Partnership Board

This protocol applies to children and young people between the ages of 14 and 25 who have disabilities and/or complex needs who have an Education, Health and Care Plan (EHCP).

It also covers young people who:

- Those who are likely to meet the eligibility criteria for adult social care services (in line with the Care Act 2014) which may include:
  - i. Young people with Care Planning Approach (CPA) plans;
  - ii. Young people with Pathway Plans;
  - iii. Young People in receipt of Continuing Care funding;
  - iv. Young people known to Children Community Nursing Team (CCNT)
  - v. Young people know the youth justice system
- Those who would benefit from support in planning for adult life but do not have an EHC Plan/SEN (e.g. those with high-functioning autism or social/emotional/mental health difficulties/ill health);
- Carers of young people preparing for adulthood and young carers who are themselves preparing for adulthood.
- Complex Safeguarding

The following distinct groups who are not covered by this protocol because they do not have an EHC plan but will have single agency transition protocols or other planning mechanisms and can be found in Appendices:

- Young Care leavers who have Pathways Plans but do not meet the eligibility criteria for adult social care services;

### **Aims and Outcomes**

Against the backdrop of relevant legislation and guidance outlined in subsequent sections, this protocol aims to ensure that in Trafford all young people and their families have a planned and positive experience of transition.

**Success will be evidenced by the following outcomes of good transition:**

- Young people making decisions and taking the lead or being supported by people who can assist them;
- Young people being supported to plan what they want to do and achieve;
- Young people who are moving from children's to adults' services have a named worker to coordinate care and support before, during and after transfer. Young people who will move from children's to adults' services meet a practitioner from each adults' service they will move to before they transfer.
- Young people with care and support needs being able to access the same opportunities as other young people;
- Young people being able to access services that help them;
- Young people being able to try things out and being free to change their mind;
- Young people and their carers telling their story only once;
- Young people and their carers being listened to and fully involved in planning and decision-making;
- Young people and their carers having clear pathways to information and receiving consistent messages;
- Young people and their carers feeling supported;

**Legislation and Guidance**

Together, the **Children & Families Act 2014** and the **Care Act 2014** provide a single, comprehensive legislative framework for the transition from children's to adults' services for those with care and support needs.

It is important to note that the Children & Families Act introduced a system of support from birth to 25 years and the Care Act is concerned with those aged 18 or over; therefore, there is a group of young people aged 18-25 who are entitled to support under both pieces of legislation.

The duties from both Acts are placed on local authorities, not children's and adults' services separately; therefore, joint working is vital to ensuring smooth transition. Both pieces of legislation have a shared focus on; **person-centred and outcome-focussed approaches that involve young people and their carers, recognising that transition is a process experienced as a family rather than an individual.** It is also essential that transition is indeed seen as a planned process evolving gradually from ages 14 to 25, as opposed to a 'cliff-edge' at age 18.

## Links with selected key policies and procedures

Where applicable, this protocol should be considered in conjunction with:

- The PfA Landmarks website which details the applicable timelines, policies, protocols and individual service mechanisms for a young person's PfA journey.
- Trafford's [SEND](#) Policy and Education, Health and Care ([EHC](#)) processes (SEN led)
- Local [children's](#) / [adult's](#) safeguarding policies
- Looked after [Children](#) and Pathway Planning ([Care Leavers](#))
- Care Programme Approach ( [CPA](#) - Mental health and / or learning disability)
- Trafford's [Autism](#) Strategy
- Trafford's Continuing Healthcare transition pathway.

The protocol is primarily being updated to reflect changes brought in by key drivers such as the Care Act 2014, Children & Families Act 2014 and Special Educational Needs and Disability Code of Practice 2014. (SEND)

### The [Children and Families Act 2014](#)

This introduced a system of support that extends from birth, potentially up to age **25** through the process of integrated Education, Health and (social) Care plans (**EHCs**).

### The [Care Act 2014](#)

This deals with adult social care for those ages **18 and over**. Therefore, both pieces of legislation overlap and will particularly effect the **18 - 25** age group.

For example, where young people **aged 18 or over** continue to have EHC plans under the Children and Families Act 2014, the social care aspects of the EHC plan will be provided under the Care Act (subject to an assessment of eligibility).

## The Care Act 2014: Preparing for Adulthood process : Social Care

As a young adult's eligible social care needs shall largely be met under the Care Act; this protocol uses the Act as the framework Trafford's PfA processes have been built.

### Care Act and Wellbeing principle

The Care Act 2014 is underpinned by the principle that local authorities must promote an individual's [wellbeing](#) in relation to the following **nine areas**:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect

- control by the individual over their day-to-day life (including over care and support provided and the way they are provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal domains
- suitability of the individual's living accommodation
- the individual's contribution to society.

Whether an individual's need for care and support can be reduced, delayed or [prevented](#) must also be considered.

#### Adult social care eligibility criteria (Care Act 2014)

An adult (or young person soon to be 18) meets the [eligibility criteria](#) if:

- their needs are caused by physical or mental impairment or illness
- as a result of their needs they are unable to meet 2 or more of the eligibility outcomes (see over)
- as a consequence of not meeting identified needs, there is likely to be a significant impact on their wellbeing.

#### Eligibility outcomes

- Managing and maintaining nutrition
- Maintaining personal hygiene
- Managing toilet needs
- Being appropriately clothed
- Being able to make use of the adult's home safely
- Maintaining a habitable home environment
- Developing and maintaining family or other personal relationship
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community, including public transport, and recreational facilities or services
- Carrying out any caring responsibilities an adult may have for a child

Being unable to achieve an outcome includes any circumstances where the adult is:

- Unable to achieve the outcome without assistance.
- Able to achieve the outcome without assistance but doing so causes the adult significant pain, distress or anxiety.
- Able to achieve the outcome without assistance, but doing so endangers or is likely to endanger the health or safety of the adult, or of others.
- Able to achieve the outcome without assistance but takes significantly longer than would normally be expected.



## The Care Act and Preparing for Adulthood

The Care Act specifies 3 situations where there is a likely need for care and support:

1. Children likely to need care and support after turning 18 and into adulthood.
2. Adult carers of children who will be turning 18 and who likely to have ongoing care and support needs.
3. Young carers who will themselves be turning 18.

### **1. Children likely to need care and support into adulthood**

The Preparing for Adulthood pathway runs from age 14 (year 9) to 25. Central to preparation for adulthood is the Education Health Care Plan and the Preparing for Adulthood annual reviews. It is within the Education Health Care plan that the preparation for adulthood outcomes below are identified and measured:

- Employment: – is a spectrum of outcomes including full or part time employment, becoming self-employed and help from supported employment agencies, accessing higher or further education, apprenticeships, volunteering or achieving meaningful activities.
- Independent Living – is young people having choice, control and freedom over their lives and the support they have, their accommodation and living arrangements, including supported living
- Community Inclusion is participating in society, including having friends and supportive relationships, and participating in, and contributing to, the local community
- Healthy is being as healthy as possible in adult life

Local authorities can meet their statutory duties around transition assessment through an annual review of a young person's Education Health Care Plan that includes:

- current needs for care and support
- Where the young person has a special educational need identified in an Education Health Care Plan, the individual healthcare plans should be linked to or become part of that EHC plan.
- whether the young person is likely to have needs for care and support after they turn 18, and;
- if so, what those needs are likely to be and which are likely to be eligible needs

The Preparing for Adulthood annual review must involve the young person and anyone else they want to involve in the assessment. They must also include the outcomes, views and wishes that matter to the young person – much of which will already be set out in their EHC plan.

## **2. Adult carers of children who will be turning 18 and who likely to have ongoing care and support needs**

Where the carer requests or consents and the local authority believes it to be of significant benefit to do so, a [carers assessment](#) will be carried out to see whether the carer of a young person has needs for support and what these needs will be once the young person reaches to age of 18.

### **Adult carers eligibility framework**

The carer shall be deemed to have [eligible](#) needs if:

- Their needs are caused by providing necessary care for an adult
- Their health is at risk
- Or they are unable to achieve any of the specified outcomes (see list below)
- As a consequence there is likely to be a significant impact on their wellbeing.

### **Adult carers [eligibility outcomes](#)**

- Carrying out any caring responsibilities the carer has for a young person
- Providing care to other persons for whom the carer provides care
- Maintaining a habitable home environment in the carer's home, whether or not this is also the home of the adult needing care
- Managing and maintaining nutrition
- Developing and maintaining family or other personal relationships
- Engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community, including recreational facilities or services
- Engaging in recreational activities

Being unable to achieve an outcome includes any circumstances where the carer is:

- Unable to achieve the outcome without assistance.
- Able to achieve the outcome without assistance but doing so causes significant pain, distress or anxiety.
- Able to achieve the outcome without assistance, but doing so endangers or is endanger the health or safety of themselves or any adults or young person for whom they provide care.

The Carers Centre will undertake Carers Assessments for adult carers of young people who will be turning 18 and who likely to have ongoing care and support needs.

### **3. Young carers who will themselves be turning 18**

The Care Act says that if a young person, young carer or an adult caring for a child is likely to have needs when they, or the young person they care for, turns 18, the local authority must assess them if it considers there is 'significant benefit' to the individual in doing so. The timing of the assessment should take account of what is most convenient to the young person, dependent on their circumstances, level of need and the amount of planning required. This will be done through the Care Act Screening Tool undertaken at year 9 (11 years) and if eligible an Indicative Care Act Assessment undertaken at year 11 (16 years).

The Carers Centre currently undertakes careers assessments of young carers. If following this assessment the carer and assessor believe they should be treated as a Child in Need then a referral to Trafford First response should be undertaken.

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## Part 2

### The Preparing for Adulthood Protocol

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## Children likely to need care and support into adulthood

### Involving the young person

The concept of co-production is central to both the Care Act (2014) and Children and Families Act (2014) and therefore underpins this Preparing for Adulthood protocol. By 16 years, if not earlier, we recognise that professionals should be directly engaging with young people to ensure that they are being listened to and fully involved in planning and decision-making.

The right of young people to make decisions is subject to their capacity to do so and at 16 years old is defined by law, specifically the [Mental Capacity Act 2005](#). The five principles of the Act are;

1. Presumption of capacity
2. Support to make a decision
3. Ability to make unwise decisions
4. Best interest
5. Least restrictive

The 4th and 5th principles apply only when a person has been assessed to not have mental capacity for the decision in question. Whilst it is not a principle of the Act, it is essential to remember that mental capacity is time and decision specific.

The right of young people and families to be involved in decisions and planning is also found in Section 19 of the Children and Family Act 2014 which states:

*19 Local authority functions: supporting and involving children and young people.*

*In exercising a function under this Part in the case of a child or young person, a local authority in England must have regard to the following matters in particular—*

- (a) the views, wishes and feelings of the child and his or her parent, or the young person;*
- (b) the importance of the child and his or her parent, or the young person, participating as fully as possible in decisions relating to the exercise of the function concerned;*
- (c) the importance of the child and his or her parent, or the young person, being provided with the information and support necessary to enable participation in those decisions;*
- (d) the need to support the child and his or her parent, or the young person, in order to facilitate the development of the child or young person and to help him or her achieve the best possible educational and other outcomes.*

### **Preparing for Adulthood: Care Act Screening Tool**

The Care Act Screening tool is based upon the Eligibility Criteria of the Care Act and help the young person, their family and professionals to understand how care and support is defined by law. If it was felt to be of significant benefit to the young person, then a Care Act Screening Tool can be used to help identify if the young person is likely to receive care and support from Adult Social Care as an adult.

From year 9 onwards, young people (or parents/advocates/professionals) with EHCP's could complete a Care Act Screening tool, if it is felt it would be of significant benefit. This can occur anytime between years 9 to 12 but should be particularly considered at the year 9 (age 14) and year 11 (age 16) reviews and be part of the multi-agency considerations.

Following completion the Care Act screening outcome is returned to the SEND Monitoring Group who uses the information to identify which Pathway a young person should be identified against.

At year 11 (age 16) the Care Act Screening tool may be repeated if it is believed to be of significant benefit by the young person, family and professionals. If the young person screens positively then the SEND Monitoring Group is informed and a referral is made to the Adult Social Care requesting an Indicative Care Act Assessment.

### **Preparing for Adulthood: Indicative Care Act Assessment**

It is expected that the majority of the information required to successfully manage the transition from children's to adult services will be found in the EHC plans. If however the Adult Social Care Team Manager/Senior Practitioner believes it would be of significant benefit then they may request from an involved professional (likely to be a children social worker) an Indicative Care Act Assessment.

The Indicative Care Act assessment is completed jointly by the young person /parent /Advocate/ lead professional and an adult Social Care representative. Adult Social Care provides all interventions underpinned by our Let's Talk model. Let's Talk is a strength based approach to engagement which focuses on personal and community assets. Adult Social Care may offer direct or indirect support to ensure the young person's aspirations and goals are achieved. All information obtained by Adult Social Care would be included in the person's EHCP so that the young person, parents and other interested parties are aware of the young person's outcomes, potential needs and available support once they turn 18 years old.

Young people (age 16 plus) have the right to not provide Adult Social Care with consent to share their identified information with others (including their parents). However, this refusal to consent can be overridden where there are perceived safeguarding concerns or wider public interest matters. Any information which falls into these criteria would always be shared proportionately with the appropriate professionals involved in the young person's care in the first instance. Any young person who lacks decision making capacity regarding information sharing; any decision to share

would always be considered in their best interests (in accordance with the Mental Capacity Act, 2005).

In addition to the standard Care Act questions the following are to be added in regard to parent/carers:

- is the parent / carer able to care now and after the child in question turns 18?
- is the parent / carer willing to care now and will continue to after 18?
- does the parent / carer works or wishes to do so?
- does the parent / carer participate in education, training or recreation or wishes to do so?
- Has the parent received a carers assessment in their own right ?

### **Preparing for Adulthood: Pathways**

From year 9 (age 14 years) , consideration needs to be made whether a young person is perceived to have care and support needs in adulthood. Care and support needs could derive from ; educational, health, housing or social care needs. It is probable that the young person is known to at least one agency and preparation would be undertaken through Education, Health and Care Plans (EHCP), Care Planning Approaches (CPA), Child in Need, Pathway Planning, Continuing Healthcare, or similar.

For those young people whom it is deemed likely to need care and support into adulthood then a determination is made at Year 9 or following which Preparing for Adulthood Pathway they should follow. There are three PfA Pathways:

1. PfA Independence Pathway
2. PfA Neighbourhood Pathway
3. PfA Complex Needs Pathway

These pathways correspond to the anticipated adult support destination of the young person when they reach 18 years. Both Pathways 2 -Neighbourhood and Pathway 3-Complex Needs Pathway have 'Enhanced' options for circumstances where it need to be recognised that additional planning mechanisms such as; Care, Education and Treatment Reviews or Care Planning Approaches (CPA) are required due to inherent complexity in the support for the young person.

It may not be possible at year 9 to determine the correct Pathway for the young person or it may be that additional information may be required; however transfer later between Pathways is possible.

#### **1. PfA Independence Pathway**

The Independence Pathway is for young people with an EHCP but are unlikely to need care and support into adulthood. This is determined by the Care Act screening tool undertaken following Year 9 and, if necessary confirmed by the Care Act Indicative Assessment following Year 11. If the Care Act screening tool indicates that the young person is unlikely to be eligible for adult social care services (eg: they have needs based on circumstances rather than arising from or are related to a physical or mental impairment or illness) then involvement from adult social care services may be limited and the Preparing for Adulthood EHC plan needs to be focused on the young person's

education, employment, independent living, community inclusion and health and include advice and guidance. If specialist advice and guidance is required a referral into Adult Social Care will be required.

2. PfA Neighbourhood Pathway
3. **Case example 1:** A young person with an EHCP and Short Break Support Plan.

This Pathway is for young people who are likely to need care and support into adulthood and those interventions will be delivered through the All Age Neighbourhood Teams. This will be determined by the Care Act screening tool at year 9 and confirmed by the Indicative Care Act assessment completed at year 11. This support may be delivered by exploration of a person's individual and community assets from an Adult Social Care perspective or by adult health services. This would be dependent on individual transition protocols and eligibility criteria for each service. It is likely that the young person's future needs for care and support arise from or are related to a physical or mental impairment or illness and are not caused by other circumstantial factors.

Young people on the PfA Independence Pathway may not require multi agency reviewing processes as may be known to only a single agency. Some young people may have multi-agency approaches delivered through Early Help / Child in Need / Child Protection. In these circumstances the PfA EHC outcomes should be shared with the agencies involved to help inform their planning. For young people known to the Short Break Team the PfA EHCP should form part of the discussions with parents and the young person about how the personal budget / direct payments can be used to support those outcomes.

#### 2A. PfA Neighbourhood (Enhanced) Pathway

- **Case example 2:** Young person with CPA's transitioning to adult mental health services and consideration needs to be made whether a Care Act assessment is required.

Young people on the PfA Independence Enhanced Pathway are likely to have multi agency reviewing processes either social care as Looked After Child or Child in Need or health due to social, emotional and mental health issues. It is likely their future needs for care and support arise from or are related to a physical or mental impairment or illness and are not caused by other circumstantial factors. They are likely to need specialist support in adulthood due to; autism, mental health issues, or learning disabilities meaning they may require care and support into adulthood.

All young people perceived to have a primary need of mental health ought to be referred to Greater Manchester Mental Health (GMMH) services.

If the young person has a diagnosis of autism and he is on the Dynamic Support Register and categorised as amber or red then consideration should be given as to whether they should be placed on the Complex Needs (Enhanced) pathway.



If the young person has a diagnosis of autism and learning disability then they should be supported by the Complex Need pathway.

#### 4. PfA Complex Needs Pathway

**Case example 1:** Young person with an EHCP plan, Child in Needs plan and receiving Children Continuing Care funding (CCC) who meets the eligibility criteria for Complex Needs (Adult) Team. The young person's long term care and support needs will be met by the Complex Needs Adult Team (CLDT-integrated service provided by both Trafford Council & Cheshire Wirral partnership (CWP)). The young person's health care needs will be the overarching responsibility of Trafford Clinical Commissioning Group (TCCG)

This pathway is for young people who are likely to need care and support into adulthood and those services will be delivered through the Complex Needs (adult social care and health) Team. That support may be delivered by either or both adult social care or adult health services subject to the individual transition protocols and eligibility criteria for each service.

#### 3A. PfA Complex Needs (Enhanced) Pathway

- **Case example 2:** Young person with autism and / or leaning disability on the Dynamic Support Register (categorised as either amber or red).

For those young persons identified at amber or red on the Dynamic Risk Register they are moved into the Complex Needs (Enhanced) Pathway. Complex Needs Planning continues but also invited will be the CCG and commissioners and this will run in conjunction with the CETR (Care, Education and Treatment Review) processes. The Complex Needs (Enhanced Pathway) is triggered by a request for a Multi-Disciplinary team (MDT) meeting inviting:

Specialist Commissioner - Children's Clinical and Public Health  
Commissioning Manager- Learning Disability and Mental Health (RMN) (CCG)  
Service manager or team leader (Complex Needs (children social care))  
Relevant professional from Healthy Young Minds  
Social worker  
EHC coordinator  
Representative from school

For young people over 16 years then in addition invite:

Service manager or team leader from relevant adult social care.  
Service manager or team leader from Community Learning Disability team if relevant.

A young person will remain on the Complex Need (Enhanced) pathway until their DDR rating returns to green and they are returned to the PfA Complex Needs Pathway or PfA Independence Pathway

### Exceptions

Where a young person does not have an EHCP but are likely to need care and support in adulthood (e.g. young people with high functioning autism or fluctuating mental health difficulties) and / or they have protection concerns (criminal exploitation / sexual exploitation) then the Pathways can still be identified following the Care Act Screening tool being applied by an involved professional. The SEND Monitoring Group is informed of the young person and they are monitored through the SEND Monitoring group and the PfA Neighbourhood / Complex Need Tracking Panels. In Year 11 the PfA Neighbourhood / Complex Needs Tracking Panel can request an Indicative Care Act Assessment which will inform on potential needs at 18. Established, Individual service transition protocols will inform the transition from children to adult education, health and mental health services as there is no overarching PfA EHCP/ Pathway Plan or CPA.

### Complex Safeguarding

For young people who have protection needs going into adulthood (eg complex safeguarding) who also have EHCP ought to be known to the respective Neighbourhood tracking team's through the Care Act Screening Tool and the need for ongoing care and support identified at y11 by the Indicative Care Act Assessment.

Irrespective of the Pathway status of the young person and whether they are known to the Neighbour Tracking Panel an Adult Safeguarding Referral is to be made by the children's social worker at the latest 17 ½ years old. Joint Multi-Disciplinary Meetings will then take place upon receipt of the Safeguarding notification to Adult Social Care. It may be necessary for the Children's Social Worker to continue to remain involved with the young person beyond their 18<sup>th</sup> Birthday to support the transition.

Following formal consultation, Adult Social Care's current Front Door arrangements will become a Safeguarding hub. All Hub members will rotate within the Complex Safeguarding Children's Team (SHINE)

### Complex Need Planning

The outcomes identified in the EHCP plan are operationalised through Complex Need Planning (CNP) meetings. The CNP meetings are combined Child in Need and Care Planning Approach meetings held at a minimum of every six months. It is not expected that the attendees of the CNP meetings attend the EHCP meeting or vice versa. The role of the CNP meetings is to bring into effect the outcomes identified in the EHCP. For example CCNT nurses may be integral to the CNP as it is their intervention which enables the wellbeing of the young person sufficient for them to grow towards the EHC outcomes but they may not feel they have a role in determining those outcomes.

The CNP meetings are joint meetings between health, social care, and education. The meetings should be sufficient that they meet the standards for each separate process (CIN / CPA) but are to

minimise replication and to ensure a joined up plan. The CNP feeds into the EHC at review informing the review as to progress.

A CNP process may start before a young person joins Preparing for Adulthood, but at the Year 9 review the young person is identified as being on the Complex Needs Pathway and subject to Complex Needs Planning.

The Complex Needs Planning meetings may continue past 18, although the children social worker and children health workers will cease, however the CPA elements and adult health and social care members may choose to continue with planning.

### The Role of the SEND Monitoring Group, PfA Complex Need Tracking Panel and the PfA Neighbourhood Tracking Panel.

#### SEND Monitoring group

The strategic tracking of the whole PfA cohort will be undertaken using the SEND Monitoring group. The function of this group is to monitor the cohort and to understand the impact of the cohort on future resources (including the need for accommodation). Further, the group hold a dispute resolution function if the Neighbourhood tracking panels and Complex Need Tracking Panel are unable to agree Pathways for young people.

In attendance will be Service and/or Strategic Managers able to make resource and allocation decisions. These should be from both children and adult services.

#### The SEND Monitoring Spreadsheet

The SEND Monitoring spreadsheet is an All Age , Multi-Agency data sheet which is used to identify young people with EHCP's and any exceptions who are transitioning from children to adult services. The cohort is tracked from year 9 onwards. Additionally, the data sheet can be viewed on a geographical neighbourhood basis. Each neighbourhood will have access to data concerning of all young people with EHCP's in their area and an understanding from the Care Act screening tool whether they are likely to be eligible for a Care Act assessment when they reach adulthood (ie they are on the PfA Neighbourhood Pathway). Those young people on the PfA Independence (Enhanced) Pathway will be known to the PfA Neighbourhood Tracking panel as warranting special attention as they approach adulthood and may require an Indicative Care Act Assessment at year 11 so that Neighbourhood adult services are able to respond appropriately and proportionately. It is the function of the PfA Neighbourhood Tracking group to understand this cohort and through accessing the PfA EHCP be able to allocate appropriate support in line with the outcomes when the young person turns 18.

#### PfA Complex Need Tracking Panel and PfA Neighbourhood Tracking Panel.

For the PfA Complex Needs Pathway and PfA Independence Pathway bi-monthly PfA Tracking Panel meetings are used to track the progress of cases between children's and

adults education, health and social care services. The purpose of the group is to provide assurance to the SEND Monitoring Group that individuals are moving successfully through their relevant identified Pathways. These meetings are attended by the respective team leaders/Senior Practitioners from health and social care who possess sufficient decision making authority to make operational decisions.

Complex health transitions including young people considered to have a primary mental health need are reviewed through the Neighbourhood / Complex Needs tracking panels. For health services, single agency transition policies are used (e.g. Healthy Young Minds to Adult Mental health or Children Continuing Care to Continuing Health Care) with the chair of the Neighbourhood / Complex Need Tracking Panel seeking assurances from the service that the policy is being enacted in an appropriate manner. It would be appropriate for the transition coordinators for services (e.g. Cheshire Wirral partnership / Youth Offending Service / Healthy Young Minds) to attend the Neighbourhood / Complex Needs tracking panels when required.

The role of the EHCP is central to the meeting with managers and coordinators having access to the EHC workspace so ensure progress is aligned to the outcomes recorded.

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## Preparing for Adulthood: Review meetings

As per the Children & Families Act 2014 every EHC Plan review from year 9 onwards must have a focus on Preparing for Adulthood. Planning for those young people with EHCP takes place as part of the statutory annual review process, which is arranged by schools and is monitored by the Council's SEND Service.

The function of the review meeting will be:

- To review and reflect on the Education, Health and Care Plan and celebrate the outcomes achieved.
- To look at the different options available for the future;
- Discuss the young person's hopes aspirations and what may be required to help them take the next steps towards adulthood;

The outcomes set for the young person should be based around the four PfA outcomes of:

- Employment
- Independent living
- Community Inclusion
- Health

All reviews should be conducted in a person centred manner to ensure that the young person is kept at the centre of decisions about their life. At this review it is expected the following professionals will be informed of the review and invited to attend or provide an update as to how their service is meeting or likely to be involved in meeting the outcomes of the young person:

- Involved health care services
  - Speech and language therapists
  - Physiotherapy
  - Occupational therapy
  - Dietician
  - Children Community Nursing team
  - School nurse
  - Consultant paediatricians
- Involved social care services
  - Social worker
  - Social care reviewing officer
  - Adult services representative when required
- Others to be considered
  - Interpreter
  - Advocates

At these reviews the needs and wishes of the young person /adults carers should be considered with parent / carers being offered the opportunity to receive a carers assessment. The EHC reviews should also include future aspirations, residence and work / education arrangements.

The outcomes of the review meeting are available to the Neighbourhood / Complex Needs tracking teams through the online EHC workspace in Liquid Logic Early Help module.

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## **GUIDANCE DOCUMENTATION**

### **NICE guidance**

NICE Guideline (NG43) 'Transition from children's to adults' services for young people using health or social care services' <https://www.nice.org.uk/guidance/ng43>

This guideline covers the period before, during and after a young person moves from children's to adults' services. It aims to help young people and their carers have a better experience of transition by improving the way it's planned and carried out. It covers both health and social care.

The overarching principles are as follows:

- Young people and their carers should be involved in transition service design, delivery and evaluation;
- Transition support should be developmentally appropriate, strengths-based and person-centred;
- Health and social care service managers in children's and adults' services should work in an integrated manner to ensure that young people experience a smooth transition;
- Service managers in both adults' and children's services across health, social care and education should identify and plan for young people with transition support needs;

Legislation: <http://www.legislation.gov.uk/ukpga/2005/9/contents>

The Mental Capacity Act (MCA) applies to people aged 16 and over who may lack the mental capacity to make decisions about their care /treatment/ support.

Associated guidance:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/497253/Mental-capacity-act-code-of-practice.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf)

The MCA is supported by practical guidance in the form of the Code of Practice.

- Safeguarding information should be shared as appropriate by all agencies in line with local policy;
- It should be confirmed that the young person has a GP (and consideration should be given to a named GP).

NICE Quality Standard (QS140) 'Transition from children's to adults' services'

<https://www.nice.org.uk/guidance/qs140>

This standard is based on guideline NG43 and sets out the following quality statements:

- Statement 1: Young people who will move from children's to adults' services start planning their transition with health and social care practitioners by school year 9 (aged 13 to 14 years), or immediately if they enter children's services after school year 9.

- Statement 2: Young people who will move from children's to adults' services have an annual meeting to review transition planning
- Statement 3: Young people who are moving from children's to adults' services have a named worker to coordinate care and support before, during and after transfer.
- Statement 4: Young people who will move from children's to adults' services meet a practitioner from each adults' service they will move to before they transfer.
- Statement 5: Young people who have moved from children's to adults' services but do not attend their first meeting or appointment are contacted by adults' services and given further opportunities to engage.

### **GOOD PRACTICE RESOURCES**

**Preparing for Adulthood (PfA)** <http://www.preparingforadulthood.org.uk/>

The national Preparing for Adulthood (PfA) programme is funded by the Department for Education (DfE) as part of the delivery support for the SEND reforms. PfA's vision is that young people with SEND should have equal life chances as they move into adulthood, which should include paid employment and higher education, housing options and independent living, good health, friends, relationships, community inclusion and choice and control over their lives and support.

There are five key messages from PfA:

- Develop a shared vision of improving life chances with young people, families and all key partners;
- Raise aspirations for a fulfilling adult life by sharing clear information about what has already worked for others;
- Develop a personalised approach to all aspects of support using person-centred practices, personal budgets and building strong communities;
- Develop post-16 options and support that lead to employment, independent living, good health, friends, relationships and community inclusion; and
- Develop outcome-focussed multi-agency commissioning strategies that are informed by the voice of young people and families.
- These messages are essential to improving life chances in the four outcome areas – employment, independent living, community inclusion and health.
- There are a range of resources on the PfA website, including the following useful factsheets:
- The links between the Children and Families Act 2014 and the Care Act 2014
- The Mental Capacity Act 2005 and Supported Decision Making

### **Social Care Institute for Excellence (SCIE)**

<http://www.scie.org.uk/care-act-2014/transition-from-childhood-to-adulthood/>

SCIE has developed a range of resources to help local authority staff, social workers, young people and carers to plan for the transition to adult care services.



**Skills for Care**

<http://www.skillsforcare.org.uk/Standards-legislation/Care-Act/Learning-materials/Transition-to-adulthood.aspx>

Skills for Care has developed a range of learning and development materials to help with the changes brought about by the Care Act 2014, including a specific set of materials on ‘transition to adulthood.’

Determining ordinary residence

<https://www.local.gov.uk/ordinary-residence-guide-determining-local-authority-responsibilities-under-care-act-and-mental>

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## TRAFFORD COUNCIL

**Report to:** Children and Young People's Scrutiny Committee  
**Date:** December 2019  
**Report for:** Information  
**Report of:** Interim Specialist Children's Clinical Commissioner

### **Report Title**

Community Paediatrics update

### **Summary**

This paper provides an overview of the community paediatrician offer, its performance and associated risks/issues and actions taken to date to address these.

### **Recommendation(s)**

The committee is asked to note the content of this paper and advise of any further action or information required.

Contact person for access to background papers and further information:

Name: Claire Ball  
Extension: 4089

## **1.0 Background**

The Community Paediatrics service is commissioned for children and young people aged 0 -16 years (19 years for young people with a learning disability) that require the expertise of a community paediatrician. As of the 1<sup>st</sup> October the service transferred as part of the community contract transfer to Manchester University Foundation Trust and is delivered through Trafford Local Care Organisation.

The service is part of the Complex Needs service and works closely with the children in care service, the Children's First Response service and the education service.

## **2.0 Introduction**

Over the past year the Community Paediatrics service has experienced significant capacity issues in relation to recruitment and sickness absence. This combined with increasing demand around statutory assessments for looked after children and medical assessments for Education Health and Care Plans (EHCP) and the provision of key statutory roles has impacted upon waiting times and clinic availability for routine appointments.

Commissioners have worked with the service in order to identify solutions to address some of the issues experienced. This paper provides an update on the current position of the service and work to date.

## **3.0 Service overview**

Community Paediatricians are specialist children's doctors with training in developmental paediatrics and disability, social paediatrics (including child protection), educational paediatrics and public health for children. The children seen by the service will often have long term issues and conditions which require prolonged follow up. The service does not see acutely unwell children; they would be managed by the acute hospital.

The community paediatric service provides community clinics and clinics in special schools across Trafford. In addition a number of statutory functions covering safeguarding and education are also provided. The statutory assessments provided by the service are as follows:

### **3.1 Statutory assessments**

- Section 47 medicals (medical assessment for children where physical abuse is suspected)
- Medical Advice (MA1) as part of the overall assessment for special educational needs under the Education Health Care Plan (EHCP) assessment process.
- Individual Health Care Assessments (IHA) for children who are looked after (LAC) or who are unaccompanied asylum seekers (UASC)

- Adoption and fostering medicals

### **3.2 Designated roles**

The statutory designated roles provided by the service are:

- Designated doctor / lead paediatrician for child protection;
- Lead paediatrician for education;
- Designated doctor / lead paediatrician for LAC;
- Lead paediatrician for Fostering & Adoption; and
- Lead paediatrician for Sudden Unexpected Death in Childhood (as part of the Greater Manchester rota)

### **3.3 Designated roles risks and issues**

A single paediatrician had been covering 3 of the statutory functions; Designated Safeguarding Dr, Named Safeguarding Dr and Designated LAC Dr in addition to the GM rota for Sudden Unexpected Death in Childhood (SUDC) role. This is not recommended practice and became unsustainable for the Dr involved.

In April, the CCG asked Pennine Care to provide confirmation of its plan to cover the statutory designated roles. A plan was presented to the CCG that would allow the roles to be covered across the service with increased Programmed Activity (PA) sessions provided to the Safeguarding and LAC roles. This proposal was agreed to and the job plans of the Drs have been updated to reflect these roles. In order to fulfil the requirements of the designated functions, the service capacity was reduced by approximately 6 PAs. (1 PA is the equivalent of 4 hours). Sickness absence in the service has reduced the capacity available to provide these functions on a consistent basis.

### **4.0 Service Demands**

The number of children looked after and complex child protection cases has increased significantly, increasing pressures on the medical and nursing teams that support children who are looked after or entering the care system.

### **4.1 Looked after Children Initial Health Assessments**

All Children in Care are required to have an Initial Health Assessment (IHA) within 28 days. The service provides 3 dedicated 1 hour clinics per week to carry out IHAs, though demand can vary month to month for these clinics. In quarter 2 of 2019/20 there were 26 new Children in Care, of these 22 (85%) did not meet the statutory time scale for the IHA. The reasons given for this are as follows:

- 7 due to reduced staffing in the community paediatric department.
- 6 children were placed out of borough and IHA was completed late.
- 6 did not attend their first appointment.

- 2 left care before the IHA had been completed.
- 1 due to late notification from social care.

These numbers do not include IHA requirements for Unaccompanied Asylum Seeking Children (UASC) which the service also provides. Clinics for these children are 2 hours long due to the need for an interpreter and complexity of issues presented.

## **4.2 Unaccompanied Asylum Seeking Children (UASC)**

Between January and June the service report that there were 15 UASC requiring an IHA. This takes up additional capacity as UASC clinics are 2 hours long due to the requirement for an interpreter and the complexity of the children and young people presenting in clinic.

## **4.3 Education Health and Care Plan (EHCP) assessments**

The service is also responsible for providing the medical assessment for all new applications for an EHCP. These assessments have statutory timeframes for completion. From the Trafford Advice Panel (TAP) issuing the request for medical advice, the service has 6 weeks to complete the necessary assessment. These assessments have been introduced since the last service specification was developed and have placed increased demand upon the service. Since their implementation in 2014, the number of requests for EHCPs has risen steadily, increasing by 33% over the past 5 years.

## **4.4 Service performance for routine appointments**

In October 2019, the service experienced a loss in capacity due to sickness absence and one of the registrars leaving the service as they had qualified as a consultant. During this time, a waiting list was set up in order to deal with routine appointments. The safeguarding functions of the service such as section 47 medicals and IHAs were prioritised.

The latest performance data available at the time of writing this report (September 2019) showed there were 20 18 week wait breaches for routine clinic appointments. The service has consistently had a high rate of patients not attending (DNA) rate. In October, the DNA rate was 17.4%. The service does not currently have an automated appointment reminder system, though this will be reviewed following transfer to MFT.

## **5.0 Actions to date**

### **5.1 Additional capacity**

The strategic lead for the service and children's commissioner have worked together to identify a series of options to improve service capacity and efficiency. The service

has a 0.6 Whole Time Equivalent (WTE) locum Dr to support capacity. One of the options recently approved by the community transition board is for this post to become a permanent role with an increase in hours to 0.8 WTE. This was an important step in stabilising the service and the additional capacity will support the coverage of the designated roles without any further reduction in capacity.

## **5.2 Inappropriate referrals**

The service reported that a lot of administrative time was being taken up in dealing with inappropriate referrals. In order to streamline the existing referral process and to ensure that referrals being made to the service are appropriate, work took place with a number of colleagues, including primary care to streamline the GP referral form. The initial referral form was 4 pages long and required a lot of information to be manually in-put. In order to support GP's and the community paediatrics team collectively, we have made a number of changes to the form, which has now reduced by over 50% in size with more information now able to be automatically pulled from the EMIS record.

Previously parents who wanted an autism assessment for their child would visit their GP for referral to the community paediatric service. The new pathway means that SENCOs now make the referral for this pathway. An advisory letter for GPs to give to parents explaining this has been developed. It is hoped that this will help parents understand the process and divert referrals away from the service.

## **6.0 Next steps**

The advert for the permanent 0.8 WTE role will go out in the New Year with the expectation of recruitment to this post before the end of the financial year. A locum has been appointed and will start on the 6<sup>th</sup> January to provide sickness cover.

A prioritisation exercise has taken place across all community services. Community paediatrics has been identified as a very high priority area. A business case is being prepared for consideration by the CCG Senior Leadership Team.

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**CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE WORK PROGRAMME 2019/20**

**WORK PROGRAMME**

<b>MEETING DATE AND VENUE</b>	<b>AGENDA ITEM</b>	<b>SUMMARY OF ISSUE</b>	<b>CABINET PORTFOLIO (link to Corporate Priorities)</b>	<b>RESOLUTION/RECOMMENDATION</b>	<b>Responsible Officer</b>
<b>Tuesday 9<sup>th</sup> July 2019 6:30 p.m.</b>					
<b>Deadline for reports: 28<sup>th</sup> June 2019</b>					
<b>Committee Rooms 2&amp;3</b>					
Education Item	SEND Task and Finish Group draft report		Children and Young People		Acting Director Children's Services
Health and Social Care Item	Update on Ofsted report May 2019 - Inspection of Children's Social Care Services		Targeted Services		Acting Director Children's Services
Mental Health Item	Mental Health Services for Children and Young People		Targeted Services		Trafford Integrated Network Director
	Start Well Update		Children and Young People		Committee Member appointed to the Board

	Corporate Parenting Board Update				Committee Member appointed to the Board
<b>Tuesday 8<sup>th</sup> October 2019 6:30 p.m.</b>					
<b>Deadline for reports 27<sup>th</sup> September 2019</b>					
<b>Committee Rooms 2&amp;3</b>					
Education Item	School Exclusion and Provision for Vulnerable Children		Children and Young People Targeted Services		Interim Director of Children's Service, Head of Service and Adviser for Education for Vulnerable Children
Health and Social Care Item	Update on Ofsted report May 2019 - Inspection of Children's Social Care Services		Children and Young People		Interim Director of Children's Service
	Fostering Process		Children and Young People		Interim Director of Children's Service

	Out of Area Placements				Interim Director of Children's Service
	Child Protection Plan Update				
Mental Health					
	Start Well Update		Children and Young People		Committee Member appointed to the Board
	Corporate Parenting Board Update		Children and Young People		Committee Member appointed to the Board
<b>Tuesday 14<sup>th</sup> January 2020 6:30 p.m.</b>					
<b>Deadline for reports 3<sup>rd</sup> January 2020</b>					
<b>Committee rooms 2&amp;3</b>					
Education Item	School Readiness		Children and Young People		Interim Director of Children's Service
Health and Social Care Item	Update on Ofsted report May 2019 - Inspection of Children's Social Care Services		Children and Young People		Interim Director of Children's Service

	Transition to Adult Services				Interim Director of Children's Service
	Community Paediatrics		Children and Young People Targeted Services		Manchester University Foundation Trust
Mental Health					
Partnership Working					
	Start Well Update		Children and Young People		Committee Member appointed to the Board
	Corporate Parenting Board Update		Children and Young People		Committee Member appointed to the Board
<b>Tuesday 17<sup>th</sup> March 2020 6:20 p.m.</b>					
<b>Deadline for reports 6<sup>th</sup> March 2020</b>					
<b>Committee rooms 2&amp;3</b>					
Education Item	Educational attainment and post year 11 progress in further and higher		Children and Young People		Interim Director of Children's Service

	education and Impact of the National funding formula on Trafford schools				
Health and Social Care Item	Update on Ofsted report May 2019 - Inspection of Children's Social Care Services		Children and Young People Targeted Services		Interim Director of Children's Service
	Youth Service Provision		Children and Young People		Interim Director of Children's Service
	Weight Strategy				Interim Director Public Health
	Poverty Strategy		Children and Young People		Interim Director Public Health
Mental Health					
	Start Well Update		Children and Young People		Committee Member appointed to the Board
	Corporate Parenting Board Update		Children and Young People		Committee Member appointed to the Board
Partnership Working					

## OUTSTANDING ISSUES - DATES TO BE DETERMINED

When discussed	Title	Summary of issue	Responsible Officer	Timescale	Notes	Outcome

## TASK AND FINISH GROUPS

Date	Title	Summary of issue	Directorate	Timescale	Notes	Outcome
Started 29/09/2019	SEND	School exclusions and SEND	Children's Services	November 2019		To reduce the number of school exclusions involving pupils with SEND
tba	SEND	Tribunals	Children's Services	tba		
tba	Healthy Young Minds, mental health services for children and young people			tba		