

Health and Wellbeing Board 21st November 2014

CHILDREN'S TRUST REPORT TO THE HEALTH AND WELLBEING BOARD

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1. Summary

1.1 Where appropriate the Children's Trust implements decisions and actions highlighted in HWB Strategy and as required by the Health and Wellbeing Board. This report aims to highlight issues raised at the Children's' Trust either for information, endorsement or decision.

1.2 For Information:

1.2.1 **SEND REFORMS** As of 1 September 2014 the Children and Families Act came into force and arrangements for supporting children with special educational needs and disabilities (SEND) in school and further education have changed. These changes are designed to simplify arrangements for identifying and supporting children with SEND by ensuring:

- **Greater participation** - a clear focus on the participation of children, young people and parents in assessment, decision-making and planning
- **Better outcomes** - a strong focus on high aspirations and improving outcomes for children and young people
- **Better joint working** - a commitment to joint planning and commissioning between services to ensure close co-operation between education, health and social care
- **Improved transition between phases** - a 0-25 year process that will improve transition between early years, school and further education and training environments

1.2.2 The main changes are that:

Education, health and care plans replace educational statements and learning disability assessments -

From September 2014 health providers, social care and education providers will work with families to co-produce education, health and care plans (EHCPs). EHC plans will have the same legal status as educational statements, and can continue up to the age of 25 if it's agreed that the young person needs more time to complete their education or training. In Shropshire the pathway and processes are in place and are working to the new regulations. In addition to writing new plans for children and young people with SEND, Local Authorities are required to convert all existing Educational Statements to EHCPs by March 2018. Shropshire currently has 2000 Statements of SEN representing 4.1% of the school population; the National figure is 2.8%. It is therefore recognised that this will be a significant challenge to the Shropshire Council. A small team of officers have been recruited, funded through the SEND reforms grant, to manage the conversions. In line with government requirements Shropshire's conversion plan has been published on the Local Offer.

1.2.3 **SEND Support replace School Action and School Action Plus-**

Schools will continue to identify children who need additional support and will use a graduated approach to ensure that children's individual needs are being identified, addressed and reviewed appropriately. This will be known as 'Special Needs Support'. Shropshire schools have had extensive guidance and support in respect of the reforms and are clear about their new responsibilities.

1.2.4 **The Local Authority are required to publish a 'Local Offer' -**

This will detail services available for children in the local area It will provide a 'one-stop shop' for advice, support and information for children and young people with SEND, and their families. In Shropshire we have uploaded our initial Local Offer pages and appointed a co-ordinator (funded through the reforms grant) to progress this work.

1.2.5 **From September, local authorities must make information, advice and support available that covers disability, education, health and social care -**

This should be available directly to young people, as well as parents/carers, building on current services. Currently our Information, Advice and Support Service (formerly known as Parent Partnership) are meeting this requirement primarily signposting to services they are unable to deliver themselves; however along with other Local Authorities this area requires development and we are currently in the process of a commissioning exercise to ensure we are able to provide this service.

1.2.6 For the past 12 months there has been extensive work undertaken in order to ensure that Shropshire is able to undertake all the requirements of the reforms. The SEND 0-25 strategic board provides governance and a number of sub groups have been working through the requirements on an operational level; these will continue until we are secure in our new practice. Representatives from education, health, social care, children and adult services, parent carer organisations and commissioning are involved at both a strategic and operational level. A particular strength of our work over the past year is through joint working, relationships and practice has been strengthened as a result.

1.2.7 In order to address the areas that where we are less advanced, an action plan has been developed based upon the DfE Implementation response that each LA is required to submit each term. This will inform on our risk status.

1.3 **For Decision: The Disabled Children's Charter**

1.3.1 In light of the recent detailed work as part of the SEND reforms the Children's Trust has recommended that the Health and Wellbeing Board signs the Disabled Children's Charter.

1.3.2 The Charter states that the **Health and Wellbeing Board** is committed to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. We will work together in partnership with disabled children and young people, and their families to improve universal and specialised services, and ensure they receive the support they need, when they need it. Disabled children and young people will be supported so that they can lead ordinary lives.

1.3.3 The Charter has 7 key objectives and 'by *[date within 1 year of signing the Charter]* our Health and Wellbeing Board will provide evidence that:

1. We have detailed and accurate information on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs

2. We engage directly with disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board
3. We engage directly with parent carers of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board
4. We set clear strategic outcomes for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account
5. We promote early intervention and support for smooth transitions between children and adult services for disabled children and young people
6. We work with key partners to strengthen integration between health, social care and education services, and with services provided by wider partners
7. We provide cohesive governance and leadership across the disabled children and young people's agenda by linking effectively with key partners'

1.4 For Information:

- 1.4.1 **Children and Young People's Whole System Event (WSE)** – The WSE will bring together in one room young people (50% of attendees) along with senior public sector and business figures. The purpose is to ask a question and through a series of discussions and activities come up with a number of actions that will deliver a clear measurable benefit for young people in that community.
- 1.4.2 The key difference is that the event will not result in objectives and outcomes but a small number of actions that those in the room can commit there and then to deliver.
- 1.4.3 The first WSE will take place on December 1st where will be time to explore the possibilities that arise from sharing our ideas and enthusiasms and build on our local assets. The day will lead to action, so there will be a short follow-up workshop to support working together on whatever actions are decided at the event.

1.5 For Information:

1.5.1 CAMHS Update – Background

- 1.5.2 This report provides information in relation to the current position of Tier 3 CAMHS in Shropshire. CAMHS are Child and Adolescent Mental Health Services in place to treat mental illness. Tier 3 refers to the stage in the 4-tier CAMHS model that is specialist multi-disciplinary support. Children and young people accessing CAMHS have a mental illness of a persistent, pervasive nature.
- 1.5.3 Over recent years, several reviews of CAMHS have been undertaken to inform the development of the service. Through commissioners working in partnership with the current provider, local authority and public health colleagues CAMHS services have been re-modelled with the aim of achieving better outcomes for service users.
- 1.5.4 A revised service specification has been written and agreed, with input from partners, for tier 3 CAMHS. A redesign of the CAMHS referral pathway has been implemented, with all referrals going through Compass, the single point of access. Senior Primary Mental Health workers are located in Compass, alongside Early Help Social workers and Targeted Youth Support workers.

1.5.5 Governance and reporting mechanisms have been strengthened with weekly reports on waiting times and referral rates sent to commissioners and formal monthly reporting to the CCG's Contract Review Board and Clinical Assurance Panel.

1.5.6 Whilst the new model of service delivery has been implemented there continue to be issues in relation to some specific areas of the service pathway. Commissioners meet regularly with the service provider in order to identify resolutions to the issues and enable further improvement to take place.

Current Position

1.5.7 Clinical Commissioning Group commissioners from Telford & Wrekin and Shropshire meet every month with the service provider, Shropshire Community Health Trust (Shropcom), to monitor delivery against the Service Development and Improvement Plan for Tier 3 CAMHS (SDIP). The SDIP has been developed in order to track progress against the required areas of improvement. The service is continuing to improve. However, there are still some key areas of concern. These are detailed below.

1.5.8 Referral process and waiting times

All referrals for Tiers 1 to 3 CAMHS are received through a single point of contact service called Compass. In order to further improve the referral process an electronic referral form has been developed and once fully implemented we expect to see further improvements to the referral process.

1.5.9 Between December 2013 and February 2014, inappropriate referrals to Tier 3 CAMHS totalled between 30 and 45 per month. Since March 2014, after the introduction of Compass, inappropriate referrals to Tier 3 have never been higher than 1 per month and 5 of the last 9 months have seen no inappropriate referrals to the service. This has been a significant improvement since the introduction of the new service model.

1.5.10 Waiting times to access the Tier 3 CAMHS service continue to be unacceptably high. Commissioners are working closely with the service provider to understand the reasons behind the long waiting times. Action is being taken to ensure that waiting times are reduced.

Service delivery

1.5.11 Commissioners are working with the service provider to address existing issues in relation to improving some areas of service delivery. This includes the need for the provider to develop contingency arrangements to mitigate against the issues that could potentially arise through day appointments being cancelled due to rest time required following out of hours calls for consultants the night before. There is also a need to improve shared care arrangements with GPs for service users who are more stable.

1.5.12 The service continues to have some consultant posts covered by Locums following two unsuccessful recruitment rounds.

Next steps

1.5.13 Commissioners will continue to work closely with the provider to ensure the Tier 3 CAMHS service improves in order to ensure the requirements of the service specification are met.

1.6 For Information: Developing a Comprehensive Model of Support on Emotional Health & Wellbeing for Children, Young People and Families in Shropshire

1.6 To ensure a wide understanding of the development of mental health support and services for children and young people in Shropshire, the Children's Trust has developed a document that

draws together the work being undertaken from universal tier 1 through tier 4. Shropshire has developed strong working practices for our universal provision, Think Good, Feel Good; is further developing early help provision that includes targeted support; and there has been a proactive response to a number of reviews of the CaMHS service in recent years and subsequent service specification development for tier 3 CaMHS. Please see **Appendix A** for the Final DRAFT version for discussion by the Health and Wellbeing Board.

REPORT

3. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

3.1 The work of the Health and Wellbeing Board impacts on Health Inequalities; and all work being undertaken by the Board's work streams considers impact on health inequalities.

4. Financial Implications

4.1 There are no immediate financial implications associated with this report.

5. Background

5.1 The Health and Wellbeing Delivery Group (formerly the Health and Wellbeing Executive) meets monthly – 6 weekly and is responsible for the delivery of the Health and Wellbeing Strategy and the Better Care Fund.

6. Additional Information

n/a

7. Conclusions

n/a

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| List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) |
| Cabinet Member (Portfolio Holder) |
| Cllr. Karen Calder |
| Local Member |
| Appendices |
| Appendix A – Developing A Comprehensive Model of Support on Emotional Health & Wellbeing for Children, Young People and Families in Shropshire. |