

## Children, Education and Skills Sub Committee

**North Tyneside Council** 

#### 9 February 2018

To be held on **Monday 19 February 2018 in room 0.01**, Quadrant, The Silverlink North, Cobalt Business Park, North Tyneside, NE27 0BY **commencing at 6.00pm**.

#### Agenda

Item

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#### 1. Apologies for absence

To receive apologies for absence from the meeting.

#### 2. Appointment of substitutes

To be informed of the appointment of any substitute members for the meeting.

#### 3. To receive any declarations of interest

You are invited to **declare** any registerable and/or nonregisterable interests in matters appearing on the agenda, and the nature of that interest.

You are also requested to complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.

You are also invited to disclose any dispensation from the requirement to declare any registerable and/or non-registerable interests that have been granted to you in respect of any matters appearing on the agenda.

#### 4. Minutes

To confirm the minutes of the meeting held on 22 January 2018.

Continued overleaf

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Councillor Alison Austin	Councillor Andy Newman
Councillor Pamela Brooks	Councillor Pat Oliver (Deputy Chair)
Councillor Joanne Cassidy	Councillor Margaret Reynolds
Councillor Karen Clark	Councillor Matthew Thirlaway (Chair)
Councillor Muriel Green	Councillor Alison Waggott-Fairley
Councillor Karen Lee	Councillor Frances Weetman
Parent Governor Representatives	
Mrs Michelle Ord	

**Churches Representatives** Rev. Michael Vine, Church of England

Mr Gerry O'Hanlon, Roman Catholic Church

## Children, Education and Skills Sub-committee

### 22 January 2018

Present: Councillor M Thirlaway (Chair – part of meeting) Councillor P Oliver (Chair – part of meeting) Councillors A Austin, J Cassidy, K Clark, Janet Hunter, A Newman, M Reynolds, A Waggott-Fairley and F Weetman.

Rev. M Vine Church Representative

#### CES40/01/18 Apologies

[Councillor P Oliver in the Chair]

Apologies for absence were received from Councillor M Thirlaway, who would arrive at the meeting late due to his attendance at a Holocaust Memorial event in his ward. The subcommittee was informed that until his arrival the Deputy Chair, Councillor P Oliver, would chair the meeting.

Apologies for absence were received from Councillor M A Green, Mr G O'Hanlon, church representative and Mrs M Ord, parent governor representative.

#### CES41/01/18 Substitute Members

Pursuant to the Council's Constitution the appointment of the following substitute member was reported:

Councillor Janet Hunter for Councillor M A Green.

#### CES42/01/18 Declarations of Interest

There were no declarations of interest or dispensations reported.

#### CES43/01/18 Minutes

**Resolved** that the minutes of the previous meeting held on 20 November 2017 be confirmed as a correct record and signed by the Chair.

#### CES44/01/18 Eating Disorder Service

The sub-committee received a report on the services provided by North Tyneside CAMHS (Child and Adolescent Mental Health Service) for children and adolescents presenting with eating disorders in North Tyneside.

Dr. Elisa Gatiss Clinical Psychologist, Dr. Julie Owens Consultant Child and Adolescent Psychiatrist and Clinical Lead and Janet Arris, Commissioning Manager NHS North

Tyneside Clinical Commissioning Group (CCG) attended the meeting to present the report.

The sub-committee was informed that eating disorders were serious mental health problems which could have severe psychological, physical and social consequences. Children and young people with eating disorders often had other mental health problems (for example anxiety or depression), which also need to be treated in order to get the best outcomes, and it was vital that children and young people with eating disorders, and their families and carers, could access effective help quickly. Offering evidence-based, high-quality care and support as soon as possible could improve recovery rates, lead to fewer relapses and reduce the need for inpatient admissions.

In 2015, due to concerns about the provision of services for children and young people presenting with eating disorders across the county, NHS England published "Access and Waiting Time Standard for Children and Young People with Eating Disorders". This guidance stated that treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine and within 1 week for urgent cases. NHS England, clinical commissioning groups (CCGs), local authorities, education providers and other eating disorder services (including adult mental health) should work in partnership to improve outcomes for children and young people with eating disorders and support their transition between services. This was an effective way to increase capacity and share resources to deliver better care.

The report provided information on the management of young people presenting with eating disorders in North Tyneside; the specialist eating disorder team in CAMHS; what other services/pathways were commissioned by North Tyneside CCG, including EDICT (Eating Disorder Intensive Community Treatment) from Northumberland Tyne and Wear Mental Health Trust; inpatient care; and data which showed the number of referrals to the team, the team's caseload, the number of cases seen and appointments offered and the average waiting times for referral to assessment from December 2016 to November 2017.

The sub-committee was informed that there were no specialist eating disorder beds in Northumbria, with the nearest being in Middlesbrough and the next option a private unit near Edinburgh. Currently the team averaged seeing young people reporting with Anorexia in under a week (0.6 weeks) and those with other disorders being seen under two weeks. The CAMHS specialist eating disorder team consisted of 1.4 whole time equivalent members of the CAMHS staffing, which included time from psychiatrists, clinical psychologist and nursing staff. All the members of the eating disorders team had received specialist training in eating disorders and were able to provide evidence based treatment. The team met weekly to discuss new referrals as well as open cases and team development. Recently a paediatric dietician has joined the team for one session a week.

Over the last 4 years the clinicians team have accessed a range of training opportunities including Maudsley training of family based treatment for anorexia nervosa, IAPT (Improving Access to Psychological Therapies) systemic family therapy training for eating disorders and, more recently, eight days of national training that has been rolled out across the country funded by NHS England.

Members sought clarification on the availability of specialist and emergency beds at the Royal Victoria Infirmary (RVI) in Newcastle and why the nearest eating disorder specific beds were in Middlesborough and expected to cover such a large area.

In response it was confirmed that NHS England had the responsibility for commissioning eating disorder beds, it was not something the CCG could do and it was NHS England that had decided where the beds should be located for each region; a review of this provision

was being undertaken to assess whether all the specialist beds nationally were located in the right place but it was not expected that this would lead to more beds closer to the borough. The sub-committee was assured that the CCG could assist families in travel and accommodation costs if their child was admitted to one of the specialist beds. It was also clarified that a number of beds at the RVI were for psychological patients with physical complications; there were no psychological beds available.

It was reiterated that all the evidence indicated that people with eating disorders do better if they can stay at home and the team worked very hard to keep young people in their homes; only the most complicated cases become inpatients. On average North Tyneside referred 4-5 young people a year to the specialist centre; unusually currently two young people were waiting for beds.

In response to a question regarding the reported national trend of an increase in eating disorder in young people; the sub-committee was informed that the trend in North Tyneside had remained steady and was low.

The Chair thanked Dr. Gatiss, Dr. Owens and Ms Arris for their attendance at the meeting.

It was **agreed** to note the information provided on the services provided by North Tyneside Child and Adolescent Mental Health Service for children and adolescents presenting with eating disorders in North Tyneside.

#### CES45/01/18 Children and Young People's Plan 2014-18

[Councillor M Thirlaway in the Chair]

The sub-committee received a mid-year report on the delivery of the Children and Young People's Plan. The Children and Young People's Plan provided the strategic framework for the integrated planning, commissioning and delivery of children's services in order to improve the lives of children and young people in the borough. The Plan was produced and owned by the Children, Young People and Learning Partnership. The Plan also served as the borough's Child Poverty Strategy, setting out how partners would work together to address the underlying causes of deprivation.

The Plan's priorities were aligned with the 'Our North Tyneside Plan', the Joint Health and Wellbeing Strategy and the Safer North Tyneside Plan and set out three priorities and associated outcomes, which were:

#### 1. Ready for School

- a) A healthy early childhood.
- b) Children are ready to start school.

#### 2. Ready for Work and Life

- a) Narrow the gap in educational outcomes.
- b) Ready for employment.

#### 3. Safe, Supported and Cared For

- a) The most vulnerable children and young people are protected.
- b) Improved outcomes for looked after children.
- c) The right support for children and young people with disabilities and additional needs.

The Policy, Performance and Research Manager attended the meeting to present the report and answer any questions.

The sub-committee was informed that for the fifth year in a row, there had been an increase in the number of children who were 'ready for school'. This overall success was further supported by a reduction in the gap, linked to deprivation, for children achieving the expected level at Foundation Stage. This gap had been reduced by all children improving but those on Free School Meals improving at a faster rate. There had been a reduction in the number of young people who are not in education, employment or training over the lifetime of the Plan. In addition there had also been a reduction in the number of 18-24 year olds who were claiming Job Seekers Allowance. This was part of a wider reduction in the number of people claiming unemployment benefits, which had reduced from 4.8% in 2012/13 to 2.7% in 2016/17. In addition, young people were proceeding to a positive destination at an increasing rate. 88% of young people progressed to Key Stage 5 (A level) and of those, 90% progressed into a positive destination after Key Stage 5.

The Children and Young People's Plan had a four year cycle and was about to be refreshed with the development being discussed at the next Children, Young People and Learning Partnership meeting in March. The Authority's Our North Tyneside Plan was in the process of being renewed and it was anticipated that going forward the Children and Young People's Plan would reflect the priorities for children and young people in the Our North Tyneside Plan.

Members requested information on the attainment rates of children with SEND in Maths and English and the numbers who then went into further education. The Head of Health, Education, Care and Safeguarding agreed to provide the information and also explained that a peer review of SEND Services had recently been undertaken and that this information could also be shared with the sub-committee. The attainment gap between disadvantaged pupils and their peers had widened in the last year but due to changes in the methodology, mainly curriculum and assessment changes, direct comparison was impossible. The service was discussing the issue across the region and was focused on how to support those disadvantaged pupils through the difficulties and challenges of the new assessments.

A Member raised concern that the childhood obesity rate was the same at Reception and Year 6 and remained at 25%. The specific measures aimed at reducing the number of obese children was explained to the sub-committee, including a targeted approach to the whole family instead of an individual child in a family. It was noted that incorrect figures had been provided in the table for Year 6 children and the correct figures would be provided after the meeting.

**Agreed** to (1) note the information on the mid-year progress of the delivery of the Children and Young People's Plan 2014-18; and

(2) that the additional information requested above be provided and circulated to the subcommittee.

#### CES46/01/18 Ofsted Inspection Update

In July 2017 the sub-committee received the North Tyneside Inspection of Services for children in need of help and protection; children looked after; and care leavers and the Review of the Effectiveness of the Local Safeguarding Children Board Report, which had been published by Ofsted on 13 June 2017. Ofsted judged the overall effectiveness of children's services in North Tyneside to be 'Good', placing the Authority within the top

performing Children's Services within the country. Ofsted defined this grading as being achieved when inspectors find work of good quality, with some outstanding elements and which was delivering measurably improved outcomes (previous minute CES13/07/17).

Ofsted made seven formal recommendations to the Authority about areas for development. All areas were known to officers and improvement work was on-going at the point of inspection. The Authority had been required to provide a Post Inspection Action Plan relating to the recommendations for approval by the Secretary of State and Her Majesty's Chief Inspector and did so within the required timescale on 19 September 2017.

The formally identified seven recommended areas for development were:

- 1. Ensure that assessments are regularly updated to reflect the changing needs of children and that they fully consider children's identities, contingencies and research.
- 2. Ensure that support to children who are privately fostered is timely, managed well and effectively meets the needs of children.
- 3. Improve the timeliness with which designated officers complete investigations.
- 4. Improve the oversight of IRO's (Independent Review Officers) of the progress of plans between child protection conferences and between children looked after reviews, and evidence this on the child's records.
- 5. Ensure that life story work and later life letters are of consistently good quality and completed in a timely way to ensure that children and their adopters have a clear understanding of a child's history in preparation for placement and for later life understanding.
- 6. Ensure that supervision for all staff is consistently of good quality because it is reflective, directive, regular and well recorded.
- 7. Ensure that actions identified as a result of audits are specific and measurable and have timescales.

Jacqui Old, the Head of Health, Education, Care and Safeguarding as the Director of Children's Services, accompanied by Nik Flavell, senior manager for Quality Assurance, attended the meeting to present to the sub-committee progress achieved in relation to the twenty three identified actions to address the seven recommendations and to identify areas to progress during the next period.

The sub-committee was informed that eleven of the twenty three actions had been successfully completed; of the remaining twelve, five were dependent upon the implementation of the new Case Management System (Liquid Logic LCS) which was scheduled to 'go live' within the next quarter. One action, relating to use of a new post within Children's Social Care to progress work, had been discontinued due to a change in workforce planning with the responsibilities for the work passing to another officer. The final six were all work in progress and would be delivered in the next quarter. A number of the training elements had needed to be organised in phases to take into account the implementation of Signs of Safety and Liquid Logic and for the processes and methods to be designed and introduced, for example in the Life Story and Life Letters work it was important to ensure the work undertaken would produce the results needed consistently.

Members sought clarification on the deletion of the Permanency Champion role; which

software add-ons to Liquid Logic had been purchased and the changes as a result of the creation of the MASH (multi-agency safeguarding hub).

The sub-committee was also informed that the inspection framework for children's services had changed again and that the new process was based on a more pro-active approach which would include an 'annual conversation' with the Director of Children's Services and a no notification focussed visit of two days at some point over the next eighteen months.

The Head of Health, Education, Care and Safeguarding stated that whilst the Action Plan provided a focus to improve, the service was not complacent and had ambition to deliver better outcomes for the children of the borough and this was an opportunity to invest and support the staff to ensure that this could be achieved and maintained. The service was also sighted on multi agency working, particularly in relation to children and domestic violence and revisiting child sexual exploitation to ensure processes across all agencies were as robust as they needed to be.

It was **agreed** to note and welcome the progress made in relation to the Action Plan and the steps to be taken to ensure progress during the next three month period.

#### CES47/01/18 Work Programme 2017/18 update

At its meeting on 20 November 2017 the sub-committee was provided with an update on its work programme and the progress of the in-depth investigation into the transition process for children with disabilities to adult services (previous minute CES39/11/17).

Since that meeting further changes to the work programme had been agreed by the Chair and Deputy Chair and the sub-committee received a report which detailed the changes and the reasons for the changes for its approval.

These included that:

- a) the report of the Transition Sub Group would now be submitted to the February meeting to allow the members of the public who had contributed to the work of the sub group time to read the report and make any comments;
- b) a report on the Narrowing the Gap work stream, to include information on Pupil Premium allocation, spend and monitoring be added to the work programme and submitted to the 19 March 2018 meeting;
- c) the topic of Pupil Premium to be submitted as a suggested topic for in-depth investigation to be agreed by the new membership of the sub-committee at it first meeting of the 2018/19 municipal year in summer 2018; and that
- d) a report on the Keeping Children and Young People in School work stream be added to the work programme and submitted to the 19 February 2018 meeting.

The report also included an update on the work of the Dyslexia Service after the presentation made to the sub-committee in January 2017.

The sub-committee was informed that the Dyslexia Service had continued to provide a high quality service to schools, parents/carers, children and young people and that this was confirmed by the service users' feedback evaluations which were collated each year. The team's current priorities were:

- A presentation of North Tyneside's Policy for Literacy Difficulties and Dyslexia on January 11th, which has been jointly written with the Educational Psychology Service and has been co-produced with contributions from Sencos, parents/carers, children and young people.
- Preparation for the Peer Assisted Review next week (15th 17th January) in preparation for the Local Area Inspection.
- Collation and analysis of data from 2016-17 and 2017-18 to provide more indepth information regarding the impact of the team's work on pupil outcomes.

Information about the progress against these priorities would be known in a year's time and it was suggested that an update to the sub-committee every 2-3 years would be a more effective way to update the sub-committee on the Dyslexia Team's work; much of the work from year to year was ongoing and new initiatives such as those outlined above could then be presented once information evaluating their impact was available and to discuss implications for the team's future priorities.

The Chair and Deputy Chair had agreed that due to the nature of the work undertaken by the service it would be a more appropriate use of the sub-committee's time to defer the full report on the work of the team until January 2019 and that this would be reflected in the work programme.

**Agreed** to note the information provided in the report and endorse the proposed changes to the work programme 2017/18 as set out above.

Meeting:	Children, Education and Skills Sub-committee
Date:	19 February 2018
Title:	The Attainment of Looked After Children
Author:	Jane Pickthall, Head of The Virtual School Tel: 643 8366
Service:	Health, Education, Care and Safeguarding
Wards affected:	All

#### 1. Purpose of Report

The purpose of this report is to provide the Children, Education and Skills Sub-committee with an overview of the educational outcomes and progress of the children in the care of North Tyneside Council.

#### 2. Recommendations

The sub-committee is recommended to note the information contained within this report.

#### 3. Information

- 3.1 As Corporate Parents we have a statutory duty to promote the educational outcomes of looked after children. As of April, this duty will extend to include previously looked after children who have achieved permanence through adoption, special guardianship or a child arrangements order.
- 3.2 In order to achieve positive outcomes, the RHELAC Team, closely monitor the health and education of our looked after children. We have robust monitoring systems in place to ensure we keep track of educational progress each term. This enables us to evaluate the impact of the Pupil Premium Plus and identify pupils that may need additional support.
- 3.3 Our Pupil Premium Plus Policy involves giving schools an initial payment each term, with further funding available for crisis situations and individual requests for tuition, ICT equipment and school trips. We also use a proportion of the funding to enhance the offer from The Virtual School. In addition to our English teacher and primary teacher we now have two part-time maths teachers, an apprentice teaching assistant, a counsellor and additional educational psychology time. This has enabled us to provide more targeted support according to each pupil's needs.
- 3.4 Research carried out by The Rees Centre, Oxford University, identified a range of factors that impacted most on the educational outcomes of looked after children. These included stability of placement and school, good mental health, SEN and remaining in mainstream provision, where appropriate. The 'Keeping Children in School' work is supporting the need to maintain school stability for vulnerable pupils and we have seen a year on year increase in the number of Year 11 pupils completing their GCSEs in mainstream schools. Our looked after population still has a high proportion with SEN and for some pupils, a

more specialist provision is what they require. Our focus is on ensuring pupils are assessed fully and their needs are understood which is why we have funded additional capacity from our educational psychologists to ensure this happens.

#### 4. Educational Outcomes

- 4.1 Virtual school heads now have access to the national NCER database. A specific set of reports have been developed that brings together education and care data. This is especially useful when trying to make national comparisons. Our cohorts in North Tyneside are often very small and outcomes vary year on year, depending on the profile of the pupils. The new system enables us to compare cohorts by gender, time in care, type of provision, number of care placements and age entering care. We can compare one pupil profile with another which is far more meaningful.
- 4.2 The national data set for looked after children's outcomes does not get published until March. NCER and the National Association of Virtual School Heads have been working with the DfE to get earlier access. Unfortunately, although the national data has recently been added to the database, in order to get access to it there had to be an agreement that it would not be used in reports until the formal release in March. The comparisons in the data being presented today is with North Tyneside's non-looked after pupils.

#### 5. Key Stage 2

#### RWM<sup>\*</sup> WRITING TA GPS READING MATHS Avg. Avg. Avg. SS < Exp Cohort ≥Exp High SS < Exp ≥Exp High ≥Exp GDS ≥Exp High SS < Exp ≥Exp High 23.7% 76.0% 21.7% 77.9% 21.3% 78.5% LA (state-funded schools) 2,328 65.3% 9.4% 104.9 80.3% 20.0% 104.2 22.0% 105.8 26.7% 28.9% 35.0% 65.0% 30.0% 70.0% 30.0% 70.0% Virtual School 20 60.0% 0.0% 102.7 10.0% 103.6 0.0% 105.7 10.0% 75.0% 15.0%

#### All children looked after at time of SATs

Our performance at KS2 is strong and considerably above outcomes for looked after children nationally. The gap between looked after children and their peers has significantly improved this year. Whilst it is hard to do year on year comparisons due to the variations in the needs of each cohort, we are confident that all pupils performed to the best of their ability. Many of this cohort received direct academic support from the Virtual School, experienced settled placements and had schools that had high expectations of them. All these factors combined helped them to make accelerated progress and meet their age related expectations.

#### KS2 Results – only in care 12+ months and no SEN (both LA and LAC)

Below are the outcomes of the children that had been in care for 12 months or more (as of 31<sup>st</sup> March 2017), which is the cohort we report on. This table also has the pupils with SEN removed. Although the numbers become statistically insignificant, the gap virtually disappears.



#### KS2 Progress – 12+ months in care

			READ	NG			WRITI	NG			MATH	IS	
	Avg. KS Cohort Pt Score		Prog. Score ≥0	Avg. Prog. Score	Conf. Int.	Cover.	Prog. Score ≥0	Avg. Prog. Score	Conf. Int.	Cover.	Prog. Score ≥0	Avg. Prog. Score	Conf. Int.
LA (state-funded schools)	2,329 15.	97.0% <b>*</b>	54.9%	+0.6	±0.26	97.7%	54.5%	+0.5	±0.25	97.2%	50.9%	+0.0	±0.23
Virtual School	<b>7</b> 11 12:	72.7%	62.5%	+1.9	±4.32	72.7%	75.0%	+3.8	±4.19	72.7%	50.0%	+1.3	±3.90

In this table you can see the impact of the support that looked after children are given. The impact of this has been that looked after children made more progress than their non-looked after peers.

#### Key Stage 4 – Attainment 8 and Progress 8 (12+ months in care)

		Overall	English	Maths	EBacc	Other
	Prog. Avg. KS Cohort Cov. Fine L		•	•	•	Avg. Avg. . Att. Prog. Conf. . Score Score Int.
LA (state-funded schools)	1,962 96.5% 4.	6 46.8 -0.08 🛛 ±0.06	9.9 -0.12 🛛 ±0.07	8.9 -0.15 🛛 ±0.06	13.0 +0.00 ±0.07	14.9 -0.09 🛛 ±0.06
Virtual School	29 79.3% 3.	8 19.9 -1.55 🛛 ±0.51	4.2 -1.84 □ ±0.63	3.9 -1.43 🛛 ±0.57	4.1 -1.69 🛛 ±0.59	) 7.7 -1.29 🛛 ±0.59
		Progress 8	A*-C/9	)-5 EBac	:C <sup>2</sup>	Entry
	Cohort Attainmen	•	Conf. EBacc EBacc Int. Eng. LL Mat.	5+ Inc E&M E&M <sup>1</sup> Entry	Any EBacc Att. Qual. Slots	Other Triple ≥2 Slots Sci. Lang.
LA (state-funded schools)	1,962 46.8	96.5% -0.08 :	±0.06 60.9% 49.0%	43.3% 63.0% 34.3%	21.9% 98.0% 2.8	2.9 17.0% 2.5%
Virtual School	29 19.9	79.3% -1.55 🛛 :	<u>⊧0.51</u> 13.8% 13.8%	6.9% 13.8% 6.9%	3.4% 86.2% 1.3	1.8 3.4% 0.0%

Around 30% of the cohort achieved English L4+ or Maths 4+ but only 14% achieved both.

This year there was a considerable amount of instability around care placements for a number of looked after children in Yr 11 that had an impact on their outcomes. Many of this cohort entered care during Year 10, making it hard to have a significant impact on filling gaps in knowledge prior to entering care. We are now doing some targeted work with KS3 pupils to fill gaps in their mathematical knowledge. Through identifying gaps and teaching pupils the areas they were struggling with we are seeing pupils accelerate their progress. In the past we have perhaps not paid enough attention to KS3 and hopefully through this work they will be more prepared for the increased expectations at KS4.

#### 6. Background documents

The new Statutory Guidance for both Virtual Schools (and Local Authorities) and Designated Teachers is due to be published in March, prior to coming into force in April.

The role of the Designated Teacher in school is also extending to include previously looked after children (Adopted, Special Guardianship Order and Child Arrangements Order). Training is being delivered in April to designated teachers to support schools meet this new duty.

Meeting:	Children, Education and Skills Sub-committee				
Date:	19 February 2018				
Title:	Transfer of 0-19 Children's Public Health Service from the NHS to North Tyneside Council				
Author:	Wendy Burke Director of Public Health	Tel: 0191 6432104			
	Joann Connolly, Senior Manager and Professional lead 0-19 Children's Public Health service	Tel: 0191 643			
Service:	Public Health				
Wards affected:	All				

#### 1. Purpose of Report

To provide information on how the transfer of responsibilities for 0-19 Children's Public Health Service (health visiting and school nursing) from the Northumbria Healthcare NHS Foundation Trust to North Tyneside Council has been implemented.

#### 2. Recommendations

The sub-committee is recommended to note the content of the report.

#### 3. Information

- 3.1 On 1<sup>st</sup> October 2015 Local Authorities became responsible for commissioning 0-5 public health services (health visiting) in addition to existing responsibilities for 5-19 (school nursing) services. This provided an opportunity to identify how best to ensure that coherent, effective and integrated life course public health services for children and young people aged 0 to 19 years in North Tyneside.
- 3.2 Following a decision by Cabinet to provide 0-19 Children's Public Health Services from within North Tyneside Council, on 1<sup>st</sup> April 2017 the services transferred from Northumbria Healthcare NHS Foundation Trust to the Authority.
- 3.3 The transfer followed the due process of TUPE requirements and was successfully led by the Director of Public Health. 84 staff transferred to the Authority on 1<sup>st</sup> April 2017, comprising managers, health visitors, school nurses, staff nurses, nursery nurses, a midwife, assistants and administrative staff.
- 3.4 The transfer progressed well and robust plans ensured that key partners and staff were fully engaged. It was a smooth and safe process which maintained continuity of care for families and children. Staff were provided with essential information, induction, equipment and office accommodation. In addition IT links were maintained enabling access to SystmOne and the electronic patient record system used by staff in the service. Within the first month of transfer each member of staff received a welcome letter

from the Chief Executive and a welcome event was held hosted by the Mayor, Chief Executive and Senior Leadership Team.

#### 4. The aims and objectives of 0-19 Children's Public Health Service

- 4.1 The aim of the Service is to promote and protect the health and wellbeing of children, young people and their families from the ante natal period through to age 19 and to address inequalities in outcome.Fundamental to the aim of the Service is universal access to the Healthy Child Programme (HCP)and early identification of additional and/or complex needs.The HCP is universally provided to all families across North Tyneside and provides a framework to support collaborative work and integrated delivery and aims to:
  - Help parents develop and sustain a strong bond with children
  - Encourage care that keeps children healthy and safe
  - Protect children from serious disease, through screening and immunisation (commissioned seperately)
  - Reduce childhood obesity by promoting healthy eating and physical activity
  - Identify health issues early, so support can be provided in a timely manner
  - Make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be ready to learn at two and ready for school by five.
- 4.2 The service is led and managed by Senior Manager and Clinical Lead who is accountable to the Director of Public Health. The service is integrated within the Health, Education, Care and Safeguarding department of the Authority and works alongside Early Help and Vulnerable Families Teams. Staff are based within the 0-19 locality teams in the following locations:

Coastal Team	Whitley Bay Customer Services Centre
Central Team	Riverside Children's Centre in North Shields
North West Team	Shiremoor Children's Centre
Wallsend Team	Howdon Children's Centre

- 4.3 The Authority is registered with the Care Quality Commission as a provider of community health services. The registered manager of the service is the Director of Public Health.
- 4.4 The service description attached in appendix 1 provides further details.

#### 5. Embedding the 0-19 Children's Public Health Service

- 5.1 Following the transfer of the service to the Authority on  $1^{st}$  April 2017 a significant amount of work has taken place to ensure that the service is delivered in line with the CQC requirements of safe, effective, well-led, responsive and caring. The 0-19 Children's Public Health Service Governance Board meets on a monthly basis with a remit to ensure that North Tyneside Council has effective policies and management arrangements covering all aspects of Governance and to scrutinise and review the systems in place following the transfer of Children's Public Health Service 0 – 19 including:
  - Vision and Service Scope
  - Leadership/Management Accountability

- Clinical Governance (7 Pillars)
- Risk Management
- Information and Systems Governance
- Finance
- Human Resources
- Performance
- CQC Requirements
- 5.2 Clinically effective practice is promoted through the Clinical Governance Sub Group and good management practices, safe delegation and clinical and safeguarding supervision. Practice development ensures the embedding of national standards, good practice and evidence based learning. Policies, guidelines and standard operating procedures are developed and reviewed in response to quality assurance audits, lessons learnt from safeguarding and incident reporting and investigation, local and national good practice, and as a result of updates from various national clinical bodies. Standard reviews are additionally undertaken every three years.
- 5.3 A number of key developments have taken place within the service since the transfer:
  - Development of a bespoke incident reporting scheme
  - Relocation of well baby clinics to accessible local authority venues including use of Leisure Centres and Customer First Centres
  - 'Two minutes of your time' survey with families which demonstrated high satisfaction with the service
  - Staff survey which identified good staff satisfaction following the transfer
  - Preparing for re accreditation of Baby Friendly Initiative to promote breast feeding across the borough
  - Integration of the service within the Multi Agency Safeguarding Hub (MASH)
  - Health and Safety Audit
  - Development of key policies and procedures
  - Good examples of improved integration and multidisciplinary working with housing, sport and leisure, children's services etc
  - Successful recruitment of new staff including health visitors, staff nurses and midwives

#### 6. Care Quality Inspection of the service on 6<sup>th</sup> and 7<sup>th</sup> March 2018

The Director of Public Health was notified in December that a two day announced 'short' Care Quality Commission inspection would take place on 6<sup>th</sup> and 7<sup>th</sup> March 2018. Preparations for inspection have been in place since the transfer of the service to the Authority on 1<sup>st</sup> April 2017 this included early meeting with the lead inspector and the completion of a self-assessment and development of an improvement plan. Since the notification of inspection the Director of Public Health has convened a working group to prepare and a project plan has been developed. Lead Members, Senior Leadership Team and staff have been briefed and weekly preparation meetings are taking place up to the date of the inspection. The preparations are supported by colleagues from across the Council.

Meeting:	Children, Education and Skills Sub-con	nmittee
Date:	19 February 2018	
Title:	Update on education reforms including	reforms to funding
Author:	Angela James, Assistant Director Education, Learning and Skills	Tel: 0191 643 8511
	Sue Graham, Finance Lead, ENGIE	Tel: 0191 643 7066
Service:	Health, Education, Care and Safeguarding	
Wards affected:	All	

#### 1. Purpose of Report

The purpose of this report is to update the committee on government proposals relating to education funding and education reforms since the briefing on National Education Policy in January 2017.

#### 2. Recommendations

The sub-committee is recommended to note the information contained in this report and consider the issues raised.

#### 3. Information

- 3.1 The committee have previously been briefed by Officers on national education policy and the local response. All elected members also received a briefing on the Government's White Paper, Education Excellence Everywhere published on 17<sup>th</sup> March 2016 and the subsequent changes to policy position announced by the then Secretary for State for Education on 6<sup>th</sup> May 2016, stepping back from compulsory academisation of all schools.
- 3.2 The committee has also previously been briefed on the response that the Cabinet Member for Children, Young People and Learning made on behalf of the authority following the publication of the Green Paper 'Schools that work for Everyone'.
- 3.3 This briefing is to advise committee members on the current education policy direction and especially the challenging issue of the funding reforms.

#### 4. Changing Education Policy

- 4.1 Schools continue to work well in partnership and value the services provided by the local authority. There are currently no schools that are actively seeking to become an Academy.
- 4.2 In the prime minister's cabinet reshuffle in January 2018 Damian Hinds was made England's education secretary. He has subsequently announced his intention to raise education standards by supporting underperforming schools and offering young people more opportunities to make the best of their lives. This includes funding to successful multi

academy trusts to tackle underperformance, the announcement of 6 new opportunity areas and the announcement of the successful round 2 strategic school improvement fund bids.

- 4.3 We are trying to maximise the potential of the funding opportunities provided by the Strategic School Improvement Fund. Churchill Community College have had a successful bid in Round 2 for £409,000 to raise achievement at key stage 4 by improving literacy through the development of oracy, critical thinking, and vocabulary acquisition at key stage 3. This funding will support 9 schools in North Tyneside as well as schools in Newcastle and Northumberland. We are in the process of developing a number of bids for round 3.
- 4.4 The Government from September 2017 increased the free childcare allowance for working parents of three and four year olds from 15 to 30 hours per week. The policy aims to help parents to take up work, or to allow those already in employment to work more hours. We have been successfully implementing the offer across the borough.
- 4.5 Teacher recruitment is a significant issue and providers received a letter from Education Minister Nick Gibb on 31<sup>st</sup> January asking them to maximise recruitment to Initial Teacher Training (ITT) in the coming year. We have seen a significant reduction in the number of applicants to our outstanding SCITT and marketing and recruitment remains a priority.
- 4.6 The increased challenge in the GCSE curriculum and the shift from A\*-G to 1-9 resulted in widening disadvantaged gaps in English and mathematics in 2017. The extending of this to other subject areas in 2018 remains a concern.

#### 5. Funding Reforms

- 5.1 Chapter 8 of the White Paper focussed on getting the best out of education funding. It promised to:
  - i. Introduce a new fair national funding formula
  - ii. Improve the effectiveness of pupil premium funding
  - iii. Support schools to improve their financial health with tools, guidance and direct support
  - iv. Improve and maintain the school estate (buildings and grounds).

#### 5.2 <u>A National Funding Formula</u>

Funding for schools currently comes to the Local Authority (LA) via a ringfenced grant called the Dedicated Schools Grant (DSG). Since 2013, this has consisted of three blocks; the Schools Block, High Needs Block and Early Years Block. The total amount of the Dedicated Schools Grant in North Tyneside for 2017/18 is £145.820m (excluding Pupil Premium), broken down as follows:

Schools Block £115.40m Early Years Block £11.740m High Need SEN Block £18.680m

- 5.3 The introduction of a new national funding formula (NFF) has progressed since the report to this committee in June 2016. There have been two national consultations on the principles and detailed application of a new NFF (March 2016 and December 2016) both of which were responded to by North Tyneside Council and North Tyneside Schools Forum.
- 5.4 The final outcome of the consultation exercise was published in September 2017. This outlined the intention to move to an NFF with effect from 2018/19 in terms of the allocation of the DSG but that local authorities have discretion to continue to set a local formula to allocate

funding to individual schools within defined criteria for the years 2018/19 and 2019/20. From financial year 2020/21 the NFF will be used to allocate funding directly to schools within the Schools Block. Local authorities will continue to set funding allocations within the High Needs and Early Years blocks.

- 5.5 The key changes brought about by the NFF are outlined below.
  - i. From 2018-19 the DSG will comprise of four blocks: Schools, High Needs, Early Years and the Central School Services block. Each of the four blocks has their own funding formula. The Central Services block is new for 2018-19; previously the majority of this funding was included in the Schools Block.
  - ii. In 2017-18 the DfE undertook a baseline exercise with local authorities. Following this exercise the baselines of the DSG blocks have been adjusted to take account of local authorities' most recent spending patterns. This enables the Department to ensure that the national spend on each block in 2018 to 2019 (the totals distributed through the schools, high needs and central school services formulae) reflects the pattern of 2017 to 2018 planned spend by local authorities.
- iii. Included in the baseline calculation is a movement from the high needs block into the schools block for pupils in Additional Resourced Provisions (ARPs). From 2018-19 there will no longer be a reduction to the schools basic entitlement for pupils in ARPs (as these places are currently funded within the High Needs Block). This change has been reflected in the baseline calculations with a movement into the school block and a reduction in the high needs block.
- iv. The new allocation formula to individual schools uses a number of factors which are applied to the pupils in an individual school to try to ensure that funding reflects the characteristics and needs of the individual children in each school. The changes between the North Tyneside local formula factors for 2017/18 and the NFF factors are summarised in table 1 below:

	North Tyne	side 2017/18	NFF		
	Primary	Primary Secondary		Secondary	
Basic entitlement	£2,717.10	KS3	£2,746.99	KS3	
		£4,041.73		£3,862.65	
		KS4		KS4	
		£5,051.48		£4,385.81	
Ever 6 FSM	£562.08	£866.10	£540	£785	
FSM single census			£440	£440	
IDACI Band F	£0.00	£0.00	£200	£290	
IDACI Band E	£220.75	£327.03	£240	£390	
IDACI Band D	£295.75	£437.03	£360	£515	
IDACI Band C	£370.75	£547.03	£390	£560	
IDACI Band B	£445.75	£657.03	£420	£600	
IDACI Band A	£520.75	£767.03	£575	£810	
Low prior attainment	£732.37	£647.34	£1,050	£1,550	
EAL	£1,212	£1,212	£515	£1,385	
Lump sum	£150,000	£170,000	£110,000	£110,000	

Table 1: Differences in Factors between North Tyneside Formula and the NFF

Glossary and explanation of these factors:-

FSM – Free schools meals, single census meaning eligible in the current base year and Ever 6 being eligible in any of the last six years IDACI – Income deprivation affecting children index with band A being the most deprived through to band F being the least deprived EAL – English as an additional language

- v. As proposed in the second national consultation, both current FSM and Ever 6 FSM will be used along with the IDACI bands to calculate the deprivation allocation.
- vi. Also the school block will be calculated using minimum funding level per pupil rate of £3,300 for primary and £4,600 per secondary pupil in 2018-19. This will increase to £3,500 for primary and £4,800 for secondary pupils in 2019-20.
- vii. The primary secondary ratio of 1:1.29 has been built into the NFF school block calculation. The current North Tyneside ratio in 2017/18 is 1:1.42.
- 5.6 The impact of the changes for North Tyneside is complex. The most striking issue is likely to be the ratio of funding between primary and secondary sectors. The proportionate reduction for secondaries is expected to cause further financial pressure for secondary schools. Currently eight of the ten North Tyneside schools who sought approval for a deficit budget in 2017/18 are secondaries. Modelling indicates that, without further action to adjust spending levels, additional secondary schools will come under financial strain.
- 5.7 The reduction in the lump sum is expected to impact on smaller primary schools especially where they do not benefit from the increased focus on deprivation with higher rates for free school meals factors, low prior attainment and IDACI in all but band B.
- 5.8 In response to concerns that the overall level of funding was insufficient to allow schools to cover rising wages and pensions costs, general inflation, apprenticeship levy and other pressures, in July 2017 the Government announced an additional £1.3billion for schools over the next two years. This was expected to amount to an additional £1.8m for North Tyneside schools in 2018/19 (for the same level of pupils in 2017/18).
- 5.9 The DSG allocation for 2018/19 was announced on 19 December 2017. The allocation is shown in table 2.

	2018-19 schools block units of funding (£s)	Schools Block	CSS Block	Early Years Block	High Needs Block	Total DSG 2018/19
		£m	£m	£m	£m	£m
Primary per pupil rate (£):	3,769.62					
Secondary per pupil rate (£):	5,272.53					
Block value		£116.594	£2.314	£13.115	£19.977	£152.000
Deduction for direct funding						
of high needs places by					£0.674	£0.674
ESFA						
Total Settlement		£116.594	£2.314	£13.115	£19.303	£151.326

Table 2: Overall DSG amounts for 2018/19

Baseline 2018/19					
	Pupil Nos	Schools	Central	High Needs	Total
DSG 2017/18 Schools forum Jan 2017	25,939	112.430	2.640	19.010	134.080
Add back Deductions (high needs for OOB/academies/Post 16)				1.154	1.154
Falling rolls adjustment		0.250	-0.250		0.000
Centrally retained Transport			-0.100	0.100	0.000
Base line	25,939	112.680	2.290	20.264	135.234
Indicative High needs to schools block movement for ARP adjustments	146	0.690		-0.690	0.000
2018/19 Base line	26,085	113.370	2.290	19.574	135.234
EFA Indicative 18/19 DSG	26,085	113.370	2.290	19.570	135.230
DSG 2018/19 Allocation (December 2017)	26,357	116.594	2.314	19.977	138.885
	272	3.224	0.024	0.407	3.655
% increase from 2017/18 to 2018/19		2.8%	1.0%	2.1%	2.7%

Note that the Early Years formula was already established in 2017/18 so movement is not shown in Table 3 above.

- 5.10 This shows an overall increase of 2.7% on the total for 2017/18 and an increase of 2.8% in the Schools Block. There has been an increase in pupil numbers of 1%.
- 5.11 Within North Tyneside discussions have continued with schools mainly through the Schools Forum and its associated sub-groups on how North Tyneside should operate its local formula in 2018/19 and 2019/20. In November 2017, a consultation exercise was undertaken with all schools and the overwhelming response was a plea for stability and consistency in the next two years to allow schools to plan for the future changes.
- 5.12 The point was made strongly by some responding schools that if we retain the North Tyneside local formula and distribute additional funding through basic entitlement then this in effect makes the cliff edge bigger for some schools when we move to the NFF in 2020/21. Schools will need a lot of support to understand the implications and to plan effectively in the next two years for this considerable change. Schools forum were reassured that this support will be provided.
- 5.13 A flexible version of the LA's 3 year budget planning tool is being sent to schools by 26 January 2018 to allow schools to progress with their financial planning as early as possible and in advance of the formal Planning workshop sessions planned with all schools in late February and early March 2018. The Head of Finance is keen to have early discussions with any schools who are predicting a worsening financial outlook in order to ensure that schools are supported to take all reasonable steps to improve their position.

#### 6. Effectiveness of Pupil Premium Funding

- 6.1 North Tyneside Children and Young People will benefit from £8.7m of pupil premium funding in 2017/18 (including academy schools).
- 6.2 The White Paper committed to improve the effectiveness of pupil premium spending by encouraging schools and Virtual School Heads to adopt evidence-based strategies, drawing on Education Endowment Foundation evidence.

- 6.3 Pupil Premium strategies are now published on line to help spread effective practices and increase accountability.
- 6.4 Governing bodies are supported to challenge pupil premium strategies constructively with updated guidance in the Governance Handbook.
- 6.5 There is an increased focus in OFSTED inspections on how schools monitor and evaluate the effectiveness of Pupil Premium funding.
- 6.6 Within North Tyneside there is a Closing the Gap project work stream which includes pupil premium reviews as part of its scope.

#### 7. Support Schools to Improve Financial Health

- 7.1 The White Paper committed to providing tools and guidance for schools to become more efficient, and direct support such as training and better national frameworks for procurement.
- 7.2 A new set of tools have been published by the DfE. The link below includes guides and case studies in addition to online tools and downloadable spreadsheets reviewing efficiency, planning, procurement, governance and benchmarking.

https://www.gov.uk/government/collections/schools-financial-health-and-efficiency

#### 8. Improve and Maintain the School Estate

8.1 The White Paper committed to improving and maintaining the school estate to make best use of resources and continuing to rebuild and refurbish schools in the worst condition across the country. The key mechanism for this is the DfE's Priority Schools Building Programme (PSBP). In North Tyneside children and young people have benefitted through this programme with four new build projects completing in 2016/17. These were:-

Longbenton High John Spence Community High Marden High Whitehouse Primary

8.2 The funding for this programme is spent directly by the DfE and does not pass through the LA however, the valuation of these new buildings on the Council's balance sheet totalled £21.8m in 2016/17. A significant refurbishment of Cullercoats Primary is in the planning stage.

#### 9.0 Background documents

Final Consultation outcome for the national funding formula consultations

https://www.gov.uk/government/consultations/schools-national-funding-formula-stage-2

DSG settlement information for 2018/19

https://www.gov.uk/government/publications/dedicated-schools-grant-dsg-2018-to-2019

Meeting:	Children, Education and Skills Sub-committee
Date:	19 February 2018
Title:	Keeping Children and Young People in School
Author:	Angela James, Assistant Director Education, Tel: 0191 6438511 Learning and Skills
Service:	Health, Education, Care and Safeguarding
Wards affected:	All

#### 1. Purpose of Report

The purpose of this report is to provide information for committee members on the work being undertaken to ensure a stability of education placement for vulnerable children and young people.

#### 2. Recommendations

To note the information contained in this report.

#### 3. Information

- 3.1 Educational outcomes are higher if pupils remain in mainstream education or have as few transitions as possible. Education Excellence Everywhere March 2016: 'By every objective measure, pupils who spend time in alternative provision do considerably worse than their peers. Very few achieve qualifications that will help them succeed in adult life and they are considerably more likely to become NEET.'
- 3.2 Movement around the education system in North Tyneside was identified as an issue by headteachers in October 2016.

#### 4. Actions taken to address this

- 4.1 A Keeping Children in School workstream was established in November 2016 as part of the Children Services transformation work. There has been a strong commitment of time and resources by headteachers to addressing the issue. This is really important for our most vulnerable children and young people as we want them to have a stable educational placement, do their best at school and be well prepared for the next stage of education or work.
- 4.2 In March 2017 secondary headteachers commissioned an audit of student movement around the educational system which made 11 recommendations. These included a review of the way behaviour is managed, improving the sharing of information, providing better support for staff in school, reviewing alternative provision and reducing the number of decision making bodies.
- 4.3 As a result of these recommendations 5 working groups were established (Panels, School support team and data, alternative provision, transition, behaviour) that included

headteachers across all phases and officers across Children's Services.

#### 5. Progress to date

- 5.1 A new protocol has been established for the Fair Access panel, arrangements have been strengthened and there is increased scrutiny and professional challenge prior to a student being moved.
- 5.2 Headteachers have redefined their rational and process for managed moves, improved the quality of information to be shared on transition and agreed that money will follow the pupil. Too many managed moves are currently ending in failure.
- 5.3 The admission in year transfer process has been clarified and new admission forms have been agreed. This significantly improves the quality of information on transition and enables better tracking of the movement around the system enabling increased challenge to parents who are bouncing around the school system.
- 5.4 A new North Tyneside short term student support plan has been agreed that ensures schools are not using illegal flexi school agreements.
- 5.5 The roles and responsibilities of the student support team have been re-defined with their key purpose to work with schools and families at the earliest stage to prevent permanent exclusion and signpost to other professionals.
- 5.6 Following legal advice agreement has been reached with schools on the interpretation of the revised statutory guidance for exclusions (September 2017) and paperwork has been amended.
- 5.7 A Student Support Service outreach offer from Moorbridge PRU has been developed and implemented. This has increased the resources available for early intervention with the intention of maintaining the mainstream school placement.
- 5.8 A common approach and documentation for the transition of vulnerable pupils in year and at key transition points has been developed.
- 5.9 Advice, resources and training has been provided to schools to help them to support more effectively the mental health of children.
- 5.10 A closer working partnership between the school support team, special educational needs services, the education service for looked after children, education psychology service and the education and skills team is enabling a quicker response to providing the right support for schools.

#### 6. Work in progress

- 6.1 A behaviour policy audit is currently being completed by all schools that includes a selfevaluation of current policy and procedures. This will identify good practice to be shared and areas where further development is required.
- 6.2 Guidance information for parents/ carers is being developed for the council website around in year applications to change schools in year 6, 10 and 11.

- 6.3 Schools, providers and students are currently undertaking an audit on how well the alternative provision offer meets needs with the intention of undertaking a full review.
- 6.4 Work is underway in partnership with Tyne Met College to improve the vocational offer to vulnerable students from September 2018.
- 6.5 Guidance and training for schools on use of de-escalation is currently under development.
- 6.6 Staff in schools are being trained on the THRIVE behaviour management approach.
- 6.7 A conference for schools and practitioners to share best practice in managing challenging students is being planned for April 2018.
- 6.8 The early help offer through locality teams is continuing to be promoted to all schools.

#### 7. Outcomes

- 7.1 It is still too early to be able to determine the success of this work. We are in the process of agreeing the data set to be collected to enable effective tracking of students and to measure the effectiveness of this work.
- 7.2 The Virtual Headteacher reports significant increase in the stability of educational placement for her students in borough and higher educational outcomes.

Meeting:	Children, Education and Skills Sub-committee
Date:	19 February 2018
Title:	Transforming Children's Services
Authors:	Jill Baker – Assistant Director – Prevention and Early Help Tel: (0191) 643 8916
Service:	Health, Education, Care and Safeguarding
Wards affected:	All

#### 1. Purpose

Following an initial report to this committee in November 2017, which provided an overview of all the projects within the 'Transforming Children's Services' programme, it was agreed that future reports would be a 'Red-Amber-Green' rated short summary of progress to date, with a more detailed look at one of the workstreams each time. This report therefore provides the summary update and a paper on the 'Keeping Children in School' is the focus this time.

#### 2. Background

Work to develop a new model to support children began in 2015 when we undertook our first in-depth analysis of the work we do and how we could do it better. In the following 2 years, through a combination of reviewing evidence of 'what works', the Ofsted inspection and opportunities to adopt new models – in some cases supported by external funding - we are continuing to develop that work in a number of key areas.

#### 3. The programme of work

The programme brings together a wide range of projects that are aimed at transforming the way in which children's services operates, increasing its ability to manage demand and, as a result, manage its resources in the most effective way whilst ensuring good outcomes for children, young people and families are maintained.

The overarching aims of the programme are to:

- ensure, wherever possible, children can be supported to live safely at home
- ensure that families on the edge of care receive appropriate early help and targeted support to prevent avoidable entry into care
- ensure that, for those already in care, we focus upon their return to live safely at home at the earliest opportunity
- ensure decision making for high cost placements is in children's best interests requiring evidence that all options for early help or family/carer reconciliation or crisis intervention have been attempted before any request is considered.
- ensure young people leaving care are prepared for independence and their transition to adulthood

- increase school stability and successful outcomes for all Looked After Children of school age.
- introduce a model of practice emphasising safe planning and partnership with families.
- ensure a sustainable approach to managing children's social care resources is maintained

The work is arranged under 5 workstreams, with a small number of projects grouped underneath each one.

Project		RAG
Menu of Options This project is focused on maximising the use of all available early help resources during the care planning process, prior to a decision being taken to formally take a child into the authority's care.	The 'Menu' has now been produced and will be shared with staff through both strategic Boards and directly with Team Managers and through staff meetings / supervisions.	Amber
Dartington This project involves engagement with the Dartington Social Research Unit to draw on their expertise and ability to analyse and model the activity and financial data that we have in order to draw conclusions around the key system dynamics for children's services that impact on demand.	There have been a range of workshops held with staff to help inform our 'model' and look at how we can both safely reduce the numbers of children becoming 'Looked After' and return children safely home. In addition the 'model' is at a stage where we will be able to understand better how the decision making points in the social care system impact upon the resulting decisions. Bringing the workshop info – perceptions, attitudes and behaviours of staff – together with the model information – will, we hope, help us to better understand our system and develop some new approaches to reducing the 'stock' and 'flow' of children into the 'looked after' system.	Amber
<b>Children with Disabilities</b> This project is the development of a Whole Life Disability Service, with a single team under one Service Manager. This was co-produced with children and parents.	This work continues and we are now into the third year of a five year journey. The social workers from the Community Learning Disability team are now colocated with social workers from the Children with Disability team and partners within health. This move has resulted in shared learning for staff and working together will be crucial to the effective management, of those individuals, through transition from Children's Services to Adult Services. The Management structure for the Whole Life Disability Service has now been agreed with accountabilities being held by the Adults Senior Manager.	Amber

	On-going development of the team continues with parents and carers with some of the key priorities being:       • Mapping the 0-25 care pathway from year 9 to ensure early identification         • Implement a single transition coordinator       • Improve the pathway of annual transition reviews and align Education, Health and Care Plans         • Implement recommendations of the transition sub group of the children and young people's committee       • Implementation of a quality assurance framework for transitions	RAG
This is the subject of a more def	ailed report.	Amber
	ter children and young people safely	
Project		RAG
<b>5Q Model for Going Home</b> This work involves the introduction of 5 key questions that are posed as part of the scrutiny process for decision- making around care planning.	Work continues on this programme to systematically review the plans for children and young people in care. Senior Managers have reviewed the care plans of over 100 children and young people, recommending the rehabilitation of children to the care of families where it has been safe to do so and more cost effective placements where care remains appropriate. The '5Q' work has been supplemented by fundamental changes to the pathways into care. The Director and Assistant Director now personally Chair a gateway meeting at which the Social Worker and Team Manager are required to present a Signs of Safety assessment of the need for care. This approach has seen a safe reduction in entries into care which contributes to the Keeping Children Safe at Home TCS objective and also forms part of the work with Dartington.	Green
Mitford Gardens This project involves the development of new internally provided supported	This project involves the development of new internally provided supported accommodation for care leavers utilising HRA stock. This scheme will deliver financial savings through converting current external residential and supported accommodation placements into this new, more cost-effective internal provision.	Green

accommodation for care leavers so we can convert current external residential and supported accommodation placements into this new, more cost effective internal provision.	This service is now open and all beds were filled by the end of January. All placements have been selected to ensure that they are young people who require additional support and had been placed in more expensive provision previously.	
<b>Fostering</b> This project is aimed at significantly increasing the number of internal fostering carers and converting these to placements, with a particular focus on specialist fostering carers and placements.	This project is aimed at significantly increasing the number of internal fostering carers and converting these to placements, with a particular focus on specialist fostering carers and placements. The project will involve an aggressive marketing strategy and a review and streamlining of the placement process. Savings will be generated through converting external fostering placements into internal placements and – in a small number of cases – converting external residential placements into specialist fostering placements. An options paper has been submitted to the Director of Children's Services (DCS) seeking to recruit sufficient staff to promote the recruitment of 50 more foster carers to meet demand.	Amber
<b>Elm House</b> This project involves the development of new 'staying close' residential provision, partially funded by the Department for Education. Specifically, it will involve capital works to Elm House which is located opposite Sycamore Children's Home and will facilitate a transition of those children and young people supported at Sycamore to Elm House, freeing up internal capacity with the aim of returning young people in	This project involves the development of new 'staying close' provision, partially funded by the Department for Education. Specifically, it will involve capital works to Elm House which is located opposite Sycamore children's home and will facilitate a transition of those children and young people supported at Sycamore to Elm House, freeing up internal capacity at Riverside with the aim of returning external residential placements to the borough. This service is now open and beds are all full/allocated. This has opened up capacity within Sycamore and Riverdale to allow admissions. Focus has been on returning young people from out of area placements where risk management will allow.	Green

to the borough. Workstream four: Enabling Pro	oiects	
Project		RAG
<b>Signs of Safety</b> This project involves the implementation of a new practice model - Signs of Safety. It is an innovative, strengths-based, safety- organised approach to supporting or protecting children. This project will implement a model of practice throughout North Tyneside that can be utilised by all professionals across the continuum of need threshold.	Implementation of Signs of Safety continues to make progress. All two day and five day training sessions have been undertaken with a variety of professionals from different backgrounds. Practice Leads and four trainers have been identified who will continue to support embedding the model in to practice. There has been positive feedback from partners and families around the use of the model and how understanding the strengths within the family first and foremost supports building a positive relationship. As this model puts the family and children at the heart of work what has been very useful is the move away from a professional language to one that is easy for all to understand, but most importantly the children and their family. The Steering Group continue to meet on a weekly basis to ensure the project plan and identified timelines are progressed.	Amber
Multi Agency Safeguarding Hub (MASH) This project involves the co- location of a range of key partners responsible for safeguarding children and young people. Immediately, it will improve information sharing and reduce levels of administration, meetings and bureaucracy. Ultimately, it will streamline processes and ensure that appropriate actions can be taken as swiftly as possible.	The performance data so far is reassuring and indicates that the service is coping with the demand that new processes associated with a MASH bring; there is no marked difference in data at this time reported which is positive considering many newly implemented MASH's often seen a surge in demand. There is a multi -agency strong commitment to working together and adapting processes to make the MASH work. IT have developed a temporary system to progress MASH contacts until Liquid Logic (see p. 7) is implemented (Feb/March '18) Formal and informal information sharing is really good. There is improved strategy meeting attendance with on-site partners who wouldn't normally attend i.e. housing, Harbour. Feedback from partner agencies indicates that are already seeing the benefits of being co-located with evidence of improved information sharing sharing and decision making.	Green

Children and Young People's Mental Health and Emotional Wellbeing The Children and Young People's Mental Health and Emotional Wellbeing Strategic Group was established to oversee the implementation of the Local Children and Adolescent Mental Health Services (CAHMs) Transformation Plan and develop Children and Young People's Mental Health and Emotional Wellbeing Strategy.	The current focus of the Children and Young People's Mental Health and Emotional Wellbeing Strategic Group is on prevention and early intervention to stop serious mental health issues developing. We have worked with local schools and developed a resource pack which aims to promote wellbeing, build resilience and identify mental health issues early through a whole schools approach. The resource pack also includes a new crisis referral pathway for Head teachers and Special Education Needs Co-ordinator (SENCO) to refer appropriate young people directly to CAMHS. Mental Health First Aid Training has been delivered to all secondary schools with staff receiving practical advice on how to deal with issues such as depression and anxiety, suicide and psychosis, self-harm, and eating disorders. In addition, we have been successful in becoming a schools link pilot site delivered by Anna Freud National Centre for Children and Families (AFNCCF) and the Department for Education (DfE), which aims to help create better joint working between education and children's mental health services; workshops will take place between Feb – Nov 2018. North Tyneside has also being selected by the Wellcome Trust to be one of four local areas in England to participate in a 'citizen researcher' project' and 27 local young people aged 13-18 are being trained to identify the most important mental health challenges facing them, which they will feedback at an event in April. The Strategic group is also exploring the feasibility of introducing evidence based online support that children and young people could access which would provide self-help support, advice and guidance on their mental health and emotional wellbeing.	Green
Liquid Logic This project involves the implementation of a new case management system, to replace the existing CCM system which was identified by Ofsted as being unfit for purpose and widely hated by practitioners across the service!	The Social Care IT Transformation (SCITT) Programme Board, Chaired by Paul Hanson, has agreed that Liquid Logic will "Go Live" on Monday 26 February 2018. Over 300 staff will begin training on the new system from 29 January 2018. Lessons learnt from the implementation in Adult Social Care have informed the approach to "Go Live" by children's. A 'Business Readiness' briefing was carried out in early February and planning for support during the Go Live phase is in progress. This will mark the culmination of two years work and the new system will provide frontline staff with a significant step change in ICT case management.	Amber

Workstream five: Innovation a	nd New Models	
Project		RAG
<b>Social Impact Bonds</b> This project involves the exploration of a social impact bond financing model for transformative work across children's services. External funding has been secured and we are working with Social Finance to develop the proposal, with the expectation that this may focus on edge of care and specialist fostering provision. We will also explore the feasibility of the Council acting as financier for this work.	This project involves the exploration of a social impact bond (SIB) financing model for transformative work across children's services. External funding was secured as part of the government's Life Chances programme to undertake a feasibility study into the development of a Children's Services SIB. This focused on 'Edge of Care' and in care services including specialist fostering provision. Social Finance have completed their feasibility work and a summary of the key findings have been shared with the TCS Board. As a result of that, whilst the work undertaken to date has been helpful and we will use it to re-shape 'Edge of Care' we have decided not to go ahead with a SIB because they carry a degree of financial risk.	Complete
Regional Adoption Agency This project responds to a national government directive to establish regional delivery arrangements for the management of adoption placements. We will work with our regional local authority partners to assess the most appropriate vehicle for the RAA and work to meet government deadlines for its establishment.	<ul> <li>This project responds to a national government directive to establish regional delivery arrangements for the management of adoption placements. We will work with our regional local authority partners to assess the most appropriate vehicle for the RAA and work to meet government deadlines for its establishment.</li> <li>A business case has recently been received. It is now being considered further by the LA to ensure that any changes we make are safe and do not place us at risk.</li> <li>The work is red rated because it has been delayed so the original timescale to have it established will not be met; however, this does not pose any risk to our existing adoption services.</li> </ul>	Red

Meeting:	Children, Education and Skills Sub-committee
Date:	19 February 2018
Title:	Report from the Transition Sub Group
Author:	Elizabeth Kerr, Democratic Services Officer Tel: 643 5322
Service:	Law and Governance
Wards affected:	All

#### 1. Purpose of Report

To consider the report produced by a sub group examining the transition process for young people with SEND (special educational needs and/or a disability) from children to adult services in North Tyneside.

#### 2. Recommendation(s)

The Sub-committee is recommended to endorse the report and its recommendations and agree to submit it to the next meeting of the Overview, Scrutiny and Policy Development Committee to request they approve the report for submission to Cabinet.

#### 3. Details

- 3.1 On 23 January 2017, the Children, Education and Skills Sub-committee agreed to establish a Sub Group to examine the process undertaken by both Adult Services and Children Services when a child with special educational needs and/or a disability (SEND) transfers to Adult Services at age 18; more commonly referred to as "transition".
- 3.2 The remit of the Sub Group was to find any gaps in provision or knowledge or processes which could disrupt a smooth transition and cause the experience for the young person and their families to be an unhappy one and then make recommendations to improve the experience.

Key questions to be answered included:

- What is the current process?
- If, after statutory duties are met, are there any gaps in provision?
- Is the current process fit for purpose?
- 3.3 The Sub Group met on a number of occasions to receive information and discuss their findings and also met with officers from the local authority. To gain an understanding of the services available in the borough the Sub Group also met with parents, representatives from the Clinical Commissioning Group and sought the opinion of young people who had been through the process.

3.4 The findings and recommendations of the Sub Group can be read in the full report attached at Appendix 1.

#### 4. Appendices

Appendix 1 – Report of the Transition Sub Group: the transition process for young people with SEND from children to adult services in North Tyneside.

#### 5. Background documents

See appendix 4 of The Transition Process for Young People with SEND from Children to Adult Services in North Tyneside attached as appendix 1. Overview, Scrutiny and Policy Development Committee

# The Transition Process for Young People with SEND from Children to Adult Services in North Tyneside



February 2018


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# 1. Background to the study

- 1.1. On 23 January 2017, the Children, Education and Skills Sub-committee agreed to establish a Sub Group to examine the process undertaken by both Adult Services and Children Services when a child with special educational needs and/or a disability (SEND) transfers to Adult Services at age 18; more commonly referred to as "transition".
- 1.2. Councillors Joanne Cassidy, John O'Shea, Matthew Thirlaway and Judith Wallace and a church representative, Rev. Michael Vine, volunteered to be members of the Sub Group.
- 1.3. Services at transition should be aimed at moving a person into work/adult life in such a way as to promote their independence and so reduce their long term needs for care and support. The transition process for disabled children had not been closely examined by the Sub-committee recently and due to the implementation of new legislation in 2014 (the Children and Families Act and the Care Act and the implementation of the SEND Code of Practice, statutory guidance for organisations that work with and support children and young people with special educational needs and disabilities) it was an appropriate time to consider whether the processes:
  - a) were fit for purpose;
  - b) enabled the Authority to demonstrate the progress of its disabled young people; and to
  - c) examine the work being undertaken by the Authority on the whole life disability agenda.

A Sub Group would provide Members the opportunity to contribute to new policies and strategies in the area and improve the service available to residents; it would also require community involvement.

- 1.4. In September 2014 the Children and Families Act came into force, this was a wide-ranging Act tackling subjects from school meals to smoking in cars, changes to how adoption worked and major reforms to improve the lives of looked-after children. One of the core ambitions of the Act was to improve the way education, health and social care services worked together to improve the outcomes for disabled children and young people and those with special educational needs and their families; specifically:
  - A new Education, Health and Care (EHC) Plan based on a single assessment process replaced special education statements. EHC plans will support children, young people and their families from birth to 25.
  - The commissioning and planning of services for children, young people and families are to be run jointly by health services and local authorities.
  - Extends the rights to a personal budget for the support to children, young people and families.
  - Local services available to children and families must be made available in a clear, easy to read manner the 'Local Offer'.
  - Local authorities must involve families and children in discussions and decisions relating to their care and education; and provide impartial advice, support and mediation services.

- 1.5. The Care Act 2014 states that if a child, young carer or an adult caring for a child (a 'child's carer') is likely to have needs when they, or the child they care for, turns 18, the local authority must assess them if it considers there is 'significant benefit' to the individual in doing so.
- 1.6. When a local authority assesses a child (including a young carer) who is receiving support under legislation relating to children's services, the Act requires them to continue providing him or her with that support through the assessment process. This will continue until adult care and support is in place to take over or until it is clear after the assessment that adult care and support does not need to be provided. These changes will mean there is no 'cliff-edge' where someone reaching the age of 18 who is already receiving support will suddenly find themselves without the care and support they need at the point of becoming an adult. A successful transition to adult care and support needs the young person, their families and professionals to work together. The Act gives local authorities a legal responsibility to cooperate, and to ensure that all the correct people work together to get the transition right.
- 1.7. As in all assessments, local authorities need to consider the needs of the person, what needs they are likely to have when they (or the child they care for) turn 18, and the outcomes they want to achieve in life. They should consider what types of adult care and support might be of benefit at that point, and also consider whether other options beyond formal services might help the individual achieve their desired outcomes.
- 1.8. The Care Act makes clear that the local authority can combine any of these 'transition' assessments with any other assessment being carried out for some other person (provided all parties agree). If an external organisation (such as a hospital) is carrying out an assessment of the individual or a relevant person, for example, the individual's carer or someone the individual cares for, around the same time as the local authority's assessment, the local authority can carry out that assessment jointly with the other organisation or on behalf of the other organisation.

# 2. Methodology

- 2.1. The remit of the Sub Group was to find any gaps in provision or knowledge or processes which could disrupt a smooth transition and cause the experience for the young person and their families to be an unhappy one and then make recommendations to improve the experience.
- 2.2. Key questions to be answered included:
  - What is the current process?
  - If, after statutory duties are met, are there any gaps in provision?
  - Is the current process fit for purpose?
- 2.3. The Sub Group met on a number of occasions to receive information from Officers and discuss their findings and also:
  - a) Met parents whose children had been through the transition process;

- b) Met representatives for the North Tyneside Clinical Commissioning Group (CCG);
- c) Met officers from the Health, Education, Care and Safeguarding Services; and
- d) Asked young people who had gone through the transition process for their thoughts and opinions.
- 2.4. For the purposes of this report 'children' will be used to describe people between the ages of 0-16 and 'young people' will be used to describe people between the ages of 16-25.

## 3. Findings

The report will look at the key questions in turn and will make recommendations relating to each question at the end of the respective section. All of the recommendations are also listed in appendix 5 of the report.

## 4. What is the current process and is it fit for purpose?

- 4.1. One of the first meetings of the Sub Group was with the senior management team responsible for the Whole Life Disability agenda and the Sub Group was given an introduction to the complexities surround transition because of the different statutory frameworks for children and adults, what the process had been and what it had changed to in the preceding twelve months. As well as the change from Children's Continuing Care (CCC) to CHC (Continuing Healthcare) at 18, and from children's health services to adult health services at 18, there were also transitions for young people with Education, Health and Care Plans (EHCP) for Special Educational Need and/or Disability between 18 and 25.
- 4.2. In 2016 in response to the introduction of the Care Act and the demands of the Authority's new way of working, a SEND and Whole Life Disability (WLD) Board had been established to ensure a single strategic group would have oversight of all elements of the SEN and Disability agenda; this included moving those working with children with disabilities under the umbrella of Adult Services to ensure the senior manager had a long term oversight of the needs of the users of the service. Transition was one of the major drivers for this change as previously the split between the services had contributed to the feeling of age 18 being a 'cliff edge' for the young people and their families. The Whole Life Disability Board was in year one of a five year plan.
- 4.3. The Whole Life Disability Board was a sub group of the Local Authority's SEND Strategic Board which came under the Children and Young People Partnership Board (diagram of governance structure at appendix 1). Its remit was to establish a multi-disciplinary approach to assessment with an emphasis on seamless transitions; supporting integration with Education and Health partners; and ensuring person centred practice in assessment, planning and support.
- 4.4. The SEND Strategic Board includes representation from the Authority, the Clinical Commissioning Group (CCG), Northumbria Healthcare NHS Foundation Trust, schools, and the Parent/Carer Forum and is chaired by John Thompson, SEND Senior Manager.

- 4.5. There is also a North Tyneside Post 16 Panel to ensure that children and young people with SEND achieve the best possible outcomes. It does this by supporting the Authority to make decisions on requests for statutory assessments and the placement and provision for young people with SEND post 16; raising awareness of service roles with SEND and the EHCP process; and a monitoring function, monitoring the quality of EHCP advice across Education, Health and Care. The membership is the Senior Manager for SEND, an educational psychologist, the service manager for Whole Life Disability; a Designated Clinical Officer and the Programme Manager, Education to Employment. The Panel meets every two weeks during school term.
- 4.6. The Board also had oversight of the Self-Evaluation Framework (SEF) and its associated Action Plan which was a requirement of the SEND Local Area Inspection under the Children and Families Act 2014. North Tyneside's SEF has been prepared by the Local Authority, the CCG and key partners and was structured around the key themes of inspection which were:
  - a) Leadership and governance of SEND across the local area.
  - b) Capacity and resources.
  - c) The identification of children and young people who have special educational need and /or disabilities.
  - d) Assessing and meeting the needs of children and young people who have special educational needs and/or disabilities.
  - e) Improving outcomes for children and young people who have special educational needs and/or disabilities.
- 4.7. Key strengths identified in the SEF included:
  - a) 94% of children and young people attend a school in North Tyneside which has been graded good or outstanding.
  - b) Early Help Assessments (EHA) are embedded across agencies.
  - c) Clear pathways and processes are in place.
  - d) Schools and providers follow a graduated response in line with the Code of Practice regarding the identification and meeting special educational needs, supported by SEN Support Plans.
  - e) Regular monitoring of attainment and progress data is used by schools.
  - f) The Local Offer was co-produced with parent/ carers.
  - g) A Person Centred approach is embedded.
  - h) An Inclusion Strategy has been developed through consultation with a variety of stakeholders.
  - i) There is a transparent approach to decision making within assessments and parents/carers, schools and colleges have increased confidence in the Education, Health and Care Plan (EHCP) decision making process.
  - j) There is a clear pathway into the Disability Team.
- 4.8. Key priorities for the Action Plan included:
  - a) Embedding new ways of locality working.
  - b) Further work with parents/carers and work with children and young people, including those who don't want to engage.
  - c) Further development of the Local Offer.

- d) Embedding Quality Assurance of Education, Health and Care Plans.
- e) Joint Commissioning.
- f) Preparation for Adulthood.
- 4.9. As part of the Children and Families Act 2014, the Authority was also required to develop and publish a 'Local Offer' setting out the support available across education, health and social care for children and young people with special educational needs or disabilities (SEND) up to age 25.
- 4.10. The Local Offer was essentially a website which listed the services comprising the Local Offer. The services in North Tyneside fell under six broad headings: early years; education; health; social care; leisure; and information, advice and support. A key role of the local offer was to provide up-to-date, accessible information about provision and how parents, carers and young people with SEND could access it. Having an accurate and comprehensive directory of services was therefore an important element of the Local Offer.
- 4.11. On the Local Offer website it states that planning for transition to adulthood for young people with an EHCP will start at aged 14. The Summary of Offer states that a Transition Officer will support young people to navigate the transition planning process from the age of 14 years onwards and describes what can be expected to have happened by key stages in the transition process (see Appendix 2).
- 4.12. Alongside social work support during transition a referral from the SEND team is required as a number of young people who transition to adult services require a health assessment. This assessment is an assessment to see whether a person is eligible for Continuing Health Care and is undertaken by nurse assessors. Very few people present to Adult Social Care as an adult as the vast majority have been known to the Local Authority since they were children. Approximately 1000 children with SEND do not require social care as children but may when they become adults and move into more independent living settings.
- 4.13. A part of the creation of the Whole Life Disability team across adults and children services, the two social worker teams from each service had co-located to the same office within the locality model. The health team were also based in the Oxford Centre which assisted the children's disability team. This enabled conversations to take place to assist learning and awareness. The teams were still separate as the knowledge required for a children social worker and an adult social worker was specialist; to change from one to the other would require a further qualification and the statutory assessments under each were also very different.
- 4.14. It was acknowledged that good transition management was key and the service was aware of some poor examples but there had also been good ones. The service had also been made aware by young people it had worked with that an arbitrary age for transition did not work as some were ready at aged 16. It was also acknowledged that age 16/17 could be too late to enable resources to be available for the young person at aged 18 because of the partnership working required with education and health colleagues. It was anticipated that the 'new' transition process would be flexible enough, keeping within the legislation, to enable each pathway to be unique.

- 4.15. The <u>SIGN</u> North Tyneside Directory brings together information about activities, support and services to help people with care and support needs living within North Tyneside. Residents can find out about support and equipment for their home, activities within the community, and services to meet their care and support needs through this website.
- 4.16. The <u>Disabled Children's Register</u> is used to collect information about children who have a disability and/or learning disability and who live in North Tyneside. Completion of the register by parents and carers is entirely voluntary. The register was launched during summer 2017. As the number of registrations increases over the next 12 months and other sources of feedback are strengthened, e.g. via the Parent Carer Forum and through the Local Offer website, the volume and quality of intelligence available to inform commissioning is expected to increase.
- 4.17. A child's EHCP would be used as a passport through the transition process as it had been agreed by all partners that age 14, Year 9 at school, was the ideal time to begin and was the age recommended in the Code of Practice.
- 4.18. In the meeting with the CCG it was acknowledged that historically the focus had mainly been more adult based but within the last two years it had been recognised that they did not have an all age process and have tried to be more fluid in their approach.
- 4.19. A key challenge was the different approaches for working with children to working with adults and the impact that these differences had on individuals and their carers/parents' expectations. Getting the right package and access to care was always the focus and whilst the financial implications and which organisation would pay and be responsible for the care needed to be determined, every effort is made to ensure that this did not dictate the process for the young person in question.
- 4.20. The CCG worked in partnership with the Local Authority to ensure that an individual's health and care needs are assessed appropriately and subsequently met. These needs are factored into future plans; some plans are fully social care and are funded by the Local Authority and some are joint funded. It entirely depends on the level of need. An initial assessment is required to establish whether support above and beyond that offered by core services would be required and there is a check list for continuing healthcare (CHC) and then the multi-disciplinary team assess whether the person is eligible or not.
- 4.21. If yes, then the additional support is funded by the CCG. If it is to be shared then a Shared Funding Panel meeting is required which determines which body will pay for which part of the support package. The cost of a package does not influence what is included in the package; if it has been identified as necessary then it is.
- 4.22. There is no national definition of what a health need and what a social need is so the partners try and understand each child and young person's requirement by need rather than whether it is a social or a health need.
- 4.23. The representatives from the CCG concurred that transition should begin at 14 with an assessment by 16 and the assessment and plan in place by the time the young person is 17 ½. The whole process was prescribed in the statutory

framework. Each young person would be allocated an assessment co-ordinator and this relationship is key to ensure the appropriate level of engagement with a parent/carer at the point of assessment to mitigate the risk of the relationship (between the young person and the parent/carer and the services) breaking down.

- 4.24. The level of service available in children's services is much higher and specific than what is available for those aged 18 or over, for example there is no equivalent of a paediatrician in adult healthcare and the different statutory frameworks can cause confusion and frustration for parent/carers.
- 4.25. Members met with three parents who had experienced the transition process with their own children and, whilst each had their own particular experience, some common issues were identified. These were:
  - a) That the staff involved in the transition process didn't know enough about the individual child's particular needs and so failed to understand what support was required and why it might be different from what was 'usual'.
  - b) They felt that many forms had to be completed which asked questions already answered on another form. This also meant that many times the parent/carer was saying 'no' multiple times to questions which became demoralising.
  - c) Transition processes should begin much earlier; a firm plan should be in place by 16 to allow a two year transition, their children had all been known to the Local Authority since a young age, there was no surprise about what their additional needs would be.
  - d) Lack of communication regarding changes to key support workers.
- 4.26. Jack and Candy, two adults who had been through the transition process with the Authority and were part of a service user reference group under the Whole Life Disability Board, were asked to complete a set of questions from the Sub Group.
- 4.27. From their answers the Sub Group could see that there had been some personalisation of the process as they had each begun their transition at different ages; although one was happy with the age their transition began with the other thinking it should have begun earlier.
- 4.28. There was also overlap in Jack and Candy's answers and the points raised by the parents, including:
  - a) The whole process should be smoother.
  - b) Actual physical moves should only be done when they have to be.
  - c) A lack of communication between the children services team and adult services team.
  - d) A lack of information about what options were available for independent living.
- 4.29. In response to the points raised, the Sub Group was informed that two years ago the service did not know the SEND cohort which would be transitioning from children to adult services. Now, the service did know all the children (currently) who would be coming through to adult social care as adults and what support would be required and what plans/services needed to be in place and by when to

ensure a smooth transition. An effective transition was everyone's responsibility and the familiarity of the young person and their parents with buildings and staff helped a connectivity to enable the service to begin their work in a personal way. Parents were always involved in any decision about the location and type of accommodation for a young person because their intelligence was invaluable and they know their child best, they are expert assessors.

- 4.30. The time taken from initial assessment and agreement of support to be provided and the young person moving into their new supported living accommodation can vary and attention is required when beginning the process to ensure that when options are discussed it is not treated as an offer by the parents; for example suitable accommodation might have been identified but the support staff required are unavailable and therefore was described as 'available' which could be interpreted as 'ready'. It was acknowledged that it could be seen as a protracted process by parents but sometimes it was difficult to find resources to support high dependency needs in the community.
- 4.31. The officers maintained that improvements had been made, for example they were much better now at working with Housing Services to project a very clear picture of what facilities and accommodation might be required in two years time.
- 4.32. The relationship with the CCG was also essential and a close working relationship had been developed and allowed for open discussion and both organisations faced financial challenges and were working hard to maximise resources. The funding decisions, requirements and differences between heath care and social care were very complicated and quite hard for parents/carers to understand as it was so different from children's assessments. A repeated assessment might look similar to one already completed but it would have a different focus; they can also be outside of the Authority's domain.
- 4.33. It was noted by the Sub Group that communication with ward councillors and local residents when accommodation was being adapted or built for a particular young person could be improved. Whilst keeping the private information relating to the individual private, it would be helpful if information about what works were being undertaken, the type of support to be provided to the young person(s) and whether it was or was not an out-of-borough placement could be provided to ward councillors and residents. This might help reduce the circulation of false information and the concerns of the neighbourhood which then allows the young person to move into an area without any misconceptions from their new neighbours, which can only assist them in feeling settled in their new home.
- 4.34. A challenge faced by the teams was some parents/carers' reluctance to accept their child was maturing and had their own rights, for example it can come as a surprise when the doctor will not allow the parent to attend a consultation. The concept of an independent adulthood will be introduced across services from aged 7 with an independence plan and conversations to prepare parents/carers which will also include raising an awareness of what an individual child's development point might be, regardless of what age they are so when the point is reached it is not a shock to the parents/carers. The development of a trusting relationship between adult service partners and the families is key to making this work.

- 4.35. The child or young person was at the centre of all planning and it was essential that their voice was heard, if the parents/carers are still resistant to plans which the child/young person would like an advocate is introduced. To encourage the parents/carers to change their view, whilst still offering empathy, challenge and difficult conversations are undertaken by the teams to show how it might work and show the child/young person's skills and capacity to the parent to build their confidence it can be done.
- 4.36. Independent assurance of this is found in the June 2017 Ofsted Inspection report of Children's Services in North Tyneside which states:

"The voice of children and young people is woven into the fabric of the local authority. Despite times of austerity, a highly effective and dedicated team has been developed, providing participation, advocacy and engagement and focusing specifically on ensuring that the voice of children is heard and taken seriously in the local authority"<sup>1</sup>.

- 4.37. The Parent Carers Forum was a well attended forum which was co-chaired by parents and attended by the Assistant Director for Disability and Mental Health as it was an important opportunity to speak to parents and carers outside of the office environment. Representatives from the Forum were also on the Whole Life Disability Board. It was considered that there were sufficient support organisations outside of the Authority for children and young people with learning disabilities but not necessarily for those with physical or sensory issues.
- 4.38. It was acknowledged that there would always be complaints, but these were dealt with by face to face meetings rather than correspondence as a more efficient and effective method of resolving the issues. The service wanted to be seen as a responsive, caring service which was willing to listen and learn but not always there to agree with parents/carers.
- 4.39. Taking all of the above into account, the Sub Group makes the following recommendations in relation to the current process for transition:

## **Recommendation 1**

Cabinet requests the Head of Health, Education, Care and Safeguarding takes measures to improve communications with parents and young people. For example, create a Fact Sheet which could take different forms to accommodate the needs of the family and young person to inform all involved of the different processes which need to be undertaken for transition and their likely timeframe and which organisation is responsible for which aspect of the care and support. Ensure when delays are anticipated or occur the reason and length of the delay is fully explained.

## **Recommendation 2**

Cabinet requests the Head of Health, Education, Care and Safeguarding applies the 'Tell us once' principle to Transition where possible.

<sup>&</sup>lt;sup>1</sup> Ofsted Inspection of services for children in need of help and protection, children looked after and care leavers in North Tyneside 2017

## **Recommendation 3**

Cabinet requests the Head of Health, Education, Care and Safeguarding takes measures to increase the promotion of and improve the format and content of the Local Offer website and Disabled Children's Register.

#### **Recommendation 4**

Cabinet requests the Head of Health, Education, Care and Safeguarding produces different assessment forms for young people transitioning to adult services to those used for adults entering adult services at an older age and creates different forms for different additional needs; for example one form for young people with SEN, another for young people with disabilities and another for those with SEND and Disabilities.

## **Recommendation 5**

Cabinet requests the Head of Health, Education, Care and Safeguarding introduces procedures to ensure officers are prepared for meetings with the family/carers by being aware of the individual requirements of the family and are pro-active in keeping parents up to date with progress of work on adaptations, applications and assessments.

#### **Recommendation 6**

Cabinet requests the Head of Health, Education, Care and Safeguarding takes measures to improve/ensure sufficient communication/co-ordination between adult social workers and children social workers to ensure the particular needs of each young person and their family/carers are understood by those managing the transition process to ensure transition begins at the time appropriate for each young person and is seamless and personalised.

## **Recommendation 7**

Cabinet requests the Head of Health, Education, Care and Safeguarding establishes procedures which ensures parent/carers are continually involved in the commissioning of services/accommodation for a young person to make certain that the young person's particular needs are understood/reflected in the specifications for the procurement exercise.

## **Recommendation 8**

Cabinet requests the Head of Health, Education, Care and Safeguarding establishes procedures which ensures that when construction work is required and/or decisions on housing are being made that parents/carers and the young person are involved from the beginning. The procedures to also require that parents and carers are regularly kept informed in writing of what will be provided and when and the process to achieve the plan to ensure all have shared expectations.

## **Recommendation 9**

Cabinet requests the Head of Health, Education, Care and Safeguarding takes measures to improve communication with ward councillors regarding the building of or conversion of existing housing to specialist housing and/or the re-location of young people to properties in their ward.

# 5. What went well?

- 5.1. When speaking to the parents about their experiences of transition the Sub Group also enquired whether anything had gone particularly well. Whilst keeping the examples broad so as not to identify any individuals, the Sub Group was pleased to hear the majority of the parents had had good, recent experiences with their schools/further education establishments and had found them a support.
- 5.2. The representatives from the CCG reported that the Children's Continuing Care (CCC) Nurse Assessment team confirmed that arrangements are in place for flagging children likely to transition from CCC to Continuing Healthcare (CHC) at 14, and then doing CHC assessments in preparation for the transfer from CCC to CHC at 18. They also advised that there were good transition pathways in a range of services including diabetes and nephrology, and that the LIFE Muscle Team was an all age service so no transition was necessary for patients under that service. A joint Children's Complex Cases Panel between the CCG and the Authority was also being established which would also cover transition issues.

# 6. Are there any gaps in provision?

- 6.1. When speaking to the parents about their experiences of transition the Sub Group also enquired whether anything additional was required. Among the comments made were that the following was missing:
  - a) An adult equivalent of Heatherfield.
  - b) An adult equivalent of Addison Street for young people with a physical rather than a learning disability.
  - c) Post 19 provision for autism.
  - d) Parity of care from when the young person was under the care of children services to under adult services.
- 6.2. One of the units at Heatherfield Care Home in Annitsford was for young people with disabilities which the parents considered was well conceived for those it was designed for and offered respite and residential services; for the first time children requiring this level of support were now cared for in-borough whereas previously they had been placed out of borough in Thornhill in Sunderland.
- 6.3. Addison Street offered short break respite for up to 5 children and young people aged 8-17 years with disabilities. The service, based in a specially adapted property, provided short breaks for up to 16 nights and offered a maximum of 74 nights per year. Generally, short breaks are offered as a stay every 4-6 weeks and at least 45 children and young people with a learning and/or physical disability accessed this service.
- 6.4. These services were missed by parents and the young person once their child was no longer eligible.
- 6.5. The Sub Group was informed there had been a post -19 education provision for children with autism which had been run by Beacon Hill School for a year but had folded and the young people moved to Percy Hedley.

- 6.6. The Sub Group while sympathetic to the reasons behind these suggestions was conscious of the need for the service area to meet its statutory requirements and the resource constraints it was already operating under to make any formal recommendations to the above but has included them in this report to illustrate where parents feel there are gaps in the provision in case any grant or funding opportunities for this type of investment becomes available.
- 6.7. The Sub Group asked the representatives from the Whole Life Disability Service whether there was anything it could do to assist them in their work. The officers commented that they needed more opportunities to be able to inform and help the parents/carers and the young person to understand how and why children services and adult services were so different, complex and difficult. The difficulty in understanding why it is so different is also reflected in paragraph 6.1 point d) above where parents want to have parity of care from when the young person was under the care of children services to under adult services.
- 6.8. When considering this question, officers also commented that changes in responsibilities and management structures for SEND services and some changes to the Cabinet responsibilities meant that changes had to be made to their reporting procedures as instead of only having responsibility to one Cabinet Member there were now three: the Cabinet Member for Children, Young People and Learning; the Cabinet Member for Adult Social Care; and the Cabinet Member for Public Health and Wellbeing. It was suggested that a review of reporting procedures across the whole authority might be expedient. Comments were also made regarding whether the support provided to senior managers, either new to the organisation or newly promoted, on how the decision making structure and processes of the Authority worked was currently fit for purpose.
- 6.9. Also a key part of a successful transition was having the young person participate in society and being prepared for employment; the service really struggled to get young people into employment because of the lack of opportunities for them. The Local Authority's apprenticeship programme continued to encourage applications from those in less advantaged groups including those who were NEET (not in education, employment or training), looked after, leaving care or who had additional support needs. The table below illustrates how the percentage of posts taken up by these targeted groups had increased<sup>2</sup>.

Year	Total number of applicants	Applicants who meet target audience	Target group shortlisted	Target group employed	%of posts filled by target group
2014	255	83	26	9	32%
2015	83	54	39	10	58%
2016	79	46	25	9	53%

6.10. The Authority had recruited a higher number of apprentices with disabilities: 3.8% compared to 1% last year. However, proportionally, fewer disabled applicants were shortlisted for interview due to relatively weaker applications. The Authority had made a commitment to encourage applications from these young people

<sup>&</sup>lt;sup>2</sup> Data taken from *Apprenticeship Programme 2014-17 Update Report,* presented to Children, Education and Skills Sub-committee on 20 February 2017.

which required careful preparation and investigation if it was to offer these young people a positive experience, be realistic about their potential for employment and minimise the risk of drop out and termination. In this year's recruitment, the Authority had:

- a) been more creative about selection processes;
- b) given greater consideration to matching the young person to the most appropriate team environment, mentor and manager; and
- c) trialled a pathway from traineeship to apprenticeship via a pilot scheme in sport and leisure.
- 6.11. The officers acknowledged that it was important that the Authority took the lead on this, and its health partners too, but more needed to be done to encourage businesses in the borough to be more inclusive and aware of the benefits of employing young people with additional needs. The businesses needed to accept they supported the young person and valued them as an employee not as a concession to the Authority or to expect the Authority to provide the support. The employment of people with SEND needed to be everyone's daily business; a more inclusive model in the business sector would also help alleviate pressures on other services.
- 6.12. The Sub Group also asked the representatives from the CCG whether there was anything it could do to assist them in their work and was informed that sometimes the Decision Support Tool was provided to the Shared Funding Panel without the Support Plan which showed how the support will be delivered; a decision cannot be made without both documents which could cause unnecessary delays. In response the WLD team acknowledged that it would happen occasionally but there was a strong administration system in place to ensure the right documentation was sent to right person/organisation at the right time so a decision could be made the first time everyone met together. The importance of this was not underestimated by the team.
- 6.13. Taking all of the above into account, the Sub Group makes the following recommendations in relation to gaps in provision:

## **Recommendation 10**

In light of the changes to the organisation and management structures across Children's Services and other service areas across the whole Authority, Cabinet requests the Senior Leadership Team to review the information and support provided to both internal and external newly appointed senior managers across the Authority to ensure that they are aware of the decision making processes and their implications.

#### **Recommendation 11**

Cabinet requests the Head of Health, Education, Care and Safeguarding and the Head of Finance create a programme to promote and encourage borough employers to employ people with SEND; for example a networking session with the Business Forum to enable businesses to talk to each other about the implications and benefits to employers recruiting employees with SEND.

# 7. Conclusion

- 7.1. The Sub Group considered that the theory behind the current process was sufficient and met the requirements of the Children's and Families Act and the Care Act 2014 but that the implementation of the process had been found wanting in a number of cases. The Sub Group acknowledged that there had been significant reorganisation of the service both in personnel and management responsibilities which would have impacted on its ability to monitor the transition process effectively at this time and that the service had accepted that things had not gone as well as they should have for a number of families.
- 7.2. The Sub Group was pleased to note that the service was "determined to improve" and believed that the steps already established by the service (for example the co-produced Local Offer and the self-evaluation framework action plan) and the eleven recommendations of the Sub Group would facilitate this and ensure that all future transitions would begin in a timely manner and would ensure there were no surprises either for the Authority, the young person themselves or their parents/carers.
- 7.3. The Sub Group also acknowledged that additional funding is not always the best solution to a difficulty and also that there were finite resources available for all services. The recommendations have not been prescriptive in how they should be implemented to allow the service a wide as scope as possible in developing the best way to implement them.
- 7.4. Moving towards adulthood is an exciting time of new opportunities, new choices and increasing independence for all young people, whether they have additional support needs, or not and the Sub Group endorses the service's message that "We want all young people with special educational needs and disabilities in North Tyneside to have the opportunities to live the life to which they aspire" and believe that these recommendations will go towards making this goal a reality.

# 8. Acknowledgements

The Sub Group would like to place on record its thanks and appreciation to those officers, parents and external organisations for their assistance providing the evidence on which this report is based. A full list of all those individuals who helped the Sub Group with its work is set out in Appendix 3.

## 9. Background Information

The background papers and research reports listed in Appendix 4 have been used in the compilation of this report and copies of these documents are available from the Democratic Support Officer.



Extract from *Summary of our Offer* from 'Preparing to be an adult' section of the Local Offer webpage

A Quick Guide to the Transition Process					
School Year / Age	What to expect				
School Years 8 to 9 (age 12 to 14)	Young person starts to think about what they want to do when they leave school.				
	The young person should talk to their careers advisor as well as their social worker of health worker if they have one.				
Year 9 School review (age 13 to 14)	Reports produced by those working with the young person, which feed into the review.				
	The young person is invited to contribute to the review and attend the meeting.				
	Transition Plan is written up by and sent to the young person, their family and relevant organisations.				
Year 10 to 14 School review (age 11 to 19)	Reports produced by those working with the young person, which feed into the review.				
	The views of the young person and parent are at the centre of decision-making.				
	School staff will then write the Transition Plan with the young person and parent and send it out to everyone.				
Annual Review of the Transition Plan	Once a plan has been produced it is updated every year by Any changes are made at this time.				
Final Year Review School years 11 to	In the last year at school the Transition Plan needs to be updated.				
14 (age 15 to 19)	Discuss options that are available after Year 11.				
	If extra support is needed on leaving school then the people providing this should be invited to the review of the plan.				
Consult with education, training or employment provider	Agree how they will support the young person to make the transition.				
Age over 18 and under 25	If the young person is still in education or training or in an apprenticeship the plan will need updating.				

## Acknowledgements

The working group would like to place on record its thanks and appreciation to the following individuals for their assistance to the Sub Group:

## North Tyneside Council:

Jodie Henderson, Senior Manager Looked After Children's Services Haley Hudson, Assistant Director, Strategy and Transformation Elizabeth Kerr, Democratic Services Officer Toni McMullan, Participation and Advocacy Advisor Joanne Safe, Service Manager Whole Life Disability Sue Wood, Assistant Director, Mental Health and Disability and Adult Social Care

## **External Contributors:**

Tom Dunkerton, Commissioning Manager NHS North Tyneside Clinical Commissioning Group Steve Rundle, Head of Planning and Commissioning, NHS North Tyneside Clinical Commissioning Group Jack Skeldon Candy Carpenter Nicki Hartley, parent Judith Oliver, parent Jacqui Rodgers, parent

# List of Background Papers

The following background papers have been used in the compilation of this report and copies of these documents are available from Elizabeth Kerr, Democratic Services, e-mail: <u>elizabeth.kerr@northtyneside.gov.uk</u> Tel: 0191 643 5322

- The Children and Families Act 2014
- The Care Act 2014
- Summary of our Offer from 'Preparing to be an adult' section of the Local Offer webpage, [available at <u>http://my.northtyneside.gov.uk/category/569/preparing-be-adult]</u> (accessed 8 December 2017)
- <u>Apprenticeship Programme 2014-17 Update Report</u> to Children, Education and Skills Sub-committee on 20 February 2017.
- Ofsted Inspection of services for children in need of help and protection, children looked after and care leavers in North Tyneside 2017

## **Useful Websites**

- <u>http://my.northtyneside.gov.uk/category/492/special-educational-needs-and-disabilities</u>
  North Tyneside Council's SEND webpage.
- <u>http://www.getyourrights.org/</u> A helpful website with a focus on advising young people about their rights in relation to health care, by the Council for Disabled Children (CDC) and the National Children's Bureau (NCB).
- <u>http://www.peoplefirstinfo.org.uk/money-and-legal/care-act-2014/requesting-an-assessment-changes-under-the-care-act.aspx</u>
  The Care Act 2014 meant that from April 2015 the way in which an assessment was completed with an adult (over age 18) member of the public when deciding whether that person would be eligible for care and support from the council changed. Produced by People First, this accessible page outlines the assessment process, what has changed, and includes links to useful information.
- <u>https://www.sendirect.org.uk/</u> SEND Direct has worked in partnership with other organisations to bring together and create information to help support children, young people, parents, families and professionals. It includes a wealth of information, from rights under existing laws to managing a personal budget and how to choose the right service.
- <u>https://www.rixwiki.org/gbr/home/north-east-send-regional-network/</u> SEND Direct North East hub with links to local support and resources.
- <u>https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets</u> Fact sheets produced by Government on the Care Act

## Summary of recommendations

- 1. Cabinet requests the Head of Health, Education, Care and Safeguarding takes measures to improve communications with parents and young people. For example, create a Fact Sheet which could take different forms to accommodate the needs of the family and young person to inform all involved of the different processes which need to be undertaken for transition and their likely timeframe and which organisation is responsible for which aspect of the care and support. Ensure when delays are anticipated or occur the reason and length of the delay is fully explained.
- 2. Cabinet requests the Head of Health, Education, Care and Safeguarding applies the 'Tell us once' principle to Transition where possible.
- 3. Cabinet requests the Head of Health, Education, Care and Safeguarding takes measures to increase the promotion of and improve the format and content of the Local Offer website and Disabled Children's Register.
- 4. Cabinet requests the Head of Health, Education, Care and Safeguarding produces different assessment forms for young people transitioning to adult services to those used for adults entering adult services at an older age and creates different forms for different additional needs; for example one form for young people with SEN, another for young people with disabilities and another for those with SEND and Disabilities.
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