

Children and Young People's Committee

Monday, 12 January 2015 at 10:30

County Hall, County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

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|----|--|---------|
| 1 | Minutes of the last meeting held on 8 Dec 2014 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Child Sexual Exploitation (CSE) | 9 - 14 |
| 5 | Delivering Differently - development of the Short Breaks & Personalisation Service within the CDS and establishment of posts | 15 - 30 |
| 6 | Nottinghamshire Child & Adolescent Mental Health Services (CAMHS) Pathway Review update | 31 - 48 |
| 7 | The Troubled Families Programme in Nottinghamshire - update | 49 - 54 |
| 8 | Provision of funding for adaptations to a service user's family home that exceed the mandatory Disabled Facilities Grant (DFG) | 55 - 58 |
| 9 | Financial support for students in post 16 education | 59 - 62 |
| 10 | Work programme | 63 - 68 |

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Sara Allmond (Tel. 0115 977 3794) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting CHILDREN & YOUNG PEOPLE'S COMMITTEE

Date 8 December 2014 (commencing at 10.30am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

John Peck JP (Chairman)
Liz Plant (Vice-Chairman)
Kate Foale (Vice-Chairman)

Boyd Elliott
Sybil Fielding
Alice Grice
Keith Longdon

Philip Owen
Sue Saddington
Gail Turner
John Wilmott

A Ex-officio (non-voting)
Alan Rhodes

CO-OPTED MEMBERS (NON-VOTING)

A Ms Gail Neill
A Mr James Parry
Mr David Richards JP
A Mr John Rudd

OFFICERS IN ATTENDANCE

Alison Fawley	Policy, Planning and Corporate Services
Helen Daft	Children, Families and Cultural Services
Steve Edwards	Children, Families and Cultural Services
Justine Gibling	Children, Families and Cultural Services
Chris Harrison	Children, Families and Cultural Services
Derek Higton	Children, Families and Cultural Services
Anthony May	Children, Families and Cultural Services
Philippa Milbourne	Children, Families and Cultural Services
John Slater	Children, Families and Cultural Services

MEMBERSHIP CHANGE

Councillor Sybil Fielding had been appointed to the Committee in place of Councillor John Allin for this meeting only.

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 10 November 2014, having been circulated to all Members, were taken as read and were confirmed and signed by the Chairman.

APOLOGIES FOR ABSENCE

An apology for absence was received from Mr John Rudd (other reasons).

DECLARATIONS OF INTEREST

Councillor Philip Owen declared a private interest in item 9 - schools requiring expansion by 25% or more pupil places, as he was a governor at Larkfields Infant School and his wife was a governor at Larkfields Junior School which did not preclude him from speaking or voting on that item.

Councillor Sybil Fielding declared a private interest in item 16 – Authority governor appointments and reappointments and Local Authority governor appointments to school governing bodies, as she was included in the list of new appointments, which did not preclude her from speaking or voting on that item.

Councillor Alice Grice declared a private interest in item 16 - Authority governor appointments and reappointments and Local Authority governor appointments to school governing bodies, as she was included in the list of nominees for appointment, which did not preclude her from speaking or voting on that item.

IMPACT OF THE NEW ARRANGEMENTS FOR CHILDREN AND YOUNG PEOPLE WITH SOCIAL, EMOTIONAL AND BEHAVIOURAL DIFFICULTIES IN NOTTINGHAMSHIRE

Chris Harrison introduced the report and responded to questions and comments from Members.

RESOLVED 2014/090

That the impact of the new arrangements for children and young people with Social, Emotional and Behavioural Difficulties (SEBD) in Nottinghamshire be noted.

PROPOSAL TO CONSULT ON THE CLOSURE OF OAKDALE LEARNING CENTRE

Chris Harrison introduced the report and responded to questions and comments from Members.

RESOLVED 2014/091

- 1) That approval be given to consult on the proposal to close Oakdale Learning Centre with effect from 31 August 2015

- 2) That a further report be submitted to the Children and Young People's committee on 9 February 2015 on the outcome of the consultation and which recommends a course of action.

SCHOOLS REQUIRING EXPANSION BY 25%OR MORE PUPIL PLACES

Councillor Peck introduced the report and responded to questions and comments from Members.

RESOLVED 2014/092

- 1) That some of the planned expansion projects as listed in paragraph 8 of the report will require the school to expand by 25% or more places be noted.
- 2) That approval be given to the consultation to expand the schools listed in paragraph 8 by 25% or more pupil places from 5 January 2015.
- 3) That a further update be brought to this committee on the outcome of the consultation with recommendations for action.

CHILDREN'S SOCIAL CARE TRANSFORMATION PROGRAMME UPDATE

Steve Edwards introduced the report and responded to questions and comments from Members.

RESOLVED 2014/093

That the update on transformation activity within Children's Social Care services be noted.

CHILDREN'S SOCIAL CARE TRANSFORMATION PORGRAME – SOCIAL WORK PRACTICE PILOT

Steve Edwards introduced the report and responded to questions and comments from Members.

RESOLVED 2014/094

- 1) That the plan to run a six month Social Work Practice Pilot in Children's Social Care be noted.
- 2) That a potential call on the Strategic Development Fund of £206,082 be approved.

INTEGRATED FAMILY SERVICES REVIEW

Derek Higton and Justine Gibling introduced the report and responded to questions and comments from Members.

RESOLVED 2014/095

That the information on the review and transformation of services commissioned or provided by the County Council for vulnerable families be noted.

THE EARLY HELP UNIT STAFFING STRUCTURE

Steve Edwards introduced the report and responded to questions and comments from Members.

RESOLVED 2014/096

- 1) That the permanent establishment of four Early Help Officer posts in the Early Help Unit be approved.
- 2) That the establishment of an additional temporary (12 months) Early Help Officer post within the Early Help Unit be approved.

VIOLENCE TO STAFF IN CHILDREN'S MAINSTREAM RESIDENTIAL HOMES

Steve Edwards and Helen Daft introduced the report and responded to questions and comments from Members.

RESOLVED 2014/097

That the information and responses regarding incidents of assault on mainstream residential care staff between January and September 2014 be noted.

PROVISION OF FUNDING TO EXTEND A SPECIAL GUARDIAN'S HOME

John Peck introduced the report and responded to questions and comments from Members.

RESOLVED 2014/098

- 1) That approval be given to provide funding of £24,625 for the building of the proposed extension to the home of Mr and Mrs S.
- 2) That a grant funding agreement be made between the Council and the housing association to ensure the investment is protected.

WORK OF THE FAMILY NURSE PARTNERSHIP

Justine Gibling introduced the report and responded to questions and comments from Members.

RESOLVED 2014/099

- 1) That the progress to date on the delivery of the Family Nurse Partnership (FNP) programme within Nottinghamshire County Council be noted.
- 2) That performance in relation to the core model elements and fidelity goals of the FNP programme, in accordance with the Department of Health sub-licence requirements, be noted.

NOTTINGHAMSHIRE OUTSTANDING ACHIEVEMENT 4Uth AWARD 2014

Councillor Peck introduced the report and responded to comments and questions from Members.

RESOLVED 2014/100

That the recent activity of the Youth Service in facilitating the delivery of the Nottinghamshire County Council's fourth annual Outstanding Achievement 4Uth Award be noted.

NATIONAL CHILDREN AND ADULT SERVICES CONFERENCE 2014

Councillor Peck introduced the report and responded to comments and questions from Members.

RESOLVED 2014/101

That the report on Member and officer attendance at the National Children and Adult Services Conference which took place in Manchester between 29-31 October 2014 be noted.

AUTHORITY GOVERNOR APPOINTMENTS AND REAPPOINTMENTS AND LOCAL AUTHORITY GOVERNOR APPOINTMENTS TO SCHOOL GOVERNING BODIES

RESOLVED 2014/102

- 1) That new appointments to Authority governor vacancies and re-appointments of Authority governors, who reach the end of their term of office during the period 1 October to 30 November 2014 as listed in paragraph 7, be noted.
- 2) The nomination and appointment of Local Authority governors to reconstituted governing bodies as listed in paragraph 8 of the report be noted.

WORK PROGRAMME

RESOLVED 2014/103

That the Committee's work programme be noted.

The meeting closed at 12.20pm

CHAIRMAN
M_8December2014

12 January 2015**Agenda Item: 04**

REPORT OF THE SERVICE DIRECTOR, CHILDREN'S SOCIAL CARE

CHILD SEXUAL EXPLOITATION (CSE)

Purpose of the Report

1. The report updates the Children and Young People's Committee on progress with child sexual exploitation work being undertaken within Nottinghamshire.

Information and Advice

2. Child sexual exploitation (CSE) remains a high profile area of safeguarding children work and will be considered as part of a future Ofsted inspection from a Children's Social Care and Nottinghamshire Safeguarding Children Board perspective. Her Majesty's Inspectorate has recently inspected Nottinghamshire Police, including their safeguarding arrangements although the report is not yet available. They have also recently undergone a peer review of their child sexual exploitation work. CSE is a subject that continues to be of media interest.
3. Locally the work remains overseen by a cross-authority (Nottinghamshire County and Nottingham City) multi-agency group which continues to take forward the work identified within the local strategy and action plan. This group meets quarterly and is chaired by a Detective Inspector from Nottinghamshire Police Sexual Exploitation Investigation Unit. The chair reports to the Nottinghamshire Safeguarding Children Board as this work is one of its key priorities. Within Children's Social Care there is a strategic lead whose role it is to support developments in this area of work as well as with the aligned subject of missing children.

Implications from Rotherham and the Ofsted Thematic Inspection

4. During the past few months two key national reports have been published, the first of these was the publication in August 2014 of the independent inquiry in Rotherham. Following this a number of briefings for elected Members were given by the Corporate Director for Children, Families and Cultural Services. This is being followed up by seminars for elected Members on 2 & 23 February 2015. There has also been communication by the Service Director for Children's Social Care with all Children's Social Care staff. The cross-authority group also considered the Rotherham report at their November meeting.

5. It was the view of group members that there were no new issues emerging from the Rotherham report that are not covered within the local work plan. One of the areas highlighted within the report is the importance of therapeutic intervention with the young person. Currently within the County, specialist services are provided by Barnardos and the NSPCC; the importance of these services continuing is recognised and a process has begun to consider future commissioning. Some young people may have longer term needs arising from their exploitation and this has been noted for future discussion with partner agencies such as health to identify if there are any unmet needs within the County.
6. The Rotherham report also noted the importance of quality assurance. The Nottinghamshire Safeguarding Children Board has commissioned a multi-agency audit of CSE work which will be undertaken in January 2015 and reported to the Board in March 2015 which will have a focus on quality assurance. Within the Local Authority a number of performance reports have also been developed which will enable managers to provide more oversight and scrutiny of work undertaken.
7. As a result of the report a dialogue continues with district councils, in terms of prevention and disruption work, around the licencing of taxis to ensure that there is rigour in the process of issuing licences as well as exploring the potential for safeguarding training for those involved.
8. In November 2014 Ofsted published a report following their thematic inspection of CSE in eight local authorities. The key issues highlighted within this thematic report reflected those raised in previously published national reports. The report emphasised the importance of identifying and responding to CSE and concluded that not all authorities did this robustly. It highlighted, amongst other issues, the importance of strategic leadership and the importance of prevention and disruption strategies. Lessons from this report will be further considered by the cross-authority group.

Training and professional awareness

9. Work has continued to promote awareness and increase knowledge amongst professionals. This has been through face to face training, e-learning and through other mediums such as foster carer or school governor newsletters and the County Council intranet.
10. Training provided under the auspices of the Nottinghamshire Safeguarding Children Board has continued to raise professional awareness in identifying and responding to child sexual exploitation. During 2014/15 four NSCB training days were publicised and an additional four have been added due to the level of demand.
11. Over 700 multi-agency professionals have also completed the basic e-learning course. Efforts are being made to reach a wider audience, particularly in the district councils, of those workers in more peripheral roles. Four missing children events organised for 2014/15 have also begun which reinforce the link to CSE.
12. Colleagues in public health within Nottinghamshire are also in the process of commissioning single agency training for sexual health teams on 'spotting the signs'

which is based on national guidance. In November health colleagues in Bassetlaw also used a session planned for GPs and GP practice staff to raise awareness of CSE.

Engagement with children, young people and their families

13. As noted in the last report; during 2013/14 a small number of secondary schools and academies benefitted from a specially commissioned play performed by an educational theatre company. The play and accompanying workshop aim to increase children's awareness of the risks of sexual exploitation. Feedback was positive and during the autumn the play has begun to tour again. All secondary schools and academies in Nottinghamshire have been offered one free performance with the option to purchase more. The majority of schools have welcomed this opportunity with only a small number declining to take part.
14. It is also important that parents and carers are aware of the risks of sexual exploitation to support them in trying to keep their children safe. A free e-learning course has been shared with a number of professionals, including schools, with the request that they promote it with parents and carers. Foster carers have also been able to access it. We are aware of a small number of schools publicising the training and we have re-launched it. The charity responsible for the e-learning advises us that 700 people have registered to complete the course (up to end November) with 447 people having completed it which is 10% of the national total. Whilst this is positive there is still the potential to increase this number.
15. Over the next three to six months focus will be given to promoting the engagement of children and families in child sexual exploitation multiagency meetings.
16. The NSPCC continues to offer to work with all schools with Year 5 and 6 pupils on 'keeping happy and safe' which includes an e-safety and exploitation angle and the Nottinghamshire County Council anti-bullying co-ordinator also offers e-safety sessions to parents and schools and other settings, predominantly in the primary sector.

Organisational issues

17. To strengthen and support the development of CSE work, from October a child protection coordinator has been working half time in a CSE co-ordinator role. This will allow a specific focus on key areas such as the engagement of young people and their families, further develop joint working with the police and other agencies and strengthen scrutiny and quality assurance of cases.
18. In addition to the developmental work being undertaken, there is a well-established operational response to cases. Multi-agency strategy meetings are held where it is identified that children or young people are at risk of, or are experiencing, child sexual exploitation. These meetings are chaired by a child protection coordinator and relevant agencies are involved in order to ensure the appropriate sharing of information and planning.
19. There continues to remain an opportunity to work with schools on the subject of CSE. It is apparent that some schools do focus resources on the subject but the overall picture is not yet captured. This development work will continue with the support of the CSE co-

ordinator and others, recognising that nationally this is a challenge. The annual governor compliance safeguarding checklist process will support the process of understanding the level of work being undertaken.

Data

20. During 2013/14, 104 sexual exploitation strategy meetings were held in relation to 47 individual children. During the first seven months of 2014/15 there have been meetings relating to 28 individual children. Of these, 22 related to young women and girls and 6 to boys and young men. The age range for the young women and girls was 10 -17 years with clusters at 13 years and 15 years, and one 10 year old was identified. The age range for boys and young men was 12 – 17 years with a cluster at 14 years and 15 years, and one 12 year old was identified.
21. At the time of compiling this report, only one of the 28 young people noted above remained the subject of a CSE strategy meeting. The CSE multi-agency meetings were ended when it was concluded that the risk of CSE had reduced. If the young person was identified as remaining vulnerable and requiring support, appropriate actions were agreed, e.g. ongoing work by NSPCC or Barnardo's. One young person turned 18 years and remains supported by Leaving Care services.
22. Six of the young people were looked after, 11 had a child in need plan and three were subject to a child protection plan. These children will remain subject to formal reviews under those processes. There has been an increase in the number of children considered at a CSE meeting and this continues to be the case in the current quarter.
23. The police data as of mid-November 2014 identified that there were 16 cases being investigated by the police in relation to children living in Nottinghamshire. Of these cases, eight relate to internet based grooming allegations and eight relate to face to face contact with individuals as opposed to organised groups.
24. Work continues to amalgamate police and social care information and data into a comprehensive problem profile which will be reported quarterly to the NSCB.
25. The risk of child sexual exploitation continues to feature in some cases where children are reported missing. Periodic cross-referencing of missing information and CSE strategy meeting information leads to follow up with social work teams. This is also picked up through a monthly multi-agency meeting which considers those children who are causing the highest concern due to them going missing.

Conclusion

26. Recent reports arising from exploitation in Rotherham and elsewhere highlight the failings by agencies and the harm that young people come to through being sexually exploited. Whilst the numbers are relatively few they are significant because of the harm that can occur to young people and the inherent cost to individuals, services and society.
27. Through partnerships between agencies, under the auspices of the Nottinghamshire Safeguarding Children Board, work will continue to build on and progress child sexual exploitation strategic and operational work.

Other Options Considered

28. The report is for noting only.

Reason/s for Recommendation/s

29. The Children and Young People's Committee should continue to have scrutiny and oversight of the developments to further develop the response to child sexual exploitation within Nottinghamshire.

Statutory and Policy Implications

30. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

That:

- 1) progress made regarding developments in the response to child sexual exploitation within Nottinghamshire is noted
- 2) a further report be provided to the Children and Young People's Committee in six months.

Steve Edwards
Service Director, Children's Social Care

For any enquiries about this report please contact:

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Service Manager, Safeguarding Children (Strategic)
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Constitutional Comments

31. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (KLA 17/12/14)

32. There are no financial implications arising directly from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Child Sexual Exploitation Action Plan – report to Children & Young People’s Committee on 13 January 2014

Child Sexual Exploitation Action Plan – report to Children & Young People’s Committee on 14 July 2014

‘Independent Inquiry into Child Sexual Exploitation in Rotherham 1997 – 2013’ Alexis Jay OBE

‘If only someone had listened” – Office of the Children’s Commissioner’s Inquiry into Child Sexual Exploitation in Gangs and Groups, Final Report, November 2013

Ofsted: The sexual exploitation of children: it couldn’t happen here, could it?

Electoral Division(s) and Member(s) Affected

All.

C0553

12 January 2015

Agenda Item: 05

REPORT OF SERVICE DIRECTOR, CHILDREN'S SOCIAL CARE**DELIVERING DIFFERENTLY – DEVELOPMENT OF THE SHORT BREAKS
AND PERSONALISATION SERVICE WITHIN THE CHILDREN'S DISABILITY
SERVICE AND ESTABLISHMENT OF POSTS****Purpose of the Report**

1. To provide Committee with an update on the progress made within the Children's Disability Service (CDS) towards personalisation and a community support focused model of service delivery, prior to the viewing of a short animation. The animation describes how families of children and young people with disabilities can access early and targeted short break provision without the need for a social worker assessment.
2. To seek approval for the permanent establishment of the following posts in the Short Breaks and Personalisation Service within the Children's Disability Service:
 - 1 full-time equivalent (fte) Team Manager
 - 2 fte Personalisation Reviewing Officers
 - 4 fte Personalisation Officers.

Information and Advice**Context**

3. Local authorities have a duty, under Section 25 of the Children Act 1989, to provide a range of short break services to assist carers of disabled children and young people. In particular, a local authority must provide, as appropriate, a range of:
 - day-time care in the homes of disabled children or elsewhere
 - overnight care in the homes of disabled children or elsewhere
 - educational or recreational activities for disabled children outside of their homes.
4. In April 2012, as part of the Social Care Transformation Programme, short break services for children and young people with disabilities were brought together under the line management of CDS. This realignment provided the opportunity to challenge the existing CDS delivery model with a view to moving away from the professional gift model of service delivery, whereby families are viewed as passive receivers of service, to a citizenship model, where the resilience and skills of families are recognised and where children, young people and their families are engaged in the co-production of their own support plans.

5. The desire for change had been identified by parents, carers, staff and other stakeholders who recognised that the traditional method of accessing support for children and young people with disabilities i.e. via an assessment carried out by a social worker, was often a disproportionate response to a request for a service. Additionally, the traditional model of delivery resulted in children and young people remaining open to a social worker once their care package had been put in place. This practice impacted significantly on social work case loads and detracted from social care core business.
6. It was also recognised that whilst the CDS provided a range of high quality services, they were limited in terms of choice and flexibility with an over reliance on overnight short breaks in one of the Local Authority's three residential short break units and insufficient choice in terms of local alternatives. It was evident from consultation with parents and carers that a number of families were in receipt of residential short breaks that, had there been better community options, could be supported more cost effectively.
7. Proposals under the Children and Families Bill 2013 included a new requirement for local authorities to offer personal budgets to children with disabilities and special educational needs (SEND). This requirement presented further opportunity to reconfigure the service offer and be creative in how CDS deliver and commission services to achieve the best possible outcomes for disabled children and young people.
8. Taken together, the points mentioned above were the main drivers for the creation of the Short Breaks and Personalisation Service.

Short Breaks and Personalisation Service - New Operating Model

9. The new operating model is based on the principle that the majority of children and young people with disabilities will have their short breaks and recreational needs met within the community and without the intervention of a social worker. It acknowledges however that some children and young people will require social care intervention from time to time and provides for this through a robust step up/step down to social care framework.
10. It sets the expectation that wherever possible children and young people with disabilities will access universal services e.g. children's centres, scouts and brownies, and introduces the **Core Offer of Flexible Short Breaks (FSB)** to those children and young people where this is no longer possible. Flexible Short Breaks:
 - offer disabled children and young people 80 hours of short break provision per year from a menu of services provided through an approved provider framework or via a direct payment (where families choose to employ their own personal assistant in line with the policy guidance for Direct Payments)
 - are accessed via the Short Breaks and Personalisation Service duty point where a Personalisation Officer will check the threshold and broker the service on behalf of the family. This is usually achieved over the telephone to make the process as easy for families as possible.
11. Through the **Enhanced Offer of Targeted Short Breaks**, the new model then provides a gradual response to the increasing and changing needs of children and young people with disabilities, bridging the gap between early intervention and level 4 specialist services and

preventing premature escalation into social care. Targeted Short Breaks (TSB) is an enhanced version of the FSB and is for children and young people with a disability who:

- a) have been assessed as needing more short break hours than the core offer of FSB. Children and young people stepping into TSB from FSB can be allocated up to 200 hours of short break per year and are likely to retain the same provider(s) to ensure continuity.
 - b) have a support package in place that has been assessed by a social worker but where there is no ongoing need for social care intervention. Children and young people in this category will step down to TSB from social care whilst retaining their current care package which might include a significant amount of support e.g. overnight short breaks in one of the Local Authority's three residential short break units, homecare or contract care etc.
12. Access to the TSB service is via step up from FSB or step down from social care. A child/young person cannot be directly referred into the service.
13. Once a child/young person has been accepted onto the TSB scheme a Personalisation Officer will visit the family to complete a Person Centred Support Plan. The Person Centred Support Plan is a dynamic document that will change as the child/young person's needs change. It details the child/young person's personal budget and desired outcomes. Once completed the plan becomes the property of the child/young person and their family. Families are encouraged to think creatively about how they might best use their allocated budget before an increase in provision can be considered. The case study below provides an example of this:

Case Study A

14. *Child A is an 8 year old boy with autism who was accessing 8 hours of befriending per month and 24 overnights per year via a personal assistant paid for through a direct payment. Child A decided that he would like to access activities and residential trips through NORSACA (specialist autism charity). As such, his family requested extra funding to facilitate this. The personalisation officer went out to see the family and encouraged them to look at using their current budget differently to meet their child's changing needs. The outcome was that the family agreed to give up 2 overnights per year with their personal assistant and in so doing were able to fund a 3 nights residential and 7 day trips throughout the summer with NORSACA.*
15. The above case study demonstrates how supporting families to be creative with their allocation can achieve a child's desired outcomes without the need for additional funding and challenges the assumption that as a child gets older their resource allocation will increase.
16. The new operating model supports the step down from social care of those children who no longer require the ongoing intervention of a social worker but who have a package of support in place that needs to be monitored and reviewed. As with children who step up to TSBs from FSBs, children who step down to TSBs from social care will be given a Person Centred Support Plan.

17. It acknowledges that some children will constantly move between social care and the Short Breaks and Personalisation Service as their needs and family circumstances dictate and accepts that this is preferable to keeping children permanently open to social care 'just in case'.
18. It provides a contact point for families who are experiencing difficulties with their short break, preventing families from getting lost in the system and escalating into social care.
19. It provides a clear focus on outcomes for children instead of services and introduces Person Centred Support Planning, which gives families the option of a personal budget and flexibility in the way in which they use it.
20. It fundamentally changes the conversation between the service user and professional, empowering families to take more control and become less reliant on public services and challenges the tradition that the level of services provided by the Local Authority will increase incrementally as the child grows. Instead, it sets the expectation that families will consider using their personal budget differently before a request for additional resources will be considered.
21. It challenges the tradition that the short break needs of some children and young people can only be met through an overnight stay in a residential setting away from home and offers greater opportunity to access community based provision.
22. It recognises the cross over between disability and SEND and uses language and tools common to both.

Balance of Provision and Cost Benefits

23. The new model has already begun to challenge the over reliance on in-house residential short break services and shift the balance towards community based early intervention provision. This has resulted in a 17% reduction in the number of children accessing the Local Authority's residential short break units since May 2014. This is not only positive in terms of the choice and flexibility it offers families, but has cost benefits for the Local Authority as demonstrated below:
 - the total budget for CDS in 2013/14 was £12,411,395
 - 35% of the total budget (£4,343,988) was allocated to the County Council's three residential short break units
 - in 2013/14, 118 children and young people accessed a short break in one of the units (this means that occupancy rates across the three units throughout 2013/14 was 75%, with 18 out of a possible 24 beds being occupied at any one time).
 - the cost of providing an overnight short break in one of the Local Authority's residential short break units can be up to £535 per night.

24. In contrast:
- in 2013/14, 14% (£1,754,953) of the total CDS budget was allocated to the Short Breaks and Personalisation Service. This budget covered the cost of FSBs, TSBs and Disabled Children's Access to Child Care (DCATCH) as well as supporting a range of community providers through the allocation of small grants
 - throughout 2013/14, in the FSB and TSB service alone, 1,200 children accessed a short break with the average cost of a package being between £750 and £3,000 per year. This means that on average a FSB break costs between £9.30 and £15.00 per hour and a TSB between £9.00 and £15.00 per hour. An overnight short break through the TSB can cost around £108 if delivered via a direct payment and £180 if delivered by an approved provider
 - to further develop the overnight short break offer, the service is currently piloting an Overnight Short Breaks at Home Service. The cost of delivering this service, based on one carer being required, is estimated to be around £150 per night.
25. As can be seen, a relatively small number of children have a proportionately high share of the resources. Whilst it is essential to ensure the Local Authority continues to meet the needs of the most challenging children, community based provision can often provide cost effective solutions. Some examples of how community based overnight short breaks are currently being provided and the associated cost benefits are detailed in the case studies below:

Case Study B

26. *Child B is a 15 year old girl with a physical and learning disability and significant communication needs. Child B's social worker has assessed her as needing 24 overnights at one of the Local Authority's short break units. At the unit Child B had six months of day time and tea time visits but did not progress to overnight stays due to her ill health. After discussion with the family and staff at the short break unit it was felt that Child B might benefit from accessing the Overnight Short Breaks at Home Service. Child B has since had two overnight support sessions at home which have allowed her parents to attend two family weddings.*
27. The case study above demonstrates how some children and young people can benefit from a short break in their own home. The carers delivering the overnight break already know the child as they also deliver a day time sitting and personal care service to her. This means that the staff involved are already trained to manage Child B's health needs which should help to ensure that planned breaks go ahead in the event that she is unwell. The cost benefit of this type of arrangement can not only be realised in the reduced cost of a nights care, but also in the cost of specialist equipment (such as a £6,000 bed) which is often required to facilitate an overnight stay away from home.

Case Study C

28. *Child C is a 14 year old boy with autism who has been assessed by his social worker as needing 24 overnights short break per year with a Contract Carer. Despite six months of daytime visits this has not progressed to overnight stays as neither the young person nor*

his parents feel confident to take this step. Child C already accesses activities through an approved provider who the family already have a positive relationship with. The provider in question also provides weekend/holiday and residential trips to the seaside and activity centres. Recently, the young person attended an activity overnight short break with the provider and enjoyed it to the degree that he asked if he could stay an additional night.

29. Providing a personal budget and allowing Child C's family to choose from a range of external providers does not only give their young person the opportunity to make positive links to his peer group but is a cost effective way of meeting his identified outcomes i.e. two overnight activity breaks with the approved provider cost just £150.

Case Study D & E

30. *Child D and E are 16 and 17 year old siblings with complex physical and learning disabilities and significant communication needs. They live with their grandparents and have been assessed as needing 72 overnights each per year at Caudwell House. Although both young people have regularly been accessing Caudwell House and enjoy their stays, carers find packing and unpacking all of the equipment they need for a single night's short break tiring and stressful. After discussion with the family it was felt that the Overnight Short Breaks at Home Service might provide a better option for single night stays. In September this was implemented to allow the grandparents to attend a family wedding and it went so well that they have requested a number of their Caudwell House nights are transferred to the Overnight Short Breaks at Home Service. One of the siblings will soon be 18 years old and as such the package of support from children's social care will cease. However, her brother does not reach adulthood for another 15 months. Delivering care at home through a personal budget has created the opportunity to work in partnership with adult social care to ensure a smooth transition into adult services.*
31. Again, the above is a flexible and cost effective way of meeting identified outcomes and demonstrates how a personal budget can support transitions.

Case Study F

32. *Child F is a 16 year old boy who has been accessing 45 overnight short breaks a year at Caudwell House. Child F also accesses recreational activities at Portland College and has expressed a wish to have his overnight breaks there as many of his friends and his sister already attend. This has been agreed and the personalisation officer is in the process of preparing Child F's personal budget to facilitate this.*
33. It is felt that this arrangement will better meet Child F's social needs and will help prepare him for the move to college. One night's stay at Portland College cost £115. This arrangement therefore has the potential to save the local authority in the region of £18,900 per year.

Personal Budgets

34. The Children and Families Act 2014 requires that local authorities give children and young people with disabilities the option of a personal budget. Preparing a budget will require the Local Authority to identify an amount of money which is required to meet a child or young person's needs as shown in the table overleaf:

Pathway to Provision	CDS Core & Enhanced Offer of Short Break	Banded Funding
Level 2 Child in need of Early Help Services	Core Offer 80 hours of Flexible Short Break per annum	£750 - £1,200 per annum
Level 3 Child in need of Targeted Early Help services	Enhanced Offer 200 hours of Targeted Short Break per annum	£1,800 - £3,000 per annum

35. The above table represents a first attempt at trying to convert provision (hours) into an indicative budget and is currently being used by the personalisation officers to cost out packages of care in the absence of a Resource Allocation System (RAS). Being clear and up front with families about the value of their personal budget supports them to make informed decisions about how best their funding can be used to meet their child/young person's desired outcomes. Case Study A is an example of this
36. The bands of funding described in the table are based on the datum that it costs £750 per year to provide 80 hours of short break via a direct payment and £1,200 per year if the family choose to have an external provider and between £1,800 and £3,000 per year to provide 200 hours of Targeted Short break (TSB) in the same way.

Resource Allocation System (RAS) Development

37. The RAS is a questionnaire that is completed with the family which identifies an indicative level of funding. The Short Breaks and Personalisation Service is currently piloting the RAS with a number of families to assess its impact. To date, feedback from the families involved in the pilot has been positive. In particular families report that they appreciate the fact that the system helps to ensure resources are shared out fairly and openly.
38. The next step is to roll out the pilot into the CDS field work service and to explore how we can deliver joint education, health and social care personal budgets which are a requirement of the Children and Families Act 2014.
39. Direct Payments are one way of delivering personal budgets. CDS has been delivering direct payments for a number of years with 376 children currently in receipt of a payment. With the introduction of the Education, Health and Care plan we expect to see further take up of direct payments.
40. Within the Short Breaks and Personalisation Service a direct payment process has been developed which has been graded by internal financial audit as providing Substantial Assurance. The process will shortly be further strengthened by the introduction of pre-payment cards. These cards not only provide the Local Authority with greater financial control but can also be used to support a young person to manage their own budget. This is beneficial in preparing young people for adulthood and the transfer to adult services.
41. All of this development means that the Short Breaks and Personalisation Service is in a good position to take a lead on the processing of joint personal budgets on behalf of health and education colleagues should this be required.

Parental Engagement and Feedback

42. The Children and Families Act 2014 puts children, young people and their families at the core of developing and reviewing the services they receive. To this end the Short Breaks and Personalisation Service has developed a culture of continual consultation and engagement with service users which includes all day events that take place across the County to consult parents and young people on specific aspects of service development e.g. person centred support planning, the RAS, and a number of short animations that explain the service offer.
43. Moving forward, in January 2015, we are commencing delivery of monthly drop-in sessions at a number of children's centres across the County. Families in receipt of CDS services will be made aware in advance when a drop-in session will be taking place in their area. The drop-ins will provide families with an opportunity to talk to CDS staff including occupational therapists and home care staff as well as personalisation officers. It is envisaged that these events will also strengthen the relationship between Early Help and CDS and that we will be able to promote greater use of children's centres by families with disabled children.
44. Feedback from parents and carers about the Short Break and Personalisation Service and access to community provision has so far been overwhelmingly positive. Below are some examples:
- Mum rang to say thank you for the personal budget which has supported M (her daughter) to access horse riding lessons for the disabled. The staff at the stables were initially concerned about M's low muscle tone, however within three weeks of commencing the lessons this had improved significantly. Mum reported that M has had numerous physiotherapy sessions that have not made any difference to M's muscle tone and yet since the horse riding started this has improved. Mum wanted to thank the personalisation officer for setting up the service
 - Mum emailed to say thank you so much for the 'All about me book' (person centred support plan) and said that J (her daughter) was very happy with it. Mum also wanted to thank the personalisation officer for progressing referrals to other services to help with J's mental health issues. Mum finished the email saying "Thank you so much for all you are doing for us, me in particular. After so many years of struggling I really needed someone to help me and you have been amazing"
 - Mum rang to say that J (her son) has now turned 18 and is no longer receiving a short break service. She wanted to pass on her personal thanks to the personalisation officer for the support she had provided over the last 18 months and said that she was very grateful that J had been able to access the service
 - Mum rang to say of the service that it is wonderful, that the few hours of short breaks means so much to the family and that it is amazing the difference it makes having just one child in the house and a break in the bickering. She went on to say that she could not imagine how they got on without it before and that it has made such a difference to the whole family.

45. As pointed out in paragraph 25, whilst it is important to ensure that the Local Authority can meet the needs of the most challenging disabled children and young people, the comments above show how some families can benefit from early intervention, low cost provision.

Market Development

46. The provision of community based services relies heavily on the Private, Voluntary and Independent (PVI) sector's ability to provide the type of community based service family's report they want. With this in mind, the service has moved from a position of having six providers on a framework contract to having 22.
47. To further strengthen our position we are in the process of moving to a dynamic purchasing system model. This model will allow us to increase the number of providers at any time without the need to go out to re-tender.

Outcomes

48. Whilst it is not possible at this early stage to assess the long term impact the new service model has had on the short break careers of individual children and young people, the expectation that they will start their short break journey at FSB level and that families will use their allocated budget flexibly to meet the changing needs of their children/young person is now well established as is the use of external providers.
49. Measurable outcomes include:
- 23% reduction in the number of cases open to CDS field work services since July 2013
 - 35% reduction in the number of Child in Need (CIN) cases open to CDS field work services since July 2013
 - 40% reduction in the number of CIN (6) cases open to CDS field work services since May 2014 (when a project was initiated to step this cohort of children down to the Short Breaks and Personalisation Service)
 - 17% reduction in the number of children and young people accessing overnight short breaks in one of the Local Authority's residential unit since May 2014
 - 192% increase in the number of children accessing a community based PVI provider since April 2013
 - 84% increase in the take up of direct payments since April 2013
 - 198% increase in the number of children accessing FSB since April 2013
 - 204% increase in the number of children stepping up to TSB from FSB since April 2013 (it is likely that most of these children would have escalated into social care in the past)

- according to the Joint Strategic Needs Assessment (JSNA) 2013, there are estimated to be between 5,000 and 12,000 disabled children and young people (aged 0-19 years) in the County. Based on this data, the Short Breaks and Personalisation Service is currently reaching between 10% and 25% of the disabled children population in Nottinghamshire.

In conclusion

50. There is a clear correlation between the reduction in children and young people open to field work services accessing overnight short breaks provision away from home and the number of children now able to access a personal budget. This is not only positive in terms of reducing social care caseloads and expenditure, but demonstrates that CDS is moving away from the traditional model of dependency on high cost specialist provision, as described at the beginning of this report, to a model of empowerment and choice with greater emphasis on the use of community provision.

Establishment of posts

51. As part of the realignment of short break services mentioned at the beginning of this report, in 2012 the Brokerage Service transferred to CDS. The Brokerage Service had been developed as part of the 'Aiming High for Disabled Children Project' to deliver the Flexible Short Breaks scheme (FSB) and Disabled Children's Access to Child Care (DCATCH). The FSB scheme is an early intervention service which supports the Local Authority to meet its short breaks duty under Section 25 of the Children Act 1989. DCATCH refers to Section 6 of the Children Act 2006, which places a duty on local authorities to secure sufficient childcare for working parents, including provision suitable for children with disabilities.
52. At the time of transfer to CDS the Brokerage Team, which consisted of 1 fte Brokerage Manager and 2 fte Brokerage Officers, was delivering an early intervention service to 223 families. The work of the team at this time was to assess that disabled children and young people met the threshold for FSBs and DCATCH and to then broker appropriate provision from a menu of approved providers.
53. The transfer of the Brokerage Team provided the opportunity to reconfigure the CDS operating model and take forward the personalisation agenda as described earlier in this report. To support this development, in August 2012, the additional posts of 1 Team Manager, 4 Personalisation Officers and 2 Personalised Reviewing Officers were established on a temporary basis to the end of March 2015.
54. The additional capacity afforded by the posts has facilitated the transformation of CDS and the creation of the Short Breaks and Personalisation Service. Specific developments have included:
 - the creation of a robust 'step down from social care' process which provides those children and young people who no longer need the ongoing intervention of a social worker with an adequate and appropriate level of monitoring and review. This process has facilitated the step down of 250 children from social care since April 2013 and has resulted in a 35% reduction in the number of child in need cases open to the CDS social work team

- the creation of the Targeted Short Breaks Service (TSB). This service bridges the gap between early intervention services (such as Flexible Short Breaks) and level 4 specialist provision (such as overnight short breaks in one of the Local Authority's short break units) and prevents the unnecessary escalation of children and young people into social care
- the provision of a contact point for families who are experiencing difficulties with their short break provision, preventing them from getting lost in the system and escalating into social care
- the development of personal budgets and a Recourse Allocation System (RAS) which gives families more choice and control over the way in which their child's short break is delivered, promotes the use of community provision and challenges the overemphasis on high cost overnight short break provision away from home.
- the introduction of person centred planning which focuses on outcomes for children and young people rather than services, and builds on family resilience
- the development of a preferred provider framework to support greater choice and flexibility
- 84% increase in the take up of direct payments since April 2013.

55. The developments described above would not have been possible without the additional temporary posts which are the subject of this report. Over the past 18 months, demand on the service and the role of the workers in question has increased dramatically. A brief outline of each role is provided below:

- **Team Manager** – this post provides operational management to the short breaks and personalisation service including overview of the FSB scheme, TSB scheme and DCATCH. The team manager provides supervision to 8 front line staff and direct case management of all TSB cases (approximately 400 cases currently). Specifically, the manager is responsible for ensuring that service standards are maintained, that services continue to develop in line with new legislation and the Local Authority's delivering differently agenda, that consultation with families is an integral part of the service, that personal support planning and the use of personal budgets is increased, that the service works in partnership with the wider CDS, SEND and Early Help Unit and that the service continues to work with third sector providers to enable the County Council to meet its short break and child care duty
- **Personalisation Reviewing Officer** – this post ensures that the Local Authority meets its duty in respect of children and young people accessing overnight short breaks in one of the Local Authority's short break residential units under the legal status of Section 17 (6). Prior to 2010, all disabled children accessing Local Authority overnight short break provision were accommodated under Section 20 (4). For those children accessing a low level of overnight breaks (less than 74 nights per year) this was felt to be disproportionate and failed to recognise that it is the parent and not the Local Authority who has the main responsibility for looking after their child. In response, regulation 17 (6) was introduced which gave the Local Authority the power to

accommodate such children as part of a range of service in order to discharge their duty to safeguard and promote the welfare of children in need. This development enabled CDS to extend the step down from social care process to a group of 80 children accessing overnight short breaks in one of its residential short break units. To meet safeguarding standards in respect of these children, reviews of their care packages need to take place every six months. The Personalisation Reviewing Officers organise and chair these reviews, actively encouraging the participation of children and their families in the process. Currently they are reviewing approximately 100 of these cases twice a year. In addition to these reviews, the Officers will review other packages of support as necessary e.g. large complex packages or where there is no identified lead professional in place to undertake this task. As well as holding around 50 review cases each, each Reviewing Officer also holds around 40 additional families who do not need to be reviewed in this way but need their personal support plan developing or updating.

- **Personalisation Officer** – this post works flexibly across the short breaks and personalisation service. Each worker will work with 45 to 50 families at any one time. The role includes; processing new requests, organising a change of provider as necessary, working with individual families to identify their child's desired outcome, development of personal support plans and agreeing personal budgets, helping families to think creatively about how their budget can be used and facilitating the step down of children for social care. In addition to this the workers provide a case co-ordination role to around 100 children and young people with complex care packages to preventing their escalation into social care. They also attend and contribute to child protection conferences, multi-agency meetings and Education Health and Care Plan meetings.

56. In total 1,550 children and young people are currently accessing the short breaks and personalisation service. User satisfaction with the service is high and as demonstrated in this report, the use of community based provision is a cost effective way of meeting the needs of a large number of children.
57. A further cost benefit is realised in the number of children no longer needing the ongoing intervention of a social worker. For example, on average a CDS social worker will work with 25 children and their families at any one time. This means that to case manage the 250 children and young people who have stepped down from social care would require 10 social workers. The cost of employing 10 social workers would be between £270,000 and £340,000. The average case load of a personalisation officer is 40 to 50 cases. This means that to manage the 250 step down cases requires between 5 and 6 personalisation officers. The total cost of employing 6 personalisation officers is between £132,000 and £150,000

Other Options Considered

58. Failure to secure the above posts would seriously impact on the short breaks and personalisation service's ability to continue to deliver to the high numbers of children currently accessing the service. Risks would be that the Local Authority would fail in its duty to regularly review Section 17 (6) care packages, that children and young people would no longer be able to step down from social care (impacting on CDS social work caseloads and budgets) and that the Local Authority would fail to meet its duty in respect

of the personalisation of services to disabled children and their families. Moving forward, it is predicted that the disabled population will continue to grow due to advances in medical interventions. As such the demand on Local Authority resources is set to increase. The risk of not supporting the development of community based provision could therefore result in greater demand for high cost, low volume service such as overnight short breaks in a residential unit.

Reason/s for Recommendation/s

59. The recommended posts are needed to support the new operating model in CDS. The benefits for families is that vulnerable children and young people with complex needs who do not meet the threshold for social care will have their short breaks needs met within the local community. They will also experience a person centred approach to care planning, with more choice and control over the way in which their care is delivered. The benefits for the Local Authority include less demand for social work intervention and for high cost specialist short break residential provision

Statutory and Policy Implications

60. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

61. The new service has been developed from the former Aiming High for Disabled Children budget and therefore has no new financial commitments for the Local Authority.
62. Salary costs at top of scale, before on-costs, relating to each post are as follows:
- 1 fte Team Manager (Band D) £41,140
 - 2 fte Personalisation Reviewing Officers (Band B) £67,708
 - 4 fte Personalisation Officers (Scale 5) £97,888

Human Resources Implications

63. The posts are currently being covered through secondment arrangements by staff who have permanent contracts with the Local Authority. It is envisaged that the posts will be filled by these staff. Should this not be the case, the posts will be filled through internal recruitment.

Safeguarding of Children and Vulnerable Adults Implications

64. The Short Breaks and Personalisation Service and the proposed posts support vulnerable children and young people with complex needs who do not/no longer meet the threshold for social care.

Implications for Service Users

65. The new model of service delivery supports the ambition of the Children and Families Act 2014, through the personalisation of CDS services.
66. The posts will maintain the current staffing capacity, ensuring that support packages are maintained, reviewed and amended accordingly, that new requests for the service can be processed and that children and young people continue to be able to step down from social care.

RECOMMENDATION/S

That:

- 1) the progress made within the Children's Disability Service towards personalisation and a community support focus model of service delivery be noted
- 2) the establishment of the following posts in the Short Breaks and Personalisation Service be approved:
 - 1 fte Team Manager
 - 2 fte Personalisation Reviewing Officers
 - 4 fte Personalisation Officers.

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Constitutional Comments (SLB 15/12/14)

67. Children and Young People's Committee is the appropriate body to consider the content of this report, subject to the provisions of the Council's Employment Procedure Rules which require that HR advice is included in the report, and that the recognised trade unions are consulted and any views given fully considered.

Financial Comments (KLA 21/11/14)

68. The financial implications of the report are explained in paragraphs 61 and 62 above.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Job descriptions for Team Manager, Personalisation Reviewing Officer and Personalisation Officer

Electoral Division(s) and Member(s) Affected

All

C0525



12 January 2015

Agenda Item: 06

REPORT OF THE CHILDREN'S COMMISSIONER AND CONSULTANT IN PUBLIC HEALTH

NOTTINGHAMSHIRE CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) PATHWAY REVIEW UPDATE

Purpose of the Report

1. To inform the Members of the Committee of:
 - a. findings from the review of the Nottinghamshire CAMHS Pathway, the resulting recommendations and expected benefits of the proposed service model
 - b. the next steps required for approval and implementation of the model
 - c. activities to promote mental resilience and prevent mental health problems in children and young people
 - d. the proposal to hold a Nottinghamshire CAMHS Summit early in 2015.

Information and Advice

2. As outlined in ***No Health without Mental Health, Nottinghamshire's Mental Health Strategy 2014-2017***, mental health is fundamental to physical health, relationships, education and work and there is no health without mental health. This is as true for children and young people as for any age group. During the consultation on the Mental Health Strategy, the need to promote mental resilience early in life was specifically identified and the five priorities in the strategy are relevant for children and young people, the clear aim being to improve the mental health and wellbeing of all ages.
3. In a report published in November 2014, the Health Select Committee concludes that *"there are serious and deeply ingrained problems with the commissioning and provision of children's and adolescent's mental health services"* through the whole system from prevention and early intervention through to inpatient services. The executive summary of the Health Select Committee report is attached as **Appendix 1** of this report. A National CAMHS Taskforce has been established to take forward the recommendations made within the report and this is expected to raise CAMHS as a priority and increase levels of scrutiny nationally. Locally, a Nottinghamshire CAMHS Summit has been proposed to bring together senior leaders across key commissioner and provider organisations, including schools, to develop a coordinated response to the findings and recommendations.

4. Locally, in November 2013, the Health and Wellbeing Board (HWB) received a report on the findings of the 2013 health needs assessment (HNA) of the mental health and emotional wellbeing of children and young people in Nottinghamshire. In February 2014, a HWB Workshop focusing on CAMHS was held, where concerns were raised in relation to the changing patterns of mental health problems in children and young people and the capacity of CAMHS in Nottinghamshire to meet these needs. In December 2014, the HWB received a report describing the findings of the Nottinghamshire CAMHS pathway review and proposals for future commissioning. Further political engagement is planned at the January 2015 Health Overview and Scrutiny Committee.
5. Community CAMHS are currently commissioned by Clinical Commissioning Groups (CCGs), with specialised Tier 4 (in-patient CAMHS) commissioned by NHS England. In Nottinghamshire, the Children, Families and Cultural Services Department (CFCS) in the County Council funds additional posts within the Tier 2 CAMHS and also joint-commission the CAMHS Looked After Children service.
6. This paper reports on the CAMHS Pathway Review undertaken in Nottinghamshire, the recommendations arising from the review and proposals for future commissioning of services across the County. It is acknowledged that the focus is mainly on: identifying problems early and supporting effective interventions; improving outcomes through effective treatment and relapse prevention and ensuring effective support for those with mental health problems. There is a wide range of activity underway to promote mental resilience and prevent mental health problems in children and young people and it is proposed that this will be reported on more fully in a future report to the HWB.

Background to the CAMHS Pathway Review

7. On behalf of Nottinghamshire Clinical Commissioning Groups (CCGs) and Nottinghamshire County Council (NCC), the Children's Integrated Commissioning Hub (ICH) carried out a review of the Nottinghamshire CAMHS Pathway between October 2013 and April 2014. The review was initiated in response to the findings of the 2013 health needs assessment (HNA) of the mental health and emotional wellbeing of children and young people in Nottinghamshire and the reported pressures faced by CAMHS locally. The aim was that the findings of the review would inform the development of a commissioning framework for services going forward, to ensure that children and young people in Nottinghamshire achieve the best possible emotional wellbeing and mental health.
8. The review process, overseen by a Pathway Review Group, involved bringing service commissioners, providers, clinicians, third sector organisations, children, young people and their families together to review the current service provision, undertake gap analyses and consider evidence-based models of future delivery.
9. It was anticipated that the programme of work would result in the following outputs:
 - evidence review
 - new operating model
 - implementation strategy
 - workforce development strategy
 - performance management framework including a health needs assessment template for future use.

Key findings, proposed new service model and implementation plan

10. The review highlighted that staff are passionate, dedicated and are working hard to meet the needs of children, young people and their families. Areas of excellent practice were identified; however, significant challenges across the entire pathway, systems and processes were identified, reflecting the national concerns in relation to CAMHS. In summary:
- parts of the CAMHS pathway are at gridlock and there is evidence of cumbersome processes affecting flow through the pathway
 - children and young people are falling through gaps between elements of the service
 - there are artificial barriers for families to navigate
 - in some localities children and young people are waiting a long time for a service
 - services are becoming crisis driven and are having difficulty in responding to new crises. This has impacts earlier in the system
 - primary care and universal services, including schools, do not receive sufficient support and advice to enable them to support children and young people.
11. Areas requiring further exploration included transition arrangements (between CAMHS and adult services) and the impact of parental risk factors – mental health, substance misuse and domestic abuse.
12. A new service model has been proposed in response to the findings of the pathway review and policy and evidence reviews. An overview of the model is attached as **Appendix 2**. The proposed model has been presented to all Nottinghamshire CCGs, the Children’s Trust Board and HWB. The model has been widely supported with its ambition of improving the experience and outcomes for children, young people and their families through the provision of a responsive, flexible, service-user led model. The key components of the model aim to address the issues highlighted above:

Key components and benefits of new service model

Current issues	Proposed changes	Expected benefits
<ul style="list-style-type: none"> • Primary care, schools and universal services receive insufficient support 	<ul style="list-style-type: none"> • Provide a primary mental health function that offers training, advice and consultation 	<ul style="list-style-type: none"> • Build understanding and capacity in primary care, schools and universal services • Improve early identification of and support for emerging emotion and mental health needs • Improve quality, timeliness and appropriateness of referrals into CAMHS • Improve transition from specialist CAMHS to universal settings
<ul style="list-style-type: none"> • Artificial barriers to navigate • Children and young people falling through 	<ul style="list-style-type: none"> • Merge tier 2 and 3 CAMHS into ‘One CAMHS’ 	<ul style="list-style-type: none"> • Remove artificial barriers between teams and tiers • Reduce waiting, duplication and waste

gaps between elements of the service		
<ul style="list-style-type: none"> Unclear referral criteria and processes Limited interface with Early Help services 	<ul style="list-style-type: none"> Integrate or co-locate CAMHS Single Point of Access within NCC's Early Help Unit 	<ul style="list-style-type: none"> Single referral point for CAMHS and Early Help services with clinical oversight and telephone advice Clearer referral criteria for professionals Multiagency triage and care planning
<ul style="list-style-type: none"> Parts of the system are at gridlock affecting flow of the pathway Long referral to assessment / treatment waiting times Limited national and local capacity and demand intelligence 	<ul style="list-style-type: none"> Implement Choice and Partnership Approach (CAPA) 	<ul style="list-style-type: none"> Evidenced-based model to manage capacity, demand and flow and reduce waiting times Delivery of evidenced-based, standardised interventions (care bundles) Enables measurement of capacity, demand and outcomes, to inform future commissioning
<ul style="list-style-type: none"> No dedicated assertive outreach and rapid response provision for CAMHS Increasing numbers of children and young people are presenting in crisis, including as section 136 detentions in police cells Increased inpatient admissions and length of stay 	<ul style="list-style-type: none"> Dedicated assertive outreach and rapid response team Crisis response team to be developed in partnership with adult service 	<ul style="list-style-type: none"> Increase support for children and young people to be treated in the right place, at the right time, by the right person Reduce admissions to inpatient care, reduce length of stay Children and young people receive care closer to home

13. To support the implementation of the proposed service model, commissioning and operational implementation plans have been drafted. The high level implementation plan is attached as **Appendix 3**.

Agreeing and implementing model

14. Agreement to the recommendations and investment plans will require approval from each CCG Governing Body, as the accountable organisations commissioning CAMHS. To progress this, it is proposed that the final review report, recommendations, any identified non-recurrent investment requirements (see below) and proposed implementation plan will be presented to the six Nottinghamshire County CCG Governing Bodies for consideration during January and February 2015.

15. Current implementation timescales are estimated to be 18 months, starting in April 2015. This is dependent on agreement by the six CCGs across Nottinghamshire. Nottinghamshire County Council's Public Health Department has committed £200,000 to support the implementation of the proposed model; this will support programme management and the piloting of a public mental health programme in schools.
16. As stated above (para 14), non-recurrent investment is required to increase capacity to address the immediate pressures across CAMHS. As highlighted in the Health Select Committee report, "*those planning and running CAMHS have been operating in the fog*" which reflects the challenge in identifying current and realistic investment requirements at CCG level. CCGs are working with the ICH to quantify levels of this non-recurrent investment, using available data relating to estimated prevalence levels, current expenditure, activity and waiting times. It is envisaged that during the implementation phase, robust data on need, demand and required service capacity will be collated, to inform future commissioning.

Promoting emotional and mental resilience

17. A key priority of the Nottinghamshire Mental Health Strategy is to promote mental resilience and prevent mental health problems. A wide range of programmes and services are in place or in development to support this priority in relation to children, young people and families. These include antenatal screening of maternal mental health problems by midwives and health visitors, roll out of the *Preparation for Birth and Beyond* programme, including evidence-based high quality parenting programmes, work of the Family Nurse Partnership programme, projects in schools to help children develop emotional resilience and training to support front line practitioners to promote resilience. There is still work to be done in this area, to develop a strategic approach to this priority, identify gaps in provision and ensure support to vulnerable groups, particularly by working effectively with schools as key stakeholders and commissioners.

Other Options Considered

18. There is widespread acknowledgement that the mental health and emotional wellbeing needs of children and young people in Nottinghamshire are not being met by current services and structures. The option of maintaining the status quo and not endeavouring to develop a CAMHS model fit for the future was not considered acceptable.

Reason/s for Recommendation/s

19. This report is for discussion and noting. As accountable commissioning organisations, the CCGs have responsibility for community CAMHS commissioning.

Statutory and Policy Implications

20. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and

where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

21. Nottinghamshire County Council's Public Health Department has committed £200,000 to support the implementation of the proposed new CAMHS model; this will support programme management and the piloting of a public mental health programme in schools, an element of the pre-CAMHS stage of the proposed model.
22. The likely need for additional non-recurrent funding of CAMHS to increase capacity to address the immediate pressures in the system has been highlighted. Further analysis, discussion and formal approval is required in relation to this.

RECOMMENDATION/S

That the Committee:

- 1) notes the findings from the review of the Nottinghamshire CAMHS Pathway, the resulting recommendations and expected benefits of the proposed new CAMHS model
- 2) notes the next steps required for approval and implementation of the proposed CAMHS model
- 3) notes the work planned and underway to promote mental resilience and prevent mental health problems in children and young people in Nottinghamshire
- 4) notes the proposal to hold a Nottinghamshire CAMHS Summit early in 2015, to develop a co-ordinated response to the recommendations of the House of Commons Health Committee report, *Children's and adolescents' mental health and CAMHS*.

Dr Kate Allen
Children's Commissioner and Consultant in Public Health

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Constitutional Comments

23. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (NDR 24/12/14)

24. There are no financial implications arising directly from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

No Health without Mental Health, Nottinghamshire's Mental Health Strategy 2014-17

Children's and young people's mental health and emotional wellbeing in Nottinghamshire – report to Health and Wellbeing Board on 6 November 2013

Nottinghamshire Children and Adolescent Mental Health Services (CAMHS) report to Health and Wellbeing Board on 3 December 2014

House of Commons Health Committee: Children's and adolescents' mental health and CAMHS, published on 5 November 2014

Electoral Division(s) and Member(s) Affected

All.

C0552

Appendix 1 – House of Commons Health Committee CAMHS Report Summary

There are serious and deeply ingrained problems with the commissioning and provision of Children’s and adolescents’ mental health services. These run through the whole system from prevention and early intervention through to inpatient services for the most vulnerable young people.

The Committee draws conclusions and makes recommendations for action in the following areas:

Information

- The lack of reliable and up to date information about children's and adolescents' mental health and CAMHS means that those planning and running CAMHS services have been operating in a “fog”.
- Ensuring that commissioners, providers and policy makers have up-to-date information about children's and adolescents mental health must be a priority for the Department of Health/NHS England taskforce.

Early intervention

- Compelling arguments have been made to this inquiry that the focus of investment in CAMHS should be on early intervention—providing timely support to children and young people before mental health problems become entrenched and increase in severity, and preventing, wherever possible, the need for admission to inpatient services. However in many areas these are suffering from insecure or short term funding, or being cut altogether.
- Health and Wellbeing Boards, and the transfer of public health budgets to local authorities, both represent significant opportunities for health issues to receive higher priority within local authorities. We have been told of some areas where these opportunities are beginning to be exploited, but this is patchy and progress remains slow. We have also heard that in times of financial constraint, some local authorities do not consider CAMHS early intervention services as “core business”.
- We recommend that, given the importance of early intervention, the DH/NHS England task force should have an explicit remit to audit commissioning of early intervention services in local authorities, and to report on how best to improve incentives in this area. They should also look at the best mechanisms to provide stable, long term funding for early intervention services.

Outpatient specialist CAMHS services (Tier 3)

- Providers have reported increased waiting times for CAMHS services and increased referral thresholds, coupled with, in some cases, challenges in maintaining service quality. In the view of many providers, this is the result of rising demand in the context of reductions in funding. Not all services reported difficulties—some state that they have managed to maintain standards of access and quality—but overall there is unacceptable variation.
- Young people and their parents have described “battles” to get access to CAMHS services, with only the most severely affected young people getting appointments; they also described the devastating impact that long waits for treatment can have. Even amongst those providers implementing quality and efficiency improvement programmes there was

concern that improvements were being stalled or even reversed because of increasing demand and reduced funding.

- While demand for mental health services for children and adolescents appears to be rising, many CCGs report having frozen or cut their budgets. CCGs have the power to determine their own local priorities, but we are concerned that insufficient priority is being given to children and young people's mental health. We recommend that NHS England and the Department of Health should monitor and increase spending levels on CAMHS until we can be assured that CAMHS services in all areas are meeting an acceptable standard, and for NHS England to give CAMHS further monitoring and support to address the variations in investment and standards that submissions to this inquiry have described. Service specifications for Tier 2 and 3 services should set out what reasonable services should be expected to provide, and NHS England and the Department of Health should carry out a full audit to ensure all services are meeting these. We welcome recent funding announcements for mental health services, but we remain concerned and recommend that our successor Committee reviews progress in this area.
- In addition to the universal concerns expressed about CAMHS services, written submissions highlighted problems with CAMHS for children and young people suffering from particular conditions, or from especially vulnerable groups of society. We recommend that the DH/NHS England taskforce takes full account of the submissions we have received detailing these problems.
- Transition from CAMHS to adult mental health services has been described by NHS England as a "cliff edge", and the stories we heard from young people bear this out. We plan to review progress in this area early in 2015.
- As well as the transition to adulthood, a crucially important time for promoting good mental health is the perinatal and infant period, but there is unacceptable variation in the provision of perinatal mental health services, and we recommend that this is addressed urgently.

Tier 4 inpatient services

- There are major problems with access to Tier 4 inpatient services, with children and young people's safety being compromised while they wait, suffering from severe mental health problems, for an inpatient bed to become available. In some cases they will need to wait at home, in other cases in a general paediatric ward, or even in some instances in an adult psychiatric ward or a police cell. Often when beds are found they may be in distant parts of the country, making contact with family and friends difficult, and leading to longer stays.
- The Committee is particularly concerned about the wholly unacceptable practice of taking children and young people detained under s136 of the Mental Health Act to police cells, which still persists, with very few mental health trusts providing a dedicated place of safety for children and young people. In responding to this report we expect the Department of Health to be explicit in setting out how this practice will be eradicated.
- Alongside problems with access, we also heard from young people and their parents, as well as those who work with them, of quality concerns in some inpatient services; NHS England reported that over the past year some inpatient services have in fact been closed owing to quality concerns.

- Concerns have also been raised about the quality of education children and young people receive when they are being treated in inpatient units. It is essential that clear standards are set for the quality of education provision in inpatient units, and that there is clear accountability and ownership for ensuring that these standards are upheld. As a first step towards this, we recommend that OFSTED, DFE and NHS England conduct a full audit of educational provision within inpatient units as a matter of urgency.
- Despite the move to national commissioning over a year ago, we have been told that NHS England has yet to 'take control' of the inpatient commissioning process, with poor planning, lack of co-ordination, and inadequate communication with local providers and commissioners. NHS England is now recruiting more case managers. However, while many of the difficulties NHS England is now seeking to address may be a legacy from previous arrangements, we are disappointed that during its first year as a commissioner of inpatient services, many of the perceived benefits of national planning have not been realised, and we intend to review NHS England's progress addressing these problems early in 2015. In particular, we recommend that NHS England should introduce a centralised inquiry system for referrers and patients, of the type that is already in operation for paediatric intensive care services.
- NHS England has announced 50 extra inpatient CAMHS beds, but by its own admission, it is not clear how many beds are needed to provide sufficient Tier 4 capacity. It is essential that the extra beds are commissioned in the areas which need them most, and are supported by an improved system of case management.

Bridging the gap between inpatient and community services

- Out-of-hours crisis services, paediatric liaison teams within acute hospitals, and Tier 3.5 assertive outreach teams can have a positive impact, including reducing both risk and length of inpatient admission; however availability of such services is extremely variable. The experience of care reported by those young people suffering a mental health crisis remains extremely negative.
- Perverse incentives in the commissioning and funding arrangements for CAMHS need to be eliminated to ensure that commissioners invest in Tier 3.5 services which may have significant value in minimising the need for inpatient admission and in reducing length of stay. The Department of Health and NHS England must act urgently to ensure that by the end of this year all areas have clear mechanisms to access funding to develop such services in their local area, where this is appropriate. A key responsibility for the newly set up task force will be to determine a way in which commissioning can be sufficiently integrated to allow rational and effective use of resources in this area, which incentivises early intervention. The Government has recently announced extra funding for early intervention in psychosis services and crisis care; we recommend that the Government ensures that a substantial proportion of this new funding is directed towards services for under-18s.

Education and digital culture

- We heard from young people that while some teachers and schools provide excellent support, others seem less knowledgeable or well trained, and can even seem 'scared' of discussing mental health issues. The launch of MindEd, together with new guidance for schools on mental health, are both welcome steps towards addressing this. However, with both of these, the onus is on individual schools and teachers to find time to prioritise this,

and within a sea of competing priorities, it may be difficult to ensure that all schools and teachers use these tools.

- We recommend the Department for Education looks to including a mandatory module on mental health in initial teacher training, and should include mental health modules as part of ongoing professional development in schools for both teaching and support staff. We also recommend that the Department for Education conducts an audit of mental health provision and support within schools, looking at how well the guidance issued to schools year has been implemented, what further support may be needed, and highlighting examples of best practice. OFSTED should also make routine assessments of mental health provision in schools.
- It is clear that education about mental health could and should contribute to prevention and support for young people. We recommend that the Department for Education consult with young people, including those with experience of mental health issues, to ensure mental health within the curriculum is developed in a way that best meets their needs.
- For today's children and young people, digital culture and social media are an integral part of life; whilst this has the potential to significantly increase stress, and to amplify the effects of bullying, the internet can also be a valuable source of support for children and young people with mental health problems. We have not investigated the issue of internet regulation in depth. However, in our view sufficient concern has been raised to warrant a more detailed consideration of the impact of the internet on children's and young people's mental health, and in particular the use of social media and the impact of pro-anorexia, self-harm and other inappropriate websites, and we recommend that the Department of Health/NHS England taskforce should take this forward in conjunction with other relevant bodies, including the UK Council for Child Internet Safety.
- Children and young people also need to know how to keep themselves safe online. It is encouraging that e-safety will now be taught at all four key stages of school education. We recommend that as part of its review of mental health education in schools, the Department for Education should ensure that links between online safety, cyberbullying, and maintaining and protecting emotional wellbeing and mental health are fully articulated. We recommend clear pathways are identified for young people to report that they have been sent indecent images of other children or young people, and that support is provided for those who have been victims of image sharing. Pathways should also be established for children and young people who have experienced bullying, harassment and threats of violence.
- CAMHS providers may also need further support—both in helping the children and young people they treat to cope with the challenges of online culture and manage the impact it might have on their mental health - and so that they themselves are better able to use online means of communication for reaching out to young people. We recommend that the Department of Health/NHS England taskforce should also investigate and report on the most effective ways of supporting CAMHS providers to do this.

GPs

- We have heard that many GPs currently feel ill-equipped and lacking in confidence in dealing with mental health issues in children and young people, and that their current training does not prepare them adequately for this. We therefore ask HEE together with the GMC and relevant Royal Colleges to provide us with a full update on their plans to enhance GP training in children's and adolescents' mental health.

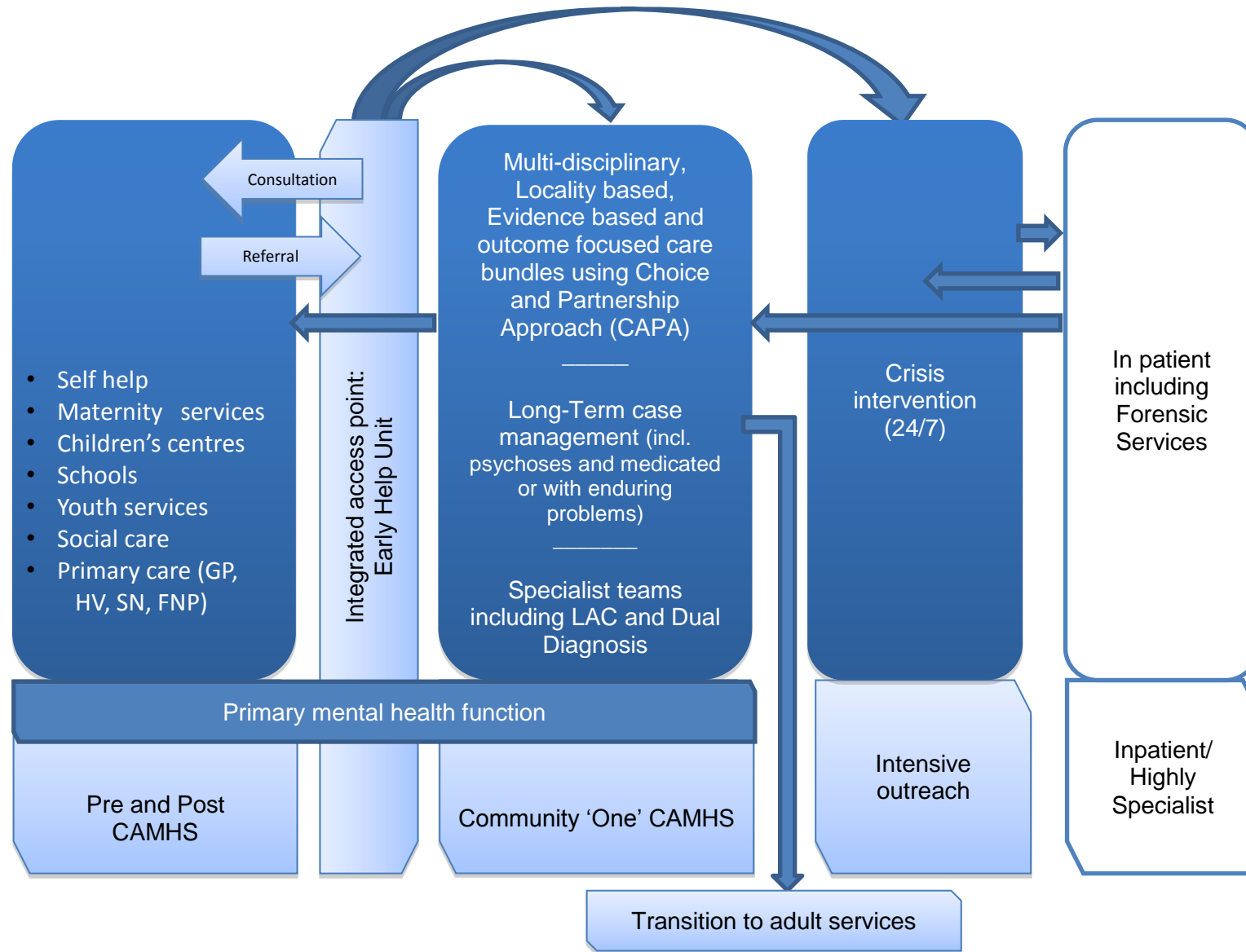
National priority and scrutiny

- It is clear that there are currently insufficient levers in place at national level to drive essential improvements to CAMHS services. These have received insufficient scrutiny from CQC and we look to review progress in this area following their new inspection regime. The Minister has argued that waiting time targets will improve CAMHS services but we recommend a broader approach that also focuses on improving outcomes for specific conditions in children's and adolescents' mental health.
- We therefore recommend the development, implementation and monitoring of national minimum service specifications, together with an audit of spending on CAMHS. We recommend that the Department of Health/NHS England taskforce look to remove the perverse incentives that act as a barrier to Tier 3.5 service development and ensure investment in early intervention services. There must be a clear national policy directive for CAMHS, underpinned by adequate funding.

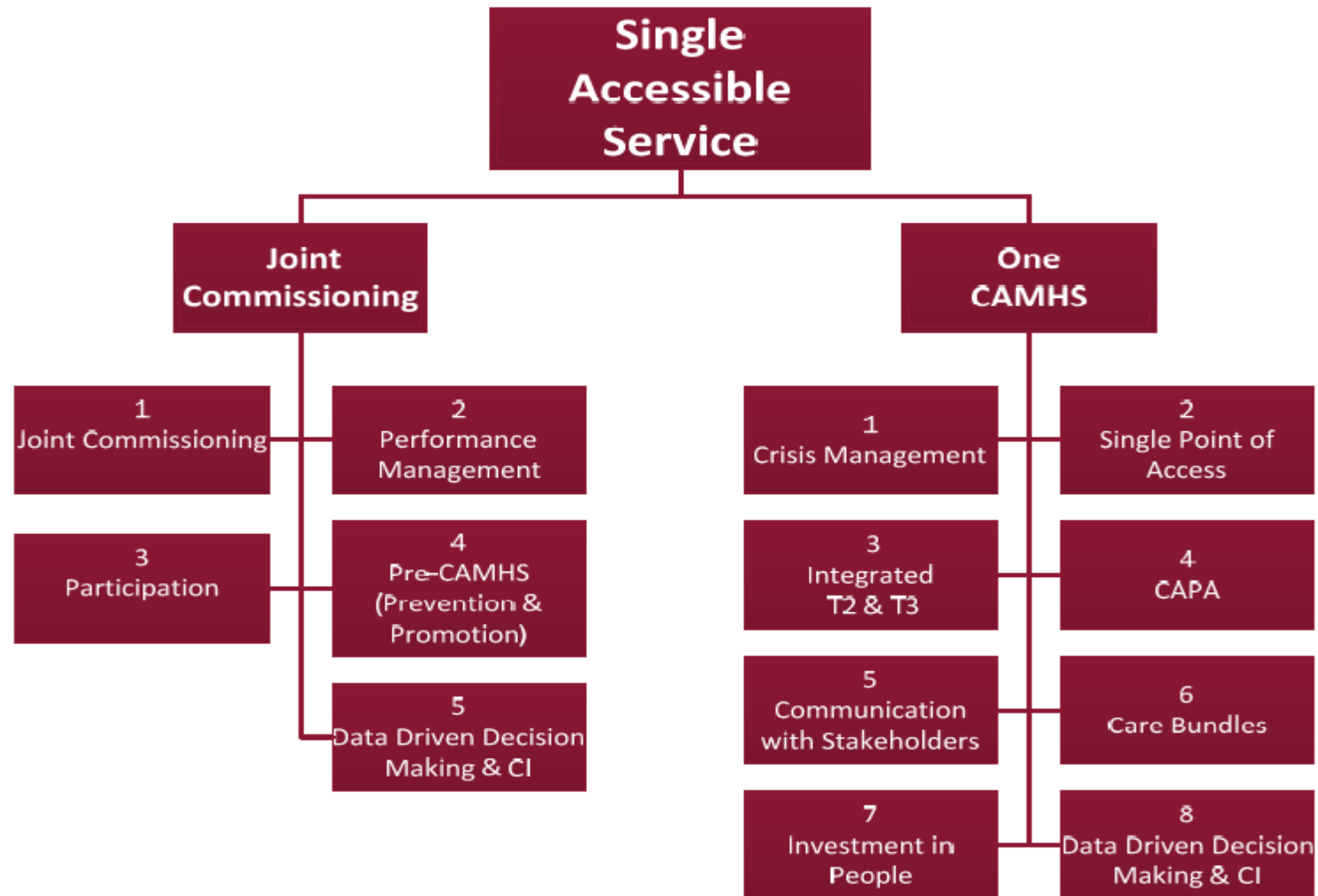
Full report available at:

<http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf>

Appendix 2 - Proposed Nottinghamshire Child and Adolescent Mental Health Service Model



Appendix 3 – High Level Implementation Plan



12 January 2015**Agenda Item: 07**

REPORT OF THE SERVICE DIRECTOR, YOUTH, FAMILIES AND CULTURE

THE TROUBLED FAMILIES PROGRAMME IN NOTTINGHAMSHIRE - UPDATE

Purpose of the Report

1. This report provides the Committee with an update on the development of the Government's Troubled Families programme in Nottinghamshire and informs the Committee about the inclusion of Nottinghamshire as an early adopter in phase two of the programme.
2. The report also seeks approval to establish a Business Support Assistant (Scale 4) post to collate data required for the next phase of the Troubled Families programme.

Information and Advice

3. The Department of Communities and Local Government (DCLG) describes 'Troubled Families' as "those that have problems and cause problems to the community around them, putting high costs on the public sector". The Government states that it is "committed to working with local authorities and their partners to help 120,000 troubled families in England turn their lives around by 2015". The aims of the programme are to:
 - get children back into school
 - reduce youth crime and anti-social behaviour
 - put adults on a path back to work
 - reduce the high costs these families place on the public sector each year.

Performance of the Troubled Families Programme in Nottinghamshire

4. In October 2014 the DCLG released the latest local and national statistics for the programme. A summary of performance compared to the most similar county areas is attached at **Appendix 1**. The figures in brackets for Nottinghamshire are those following the recent claim submitted in October.
5. In total 225 new claims for families 'turned around' were made in October. 147 of these were 'partial' claims. Partial claims are those where crime, anti-social behaviour and education were improved but the household remains workless. 96 full claims were also made with 18 households engaging with the work programme, 19 returning to work and

60 maintaining continuous employment. 32 previous “partial” claims were also converted to full ones as the additional work criteria were met after a claim had been submitted.

6. This brings the total claims since the programme began to 1,033 and brings Nottinghamshire to the 65% target required for entry into phase two of the programme, which will run from 2015 to 2020.

Details about the Troubled Families Programme from 2015 onwards

7. Nottinghamshire has been invited and accepted the offer to become an early adopter of the phase two programme in January 2015. The expanded programme will be based on a cluster of six headline problems, each of which will have a number of more detailed descriptors:
 - parents and children involved in crime or antisocial behaviour
 - children who have not been attending school regularly
 - children who need help
 - adults out of work or at risk of financial exclusion and young people at risk of worklessness
 - families affected by domestic violence and abuse
 - parents and children with a range of health problems.
8. Families will be identified as having met criteria within two of the problem groups; if on assessment it is found that there are additional criteria within other groups a positive outcome must address all problems identified.
9. The current estimate is that we will work with 5,260 families across Nottinghamshire during the five year period. For each family we will be paid an upfront “attachment fee” of £1000 per family and a results payment of £800 for positive outcomes achieved. We will also receive an annual ‘Troubled Families Coordination Grant’ to fund the development and implementation of plans for local service transformation, the collection and provision of family progress data for a minimum 10% representative sample of families and the completion of the troubled families ‘cost savings calculator’. We will require additional capacity for monitoring and processing data to ensure that we meet the conditions of the grant.
10. The extended programme requires that we have a Troubled Families Outcomes Plan. This plan will contain both a strategic and family specific perspective. The strategic plan should bring together the annual plans produced at both County and District level, across a range of agencies. Once produced the high level plan will be presented to Committee.

Establishment of a Business Support Assistant (Scale 4) Post

11. In order for there to be sufficient capacity to collate the data required for this next phase of the Troubled Families programme additional administrative time will be required. The Committee are therefore asked to approve the establishment of a Business Support Assistant (Scale 4) post specifically for this purpose. The annual cost for this post will be a maximum of £26,269.

Other Options Considered

12. Consideration was given to delaying a decision on the inclusion in the second phase of the programme but given the progress to date it was felt appropriate to accept the invitation to become an early adopter.

Reason/s for Recommendation/s

13. The establishment of a Business support Assistant is to ensure that the data required by central government for the monitoring of performance and payment of grants is properly collated.

Statutory and Policy Implications

14. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

15. The establishment of a Business Support Assistant will cost a maximum of £26,269 per annum. This amount is available from the Troubled Families (Infrastructure) Grant.

RECOMMENDATIONS

That:

- 1) the development of the Troubled Families programme in Nottinghamshire and the inclusion of Nottinghamshire as an early adopter in phase two of the Troubled Families programme be noted.
- 2) the establishment of a Business Support Assistant (Scale 4) post to collate data required for the next phase of the Troubled Families programme be approved.

Derek Higton
Service Director, Youth, Families and Culture

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Constitutional Comments (SR 24/12/14)

16. This decision may be approved by the Children and Young People's Committee subject to the necessary consultation with the recognised unions and compliance with the Council's employment policies and procedures.

Financial Comments (CS 24/12/14)

17. The financial implications of the report are set out in paragraph 15 above.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

The Troubled Families Programme in Nottinghamshire – report to Children and Young People's Committee on 29 September 2014

Troubled Families Programme expanded to help younger children – DWP Press Release 19 August 2014

<https://www.gov.uk/government/news/troubled-families-programme-expanded-to-help-younger-children>

Electoral Division(s) and Member(s) Affected

All.

C0551

APPENDIX 1:TROUBLED FAMILIES - PROGRESS INFORMATION AS AT THE END OF SEPTEMBER 2014 AND FAMILIES TURNED ROUND AS AT THE END OF AUGUST 2014 (Figures in brackets are as of October2014)							
Area	Total number of Families	% of families identified as at the end of September 2014	% of families worked with as at the end of September 2014	% of families achieving crime/ asb/ education result as at the end of August 2014 ¹	% of families achieving progress to work as at the end of August 2014 ⁴	% of families achieving continuous employment result as at the end of August 2014 ²	% of families turned around as at the end of August 2014 ³
Essex	2220	100%	100%	62%	1%	3%	66%
Nottinghamshire	1580	100%	100%	37% (48%)	6% (7%)	14%(17%)	51% (65%)
Staffordshire	1390	100%	100%	55%	6%	13%	68%
Lincolnshire	1370	100%	100%	43%	6%	8%	51%
Derbyshire	1355	100%	100%	61%	4%	3%	64%
Durham	1320	100%	100%	60%	3%	3%	63%
Cornwall	1270	100%	100%	47%	18%	2%	49%
Suffolk	1150	100%	100%	44%	10%	4%	48%
Cumbria	1050	100%	100%	38%	3%	0%	38%
Gloucestershire	900	100%	100%	53%	5%	7%	60%
Worcestershire	900	100%	100%	30%	2%	2%	32%
Oxfordshire	810	100%	100%	72%	11%	18%	90%
Cambridgeshire	805	100%	100%	43%	0%	6%	49%
Northumberland	650	100%	100%	58%	1%	3%	62%
National	117,910	100%	99%	54%	5%	5%	45%

- (1) These figures represent the number of families achieving crime/anti-social behaviour/education outcomes as defined within the Troubled Families Programme Financial Framework (May 2012).
- (2) These figures represent the number of families in which one adult in the household has moved off out of work benefits and into continuous employment as defined within the Troubled Families programme Financial Framework (May 2012). These figures will also include a number achieving the crime/anti-social behaviour/education outcomes.
- (3) These figures take into account all results for turned around families as claimed by local authorities up to the end of August 2014. This combines all crime/anti-social behaviour/education results and all continuous employment results claimed since the start of the programme. This does not include progress to work outcomes.
- (4) These figures represent the number of families achieving the progress to work outcome, as defined within the Troubled Families programme Financial Framework (May 2012).

Please note there are now fewer families nationally as the figure for Westminster has been reduced as they were unable to find the total number of families originally attributed to the borough.

12 January 2015

Agenda Item: 08

REPORT OF THE SERVICE DIRECTOR, CHILDREN'S SOCIAL CARE**PROVISION OF FUNDING FOR ADAPTATIONS TO A SERVICE USER'S
FAMILY HOME THAT EXCEED THE MANDATORY DISABLED FACILITIES
GRANT (DFG)****Purpose of the Report**

1. This report seeks approval to provide funding totalling £28,973 to support the provision of adaptations to a service user's family home to meet assessed needs and where the adaptations are in excess of the mandatory Disabled Facilities Grant (DFG).

Information and Advice

2. LG is a 7 year old boy who suffers from Duchene Muscular Dystrophy, a deteriorating muscle wasting disorder, resulting in loss of functional independence, mobility and an early loss of life. LG lives with his parents in an owner occupied property in Bassetlaw.
3. LG has been assessed through the Children's Countywide Occupational Therapy (OT) Service as needing adaptations to the home environment to enable and support his independent living and the need for ongoing essential care in a safe, private and dignified environment.
4. Adaptations for those with a permanent and substantial disability and who have been assessed as having a 'need' for access to specific adaptations are ordinarily provided through a mandatory Disabled Facilities Grant (DFG). The maximum DFG available in England is £30,000.
5. LG has been assessed as needing access to an appropriate bedroom and bathroom that can be accessed via a wheelchair. In addition to this the need for specialist equipment to support care has also been identified. Equipment assessed as being essential for LG's future and longer term care in the home is ceiling track hoist and high/low specialist bath with integral changing facility.
6. Significant assessment of the family home has established that it is not possible to provide the necessary environmental adaptations within the properties existing foot print. It has therefore been necessary to progress works for the provision of a new build ground floor, wheelchair accessible bedroom and bathroom facility. The case holding Occupational Therapist has worked in close partnership with the Bassetlaw Grants Officer to progress a formal DFG application. A DFG is a statutory grant that is awarded under Part 1 of the Housing Grants, Construction and Regeneration Act (HGCRA) 1996

and is administered by the District Council. The current maximum grant that can be awarded towards an adaptation is currently £30,000. Where the adaptation is for a child with a disability no financial assessment is applied.

7. Bassetlaw District Council has approved the maximum statutory DFG of £30,000 towards the provision of adaptations and awarded the contract for the approved scheme of works to a contractor which tendered the works at £58,973.85. Although LG has been awarded the full statutory DFG, the proposed scheme of works is in excess of the mandatory grant and there remains a short fall of £28,973. Until funds for the additional costs over and above the statutory grants are secured Bassetlaw District Council are unable to instruct the approved contractor to commence works.
8. When it is identified that the cost of an adaptation is in excess of the statutory DFG, the Local Authority continues to have a duty under the Chronically Sick and Disabled Persons Act (CSDPA) 1970 to ensure that all assessed needs are met once a child is deemed eligible for a service. Although a duty, the act empowers the Local Authority to provide this assistance in any form they choose.
9. A financial assessment has been completed with LG's parents to assess their ability to contribute towards the additional costs over and above the maximum DFG. The outcome of this assessment was that family has 'no disposable income' and is unable to repay a loan of any kind.

Other Options Considered

10. The option for LG's parents to contribute towards the costs in excess of the DFG. The financial assessment has identified that this is not a viable option and to progress would place the family at significant risk of financial hardship.

Reason/s for Recommendation/s

11. The Local Authority Children's Services retains a responsibility and legal duty to ensure that the housing needs of disabled children are met. This duty is detailed in the Children's Act 2004 s10 and the Housing Act 1996 s213. Furthermore the Local Authority is obliged under the Chronically Sick and Disabled Persons Act 1970 (CSDP) to assist and have regard to the needs of disabled children and their needs.
12. If the additional funds are not secured the District Council will not instruct the approved contractor to commence works and LG (a child in need) will remain living at home with unmet needs.

Statutory and Policy Implications

13. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Implications for Service Users

14. The service user has a permanent and substantial disability and by definition under legislation is a child in need. By supporting the provision of adaptations to the family home this will enable and support the continued and ongoing delivery of safe and dignified care for LG in the home, reducing the possibility of future requests for alternative costly packages of care e.g. overnight respite care, extensive homecare support.

Financial Implications

15. £28,973 is the financial implication for this specific case. The Children's Countywide OT Service has an annual budget of £89,000 to support the provision of adaptations that are in excess of the statutory £30,000 DFG. In period 8 of financial year 2014/15 this budget was estimated to be over-committed by £32,000 by year end due to the number of proposed adaptations progressing and the increased costs of specialist builds. This predicted overspend does not account for the £28,973 detailed above. The financial implication inclusive of this former figure is an estimated over-spend of £58,973 in period 10.
16. The anticipated over-spend is unavoidable as the department has a statutory responsibility to ensure assessed needs are met. This duty is underpinned by section 2 of the Chronically Sick and Disabled persons Act 1970 and is supported by case law.
17. Although LG's parents have completed a financial assessment, as detailed in paragraph 9, the department currently has no formally approved process to address and manage these types of cases, placing the department in a vulnerable position should a service user challenge a decision. This issue is to be addressed in a further report to the Children and Young People's Committee in February to formalise the process and will also recommend that housing departments at district/borough councils are formally contacted in relation to use of the discretionary powers they also have.

Human Rights Implications

18. A child's right to family life is enhanced when appropriate adaptations are provided.

RECOMMENDATION/S

- 1) That the provision of funding of £28,973 as a top up to the statutory DFG of £30,000 approved by Bassetlaw District Council, for an adaptation to a service user's family home, be approved.

Steve Edwards
Service Director, Children's Social Care

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Constitutional Comments (KK 24/12/14)

19. The proposal in this report is within the remit of the Children and Young People’s Committee.

Financial Comments

20. Financial comments will be reported at the meeting.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

C0546



12 January 2015

Agenda Item: 09

**REPORT OF THE SERVICE DIRECTOR, EDUCATION STANDARDS AND
INCLUSION**

FINANCIAL SUPPORT FOR STUDENTS IN POST-16 EDUCATION

Purpose of the Report

1. This report invites the Children and Young People's Committee to comment on the proposed policy for the 2015/16 financial year in respect of those post-16 students following courses in educational institutions other than schools and recommend it to Policy Committee for approval at its meeting on 11 February 2015.

Information and Advice

2. Legislation introduced in March 1999 identified three categories of post-16 students:
 - (i) school-based students
 - (ii) students following courses of further education in colleges funded primarily by the Further Education Funding Council (FEFC), now the Education Funding Agency (EFA)
 - (iii) students following non-designated courses (not attracting support under the national system of student financial support) in higher education.
3. The legislation requires that local authorities should determine annually their policies in respect of their discretionary powers to assist students who fall within the scope of these three categories.
4. The County Council's Formula Spending Share was reduced following the introduction of the legislation, with the element identified to support students in further and higher education institutions (categories 2ii and 2iii above) transferred via the then Learning and Skills Council to further and higher education institutions, which now have responsibility for providing discretionary learner support to their students.
5. Local authorities continued to have a responsibility for providing exceptional financial support to post-16 students in schools, via Learner Support Funds allocated through the then Young People's Learning Agency (YPLA). However this responsibility ceased with the withdrawal of Learner Support Funds with effect from the end of the 2010/11

academic year (see paragraph 10). The County Council continues to have responsibility for home to school/college transport for post-16 students.

6. Local authorities retain the power to make discretionary awards to post-16 students in schools and to students in further and higher education but the relevant regulations allow them to determine a policy under which no financial support would be offered to these students. Local authorities are not held to be fettering their discretionary powers as long as they make such an annual 'determination' before 31 March of the year preceding the financial year to which the determination applies.
7. The County Council must therefore determine, before 31 March 2015 in respect of the financial year 2015/16, how to exercise the power granted by the regulations to make post-compulsory education awards. There are three options:
 - (a) to make no such awards in any circumstances and not make any provision for considering applications; or
 - (b) to make such awards generally and consider applications from all students; or
 - (c) to make such awards only in respect of certain groups or categories of students.
8. The transfer of the functions of the County Council's Student Finance Service to the national provider Student Finance England with effect from 31 March 2011 meant that there was no longer an obligation upon the County Council to consider requests for funding from higher education students following non-designated courses, or in other specific circumstances, such as transfers of course or repeat periods of study.
9. Colleges of further education and universities receive funding to provide financial support for students on full-time courses. It is therefore proposed that the County Council should determine not to make any awards in any circumstances to further education (FE) and higher education (HE) students, and not to make any provision for considering applications, other than for children and young people for whom the Council acts as corporate parent as described in paragraph 11 below.
10. The national scheme of Education Maintenance Allowances closed to all students studying in England at the end of the 2011/12 academic year. The annual allocation of Learner Support Funds allocated to the County Council by the YPLA to assist students in post-16 education in schools was withdrawn with effect from the end of the 2010/11 academic year. They have been replaced by the 16-19 Bursary Fund, administered by schools, colleges and training providers. There are also other sources of funding for post-16 students, such as the 16-18 Residential Bursary. It is therefore proposed that the County Council should determine not to make any awards in any circumstances to post-16 students in schools, and not to make any provision for considering applications, other than for children and young people for whom the Council is the corporate parent.
11. The Council reserves the right, in its role as the corporate parent for those children and young people within its care, to make an award to such children and young people where there are exceptional circumstances. Such an award will only be made when approved by the Service Director with responsibility for Children's Social Care.

Other Options Considered

12. It is open to the County Council not to make a determination under the regulations. This would mean the Council would have to consider any applications for financial assistance on their individual merits or through a specific scheme of support. In either case additional budget provision would have to be made available to underpin such arrangements but this is not regarded as a funding priority for the Council at the present time.

Reason/s for Recommendation/s

13. As explained in the report, if it is to limit the use of its discretionary powers to offer support to students entering school sixth form, further education college courses or non-designated courses of higher education in the 2015/16 financial year, the County Council has to make an annual 'determination' by 31 March 2015 in accordance with the Local Education Authority (Post-Compulsory Education) Awards Regulations. In recent years the County Council has made such a determination each year, reflecting the fact that it no longer has any specific budget provision available for new cases that fall to be considered under these discretionary powers. A survey in 2011 of 14 local authorities around the country found that none of them made awards to these students and had not done so for many years.

Statutory and Policy Implications

14. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Implications for Service Users

15. The proposals set out in this report limit the extent to which the County Council is able to assist with the costs students incur in following post-16 education courses. The arrangements proposed do not, however, differ from those that currently apply and which have applied since 1999.

Financial Implications

16. The draft budget for Children and Young People's Services for 2015/16 anticipates that a determination will be made as recommended in this report.

RECOMMENDATION/S

- 1) That Committee comments on the proposals in this report and recommends that Policy Committee, at its meeting on 11 February, determines that during the year 1 April 2015 – 31 March 2016 Regulation 3 (1) of the The Local Education Authority (Post-Compulsory Education Awards) (Amendment) (England) Regulations 2000 shall not apply to

Nottinghamshire County Council and that in consequence the County Council will have no powers to make post-compulsory education awards to post-16 students entering new courses in schools or in further or higher education in 2015/16 in any circumstances, other than for those children and young people for whom the Council acts as corporate parent.

John Slater
Service Director, Education Standards and Inclusion

For any enquiries about this report please contact:

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Constitutional Comments (KK 24/12/14)

17. The proposal in this report is within the remit of Children and Young People's Committee subject to subsequent approval by Policy Committee.

Financial Comments

18. Financial comments will be reported at the meeting.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

The Local Education Authority (Post-Compulsory Education Awards) Regulations 1999

The Local Education Authority (Post-Compulsory Education Awards) (Amendment) (England) Regulations 2000

Electoral Division(s) and Member(s) Affected

All.

C0554



12 January 2015

Agenda Item:10

**REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND
CORPORATE SERVICES**

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme for 2015.

Information and Advice

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chairman and Vice-Chairman, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.
4. As part of the transparency introduced by the new committee arrangements, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme. It may be that the presentations about activities in the committee's remit will help to inform this.

Other Options Considered

4. None.

Reason for Recommendation

5. To assist the committee in preparing its work programme.

Statutory and Policy Implications

6. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION

That the committee's work programme be noted and consideration be given to any changes which the committee wishes to make

Jayne Francis-Ward
Corporate Director, Policy, Planning and Corporate Services

For any enquiries about this report please contact:

Alison Fawley
Democratic Services Officer
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Constitutional Comments (HD)

7. The Committee has authority to consider the matters set out in this report by virtue of its terms of reference.

Financial Comments (NS)

8. There are no direct financial implications arising from the contents of this report. Any future reports to Committee on operational activities and officer working groups, will contain relevant financial information and comments.

Background Papers

None

Electoral Division(s) and Member(s) Affected

All.

CHILDREN & YOUNG PEOPLE'S COMMITTEE - WORK PROGRAMME 2014-15

REPORT TITLE	BRIEF SUMMARY OF AGENDA ITEM	LEAD OFFICER
9 February 2015		
School Capital Programme update	Six month update report	John Slater
Performance reporting (Quarter 3 2014/15) – Services for Children and Young People	Quarterly performance report	Celia Morris
A Strategy for Closing the Educational Gaps in Nottinghamshire – update of Strategy for 2015/16		John Slater
Every Child a Reader – establishment of a Reading Recovery Teacher Leader post	For decision	John Slater
Outcome of consultation on the proposed closure of Oakdale Learning Centre	For decision	John Slater
School Term and Holiday Patterns 2016-2019	For decision	John Slater
Elective Home Education in Nottinghamshire		John Slater
The Local Authority's response to the British Values agenda, including extremism and radicalisation		Derek Higton
Education Trust Board & Schools Forum	Annual officer group report	Anthony May
Children's Social Work Health Check 2015		Steve Edwards
Designated Principal Child and Family Social Worker - annual report		Steve Edwards
Leaving Care: From Care 2 Work quality mark		Steve Edwards
Policy and process guidance to address Discretionary Payments towards the provision of major adaptations to service users' homes	For decision	Steve Edwards
Rota Visits to children's homes: October and November 2014	Six monthly report	Steve Edwards
Work Programme		Anthony May
9 March 2015		
Performance figures for Nottinghamshire schools and academies – Summer 2014	For information	John Slater
Nottinghamshire School Admission Arrangements 2016/17	For determination	John Slater
Schools requiring expansion by 25% or more pupil places – outcome of consultation and published Statutory Notices	For decision	John Slater
Universal infant free school meals – update		Jas Hundal

REPORT TITLE	BRIEF SUMMARY OF AGENDA ITEM	LEAD OFFICER
Integrated Family Services Review – new service		Derek Higton
National Minimum Fostering Allowances and Fees for Foster Carers	Annual determination	Steve Edwards
National School Food Plan - progress		Jas Hundal
Update on Young Carers		Derek Higton
Restructuring of Outdoor and Environmental Education Service	For decision	Derek Higton
Authority governor appointments and reappointments and Local Authority governor appointments to school governing bodies	Quarterly report on appointments made	John Slater
Work Programme		Anthony May
20 April 2015		
Under 16 Home to School Transport 2015 and Post 16 Transport Policy 2015/16	Annual determination.	John Slater
Nottinghamshire Children's Trust Early Help Development Plan 2013-16: six monthly update		Derek Higton
Work Programme		Anthony May
18 May 2015		
A Strategy for Closing the Educational Gaps in Nottinghamshire – month review	Six monthly review report	John Slater
Performance reporting (2014/15) – Services for Children and Young People	Annual performance report	Celia Morris
Children's Services Health Check		Derek Higton
Work Programme		Anthony May
15 June 2015		
Exceptional payments for school clothing and footwear 2014/15	Annual determination	John Slater
Children's Social Work Health Check Action Plan 2015 – progress report	Progress report.	Steve Edwards
Authority governor appointments and reappointments and Local Authority governor appointments to school governing bodies	Quarterly report on appointments made	John Slater
Work Programme		Anthony May
13 July 2015		

REPORT TITLE	BRIEF SUMMARY OF AGENDA ITEM	LEAD OFFICER
Rota Visits to children's homes	Six monthly report	Steve Edwards
School Capital Programme update	Six month update report	Derek Higton
Youth Justice Plan 2015-16		Derek Higton
Nottinghamshire Child and Family Poverty Strategy annual performance report	Annual update	Derek Higton
Children who go missing from home or care: end of year report 2014/15	For information	Steve Edwards
Child Sexual Exploitation update	Six monthly update report	Steve Edwards
Nottinghamshire Children's Trust	Annual officer group report	Derek Higton
Members' visit to Outdoor & Environmental Education residential centres	For decision	Derek Higton
National Children and Adult Services Conference 2015	For decision	Anthony May
Work Programme		Anthony May
To be placed		
Social Work Retention Strategy		Steve Edwards
Integrated assessment framework	For noting	Derek Higton
Multi-Agency Safeguarding Hub – information sharing		Steve Edwards

