

## The Highland Council

### Education Children and Adult Services Committee 1 March 2017

Agenda Item	13.
Report No	ECAS 21/17

#### Proposal for a joint transition service for young people

#### Report by Director of Care and Learning Service

##### Summary

This report provides an update on the development of a joint service to provide support to young people with a disability aged 14-25 years, who require health and social care support.

#### 1. Background

- 1.1 In 2016, reports were submitted to Highland Council's Education, Children and Adult Services Committee (ECAS) and NHS Highland's Health and Social Care Committee seeking agreement to explore the current transition pathway for children and young people aged 14 to 25, led by a Project Manager for Transitions.
- 1.2 The reports reflected concerns in both organisations and other stakeholders regarding the quality of the current transition experience, and a desire to improve this for Highland's children and young people.
- 1.3 It was agreed the Project Manager appointment would be for a twelve-month fixed term period. The Project Manager commenced in August 2017 with a clear remit to scope the current transition experience for young people aged from 14 to 25, and to work with stakeholders to develop options that could improve this experience.

#### 2. Progress to date

- 2.1 The Project Manager has led a comprehensive review of existing and potential models of service delivery, including the viability of a Joint Transitions Team. The Project Manager worked with managers from both organisations to consider the benefits and risks of different options, including financial and Human Resource challenges, and to develop different models of support for young people with a disability.
- 2.2 A Transition Project Board was established in December 2016 to provide governance for this work, and guidance on the scope and remit.
- 2.3 The Transition Project Board met on 22 December 2016 where it agreed that the focus for data gathering and potential testing should be on the Inner Moray Firth Operational Unit (for the NHS) and the South and Mid areas for Highland Council. This is because this area is of high population density and service demand, and because the volume of activity can better support an integrated model.

- 2.4 Four possible options were discussed at the January meeting of the Transition Project Board. These are detailed in **Appendix 1**, for consideration by the Education, Children and Adult Services Committee.
- 2.5 It is intended that the options are further discussed and debated by both Highland Council and NHS Highland, with the aim that there will be a recommendation for one of the options will be agreed as the preferred option, at the next Transitions Project Board meeting on 28 February 2017.

### **3. Implications**

- 3.1 **Resources** – these options involve combining NHS Highland and Highland Council resources. Consideration needs to be given to the best mechanism for achieving this, and further work would be required on governance and financial management.
- 3.2 **Risks, legal and equalities** - there is a range of legislation regarding meeting assessed needs for children and young adults who require additional support. This report seeks to achieve the best model for fulfilling these requirements. Further work would be required on the practice and procedural framework.
- 3.3 **Rural** - while this report focusses on the capacity for a joint team in the Inner Moray Firth area, there requires to be continuing consideration of how these needs are met in the more rural parts of the Highland Council geography.
- 3.4 There are no **climate change/carbon clever** or **Gaelic** implications from this report.

### **4. Recommendations**

Members are invited to note and comment on the content of the report, and to indicate a preferred position on the four options

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**Date:** 17 February 2017

**Option 1: Status Quo**

Current Transition process: Young Person remains the responsibility of Care and Learning until aged 18 at which point, if eligible, responsibility moves to NHSH Adult Services. Both current local Pathways and Good Practice Guidance indicate there should be involvement of Adult Services from age 14 to facilitate Transition Planning for Young People and their families.

Currently the following generic Adult teams in partnership with Care and Learning (including Children with Disabilities) are involved in the Transition process.

Adult teams – 8 Social Work teams comprising – Senior Practitioners, Social Workers, Specialist Autism Social Workers, Referral/Assessment Officers

- West Urban
- West Rural
- East Rural
- East Urban
- Nairn
- Badenoch and Strathspey
- Mid Ross
- East Ross

Children with Disability – 2 teams comprising – Practice Leads, Social Workers, Autism Practitioner, Children’s Disability Nurses, Senior Community Children’s Workers, Community Children’s Workers, Family Key Workers, Children’s Services Workers

- Inverness area, Nairn, Badenoch and Strathspey and Beauly area
- Mid Ross and East Ross

Plus 3 Community Adult Learning Disability Nursing Teams – Band 5, 6 and 7

- Inverness
- Nairn and Badenoch
- Mid Ross and East Ross

Client Group

14 – 25 year olds with LD; PD; ASD; Complex needs

Feedback from Parents, Carers, Young People and staff across agencies indicates ongoing challenges with the Status Quo in supporting Young People to have a positive transition. As such there may be missed opportunities and lost potential to achieve independent living and to engage in education, employment and training.

Cost benefit analysis for Option 1 Status Quo

Benefit	Cost	Comment
	Timescale of allocation of adult workers and perceived lack of workers’ knowledge and skills	Feedback from parent and carers meetings
	Awareness of Eligibility for Adult Services and when, how and who to refer (not all young people attend	Feedback from colleagues in Education – Transitions especially challenging when no Children’s Social

	school in home area)	Work involved
	Increased likelihood of crisis intervention such as out of area placements. Proactive rather than reactive	
	Inconsistency in Knowledge and Skill set leading to less effective risk management	Impact of this can lead to increased likelihood of crisis intervention
	Fewer opportunities to spend time developing person centred plans leading to potentially inappropriate, costly and restrictive services	Feedback from young people
Young person only experiences one transition at age circa 18		
Existing Pathways have been simplified		
Single point of access in Adult Services should lead to simplification of referral		

## **Option 2: Joint Transitions Team with a pooled budget**

Currently:

Adult teams – 8 Social Work – Senior Practitioners, Social Workers, Specialist Autism Social Workers, Referral/Assessment Officers

- West Urban
- West Rural
- East Rural
- East Urban
- Nairn
- Badenoch and Strathspey
- Mid Ross
- East Ross

Children with Disability – 2 – Practice Leads, Social Workers, Autism Practitioner, Children's Disability Nurses, Senior Community Children's Workers, Community Children's Workers, Family Key Workers, Children's Services Workers

- Inverness
- Mid Ross

And 3 Community Adult Learning Disability Nursing Teams – Band 5, 6 and 7

- Inverness
- Nairn and Badenoch
- Mid

Client Group

14 – 25 year olds with LD; PD; ASD; Complex needs

Considerations required

Budget

Cost of Service

- Current/Projected cost: 18 – 25 LD/PD/ASD – South and Mid, per district
- Current/Projected cost: 14 – 18 Children's Service

*Data requested for 20/01/17, From Business Support (display as visuals), Adult Services and Business Support Care and Learning*

Staffing Costs

- Explore: Area Demand – equate staffing required - discuss at Managers' meeting 29 January
- Cost of area staffing
- Cost per identified position

*Data requested from HR/Payroll NHS Highland and Highland Council*

What would the Joint team look like?

- Integrated
- Comprising both Care and Learning and Adult Services Workers
- Staffing numbers (*Data has been requested from teams to inform specifics including number of workers and roles*)

## Cost benefit analysis for Joint Transitions Team Model

Benefit	Cost	Comment
Preferred option for parents and carers		Feedback from parent and carers meetings
Development of Centre of Excellence and Specialist Practice		Pilot team can act as consultancy service to Practitioners across Highland
Consistency of worker and team from age 14-25		Supports positive relationship for young people and families during Transition process. Integrated approach by all services to young person and family
Appropriate and timely decision making to maximise best use of resources		Reduces likelihood of crisis intervention such as out of area placements. Proactive rather than reactive
Supports principles laid out in Good Transition Guide		
Specialist Knowledge and Skill set leading to effective risk management		Allows appropriate and timely discussions for Eligibility Criteria and statutory intervention e.g. capacity and AWI
Simplify contact between paediatrics and adult health for young people with complex health needs		
	Perceived reduction in staffing levels for area teams	Transitions case load removed from area
	Challenges around potential co-location including space and IT	

### **Option 3: Development of 2 Separate Transitions Teams, Care and Learning and NHS Adult Services, (no integrated budget)**

Currently:

Adult teams – 8 Social Work teams comprising – Senior Practitioners, Social Workers Specialist Autism Social Workers, Referral/Assessment Officers

- West Urban
- West Rural
- East Rural
- East Urban
- Nairn
- Badenoch and Strathspey
- Mid Ross
- East Ross

Children with Disability – 2 teams comprising – Practice Leads, Social Workers, Autism Practitioner, Children's Disability Nurses, Senior Community Children's Workers, Community Children's Workers, Family Key Workers, Children's Services Workers

- Inverness area, Nairn, Badenoch and Strathspey and Beaully
- Mid Ross and East Ross

And 3 Community Adult Learning Disability Nursing Teams – Band 5, 6 and 7

- Inverness area
- Nairn and Badenoch
- Mid Ross and East Ross

Client Group

14 – 25 year olds with LD; PD; ASD; Complex needs

Considerations required

Cost of Service

- Current/Projected cost: 18 – 25 LD/PD/ASD – South and Mid, per district
- Current/Projected cost: 14 – 18 Children's Service

*Data requested for 20/01/17, From Business Support (display as visuals), Adult Services and Business Support Care and Learning*

Staffing Requirements/Costs

- Explore: Area Demand – equate staffing required - discuss at Managers' meeting 29 January
- Cost of area staffing
- Cost per identified position

*Data requested from HR/Payroll NHS Highland and Highland Council*

What would the teams look like?

- 2 Separate teams/services with multidisciplinary staff whose numbers and skill sets reflect area demand, need and Statutory Responsibilities

Cost benefit analysis for 2 Separate Transitions Teams Model

Benefit	Cost	Comment
Appropriate and timely decision making to maximise best use of resources		Reduces likelihood of crisis intervention such as out of area placements. Proactive rather than reactive
Supports principles laid out in Good Transition Guide		
Specialist Knowledge and Skill set leading to effective risk management in both teams		Allows appropriate and timely discussions for Eligibility Criteria and statutory intervention e.g. capacity and AWI
Simplify contact between paediatrics and adult health for young people with complex health needs		
	Perceived reduction in staffing levels for area teams	Transitions case load reallocated (redistribution of existing resources)
	Lack of opportunity to maximise integrated resources	
	Potential for unnecessary duplication of work (Integrated service delivery would maximise existing resources)	
	Young people still experiencing Transition <u>and</u> changes in workers and relationships	
	Loss of opportunity for maximising SDS option within a pooled resource budget	Outcome focussed targeted interventions e.g. Option 2 pooled budgets



#### **Option 4: Specialist Transitions Workers within Area Teams**

Adult teams – 8 Social Work – Senior Practitioners, Social Workers, Specialist Autism Social Workers, Referral/Assessment Officers

- West Urban
- West Rural
- East Rural
- East Urban
- Nairn
- Badenoch and Strathspey
- Mid Ross
- East Ross

Children with Disability – 2 – Practice Leads, Social Workers, Autism Practitioner, Children’s Disability Nurses, Senior Community Children’s Workers, Community Children’s Workers, Family Key Workers, Children’s Services Workers

- Inverness
- Mid Ross

And 3 Community Adult Learning Disability Nursing Teams – Band 5, 6 and 7

- Inverness
- Nairn and Badenoch
- Mid

Client Group

14 – 25 year olds with LD; PD; ASD; Complex needs

Proposed: – Specialist Transitions Workers within Care and Learning and NHS Highland Area Teams. Worker(s) with specific skills and responsibility for Transitions work including undertaking Lead Professional role. Existing pathways would be followed and young person would still transition to Adult Services at age 18.

Considerations required:

Staffing

- Explore: Area Demand – equate staffing required - discuss at Managers’ meeting 29 January
- Clarification needed on whether worker(s) would come from existing district staff pool and share of staffing costs within district budget
- Creation of job specification to clarify essential and desired skill set for Specialist Worker
- HR to evaluate grading based on Job Specification
- Cost per identified position

Cost benefit analysis for Specialist Workers option

Benefit	Cost	Comment
Specialist skill set and Knowledge base leading to effective risk management		Allows appropriate and timely discussions for Eligibility Criteria and statutory intervention e.g. capacity and AWI
	Potential for staff to	Numbers of Transitions

	become isolated within existing teams and possibility of silo working	cases unlikely to be fully covered by Specialist workers – overspill likely
Complex transitions cases removed from case load of generic workers in team		Numbers of Transitions cases unlikely to be fully covered by Specialist workers – overspill likely
Appropriate and timely decision making to maximise best use of resources		Reduces likelihood of crisis intervention such as out of area placements. Proactive rather than reactive
Development of existing Transitions Champion Role		Less likelihood of Young Person ‘falling through net’
	Young people and carers still have to develop multiple relationships during the difficult process of Transition	Feedback from carers and Young People is that this is not their preferred experience