

Agenda Item	20.
Report No	PEO 21/17

## HIGHLAND COUNCIL

**Committee:** People Committee

**Date:** 23 August 2017

**Report Title:** Proposed joint transition service for young people aged 14 to 25 years

**Report By:** Director of Care and Learning

### 1. Purpose/Executive Summary

- 1.1 This report provides further detail of the proposal which has previously been outlined to the Education, Children and Adult Services Committee, to create a joint service for young people with a disability across children and adult services.
- 1.2 The last report was discussed by the Committee on 1 March 2017.

### 2. Recommendations

- 2.1 Members are asked to:
  - i. Agree the recommendation to commit to set up a joint service (Option 2).
  - ii. Agree that a detailed implementation plan be developed and reported to a future Committee meeting.

### **3. The Current Protocol**

- 3.1 Currently, young people with disability are supported by Highland Council up until aged 18. At this stage, the Lead Professional responsibility (which can involve Social Work, Health or Education) will change, and NHS Highland will assume planning and financial responsibility – along with many other changes in the young person's life.
- 3.2 The current protocol involves NHS Highland staff becoming involved in transition planning from age 14, but this has proved challenging to implement, due to resource issues, the specialist levels of knowledge and skills required, and multiple changes in personnel. This process can also lead to confusion of roles and responsibilities and duplication of work.

### **4. Current Practice**

#### **4.1 North and West Areas**

- 4.1.1 At present Community Learning Disability Nurses practice a 'Cradle to Grave' model supporting people with Learning Disabilities across the spectrum of needs and disabilities. This enables a level of continuity in both skills and relationships for young people and their families/carers during their transition age and stage.
- 4.1.2 Since 2016, the Lochaber NHS Highland Adult Social Work team have employed a Transitions Specialist Social Worker who works closely with colleagues in Care and Learning and in Health to support and facilitate transitions in the area. Other areas across the North and West have developed the role of Transitions Champion to support transitions in their local communities. This model has developed due to the smaller staff teams and lower numbers of young people in these areas. It remains the case that many young people gravitate to the Inverness area during transition, to access training and employment opportunities.

#### **4.2 South and Mid Areas**

- 4.2.1 There is a disability team for young people in the South area, and specialist staff in Mid Area. Unlike the current model in the North and West, there are no dedicated professionals who bridge across the Transitions journey from 14 – 25 years old. The volume of young people and numbers of schools and staff involved would make the Transitions Champion role difficult to sustain within current team and staff structures.
- 4.3 Within both models, there are deficits across the breadth of knowledge and skill in the practice of Statutory Duties and responsibilities specific to the Transitions age and stage. These include: Child Protection, Adult Support and Protection and Adults with Incapacity. These statutory processes can cross the boundaries between Children's and Adult services and therefore developing a highly trained, skilled workforce which recognises the specialist nature of Transitions and its bridge across Children's and Adult Services would support best practice and minimise risk to young people in transition.

### **5. Improvement Actions**

- 5.1 Transitions Improvements have been supported and prioritised by The Transitions Project. This work has been overseen by a Transition Project Board and led by a Transitions Project Manager since August 2016. The Project Chronology is attached as **Appendix 1**.

- 5.2 Whilst the project has focussed on the South and Mid Areas, due to larger numbers of both young people in Transition and staff, consultation and involvement have also included practitioners and young people from North and West, with a view to ensuring that improvements can be shared and adapted across Highland.
- 5.3 Following a robust consultation phase with a solution focussed approach, four improvement options were identified and presented for consideration to the ECAS Committee in March 2017. These were:
- 1) Status Quo
  - 2) Joint Transitions team across both Highland Council and NHS Highland (14 – 25 years)
  - 3) 2 x Separate Transitions Teams (14-18 years and 18-25 years)
  - 4) Specialist Transitions workers within area teams.
- 5.4 Details of these options are in **Appendix 2**.
- 5.5 The ECAS Committee asked the Transition Project Board to continue to scope all four options, and agreed to hold a Member workshop where further detail on the benefits and challenges of each option could be provided.
- 5.6 It has become clear that the status quo is not sustainable. This is due to the fact that wider changes have been planned in adult services which would impact on the generic teams which provide a service to young people. Also, in Children's Services, the disability services in the South and Mid areas had been impacted through the loss of specialist management posts in the budget-setting process in 2016, and the status quo is not sustainable in the long-term.
- 5.7 Through further consultation with service users, it also became apparent that options 3 and 4 were not supported by them.

## **6. Elected Member Workshop**

- 6.1 A Workshop was held on 21 June, chaired by Councillor Kate Stephen. This was attended by a large number of Members and allowed them to hear from four young people who have lived experience of transition from children's to adult services.
- 6.2 Some of the points made by the young people included:
- *Need for improvement to current arrangements*
  - *Someone to see our potential and begin transition planning from age 14*
  - *Complex cases necessarily need earlier planning, as this tends to take longer*
  - *Ideal to have one consistent person/team supporting young people through the Transition stage (14-25 years)*
  - *Need for an holistic, person centred approach to Transition*
  - *We want to be empowered and not feel 'lost'*
  - *Highlighting the number of decisions for young people during Transition*
  - *POP (Personal Outcome Plan) for services from age 18 is completed by someone new who is not familiar to them*
  - *Lack of confidence to 'open up' to someone new*
  - *Planning can feel rushed under the current model*
  - *Too many new people in our lives at age 18.*
- 6.3 There were questions from members about how a change to the structure would bring

about improvements. It was suggested that a joint structure would embody joint ownership of the delivery of quality services and would encourage improved working relationships. Training would be provided for the whole team and mechanisms developed to enable joint access to resources. The structure would encourage the joint commissioning of services for this age group, based on a clearer understanding of the needs of young adults. The Scottish Transitions Forum has carried out a recent consultation across Scotland and one conclusion is that support should be more joined-up and consistent with a single point of contact.

- 6.4 Whilst it may not be possible to guarantee that the same worker will remain in post to support a young person throughout their journey, a familiar and appropriately skilled team will remain. Young people pointed out that currently they can experience a wholesale change in their support mechanisms, services and personnel accessible to them at the point when they reach 18 years. These experiences of loss and change are a common and significant challenge in the majority of current transitions. The development of a joint transitions team (14-25 years) supports young peoples' developmental changes through this stage minimising additional changes brought about through service structures.

## 7. Conclusion

- 7.1 Members are asked to support the development of a joint service for the Inner Moray Firth (Mid and South areas of Highland Council). A draft team structure is attached at **Appendix 3**
- 7.2 It should be noted that implementation will be dependent on agreement also being reached within NHS Highland, where this is due to be considered in early September.
- 7.3 A detailed implementation plan would be provided to a future People Committee, giving details of the staffing structure, management structure, governance by Highland Council and NHS Highland, location of service, training support and budget access agreements. Initial thinking about this plan is attached as **Appendix 4**.

## 8. Implications

- 8.1 **Resource** - The proposals are cost neutral, other than the requirement to continue to employ a manager to develop the detailed implementation plan for the remainder of this financial year. Funding for the Transitions Project Manager will extend until 31 March 2018, following which funding will be found from existing NHS Highland and Highland Council resources. The proposal combines the staffing and related budgets currently held by NHS Highland and Highland Council. Other resource budgets would remain in the original agency, with agreement regarding joint decision-making to access the budgets.
- 8.2 **Legal** - There are no specific legal implications but the proposal aims to ensure that both Highland Council and NHS Highland are able to meet statutory duties towards the identified group of young people.
- 8.3 **Community (Equality, Poverty and Rural)** - The proposal seeks to enhance services for young people with a disability. There has been consultation with service users and the proposal follows the principles set out in ARC Scotland's (the National Scottish Transitions Forum) Principles of Good Transitions, specifically Principle 2 "Support should be co-ordinated across all services" and Principle 3 "Planning should start early (age 14) and continue up to the age of 25 years."

8.4 There are no identified implications for Climate Change/Carbon Clever, Risk or Gaelic.

Designation Director of Care and Learning

Date 14 August 2017

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## CHRONOLOGY – Key Activities for Transitions Project 2016/2017

## Appendix 1

Consultation
Data Collection and Analysis
Recommendations
Development

DATE		ACTIVITY	WITH WHOM	OUTCOME
18/8/16		<b>Throughcare and Aftercare H/C</b>	Linda Maclennan -Shareef	Info re service current process and what works well and where challenges are
19/8/16		<b>Hi-Hope – Highland Post School opportunities Website</b>	Jo Chamberlain Transitions Co-ordinator HC	Role of transition co-ordinator and link with practice leads and schools re transition options.
19/8/16		<b>ARC Scotland – Principles of Good Transition</b>	Rebecca Williams	National Strategy and good practice document
22/8/16		<b>CHDT Highland Council – meeting with Practice Lead</b>	Gillian Forrest Practice Lead	What works well and current challenges
23/8/16		<b>Lead MHO AWI for HC</b>	Steven Ward	Challenges re number of guardianships for post 16 and level of knowledge provided pre 16 to parents and young people e.g. (supported decision making)
23/8/16		<b>Meeting with Chief Executive NESH</b>	Elaine Mead	Support for the project
23/8/16		<b>Transitions Improvement Group – Priority setting</b>	Joanna Macdonald/Ian Kyle	Role of project within wider improvement group

DATE		ACTIVITY	WITH WHOM	OUTCOME
25/8/16		<b>CHDT –HC meeting with Practice Leads</b>	Mairi McArthur and Tracey Mcfarlane Gillan	What works well and current challenges
25/8/16		<b>Shirley Project</b>	Neil Macleod	Info on The Bigger Picture – working with schools and young people with ASD
25/8/16		<b>Transitions Autism Strategy Group</b>	Chair Neil Macleod	Vision for positive transition
26/8/16		<b>Health and Happiness</b>	Ellie Wolf	What works well and challenges – as reported by young people
29/8/16		<b>Lead Social Worker N &amp; W</b>	Ian Thompson	What works well and current challenges within model of North and West
30/8/16		<b>Clinical Lead CAMHS</b>	Dr Wendy Von Rien	Info on links with adult mental health and LD service – what works well and current challenges
31/8/16		<b>Drummond School</b>	Judith Moran (Deputy Head)	What works well and current challenges
31/8/16		<b>ASN Lead Highland Council</b>	Bernadette Cairns	Role of Ed Psych & What works well and current challenges for ASN
1/9/16		<b>Transitions Strategic Planning</b>	Joanna Macdonald	Role of project within strategic planning
2/9/16		<b>Drummond School – Principal Transitions Teacher</b>	Helen Bull – Principle Teacher Transitions	What works well current challenges
2/9/16		<b>Alternatives to out of area care</b>	Malina Macdonald-Dawson Highland Council	Info re current developments and links with NESH complex case manager

DATE		ACTIVITY	WITH WHOM	OUTCOME
2/9/16		<b>Meeting with HC Housing Department</b>	David Goldie Housing Director Highland Council	Info re housing developments protocol re LAC - feedback on where improvements may be made
5/9/16		<b>ASN Lead Fortrose Academy</b>	Sue Philips	What works well current challenges
5/9/16		<b>Social Work Team Manager Meeting</b>	Lead Social Worker Eilidh Macmillan	Feedback to managers re current themes from consultation – what works well & current challenges
6/9/16		<b>Skills Development Scotland</b>	Gillian Unger – Team Leader	Info re services of SDS and what works well and current challenges
7/9/16		<b>Meeting with SW Team managers East Inverness</b>	Ruth Macdonald and Charlie Mackinnon	What works well current challenges
		<b>Nairn and Ardersier SW acting manager</b>	Eilidh Macmillan	What works well current challenges
8/9/16		<b>CMHT</b>	Sylvia Eddie – Senior Practitioner CMHT	What works well current challenges
8/9/16		<b>Inverness Royal Academy – ASN Lead</b>	Mel Crossley	What works well current challenges
9/9/16		<b>Beachview, Brora</b>	Lyndsey Tennant – Resource Manager	Info re development of day service – impact for transitions and links with schools and community
14/9/16		<b>One Stop Shop (Autism)</b>	Gill MacIennan – Project Manager	Info re Service and links with schools and transition planning – what works well and current challenges re ASD



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14/9/16		<b>Meeting at Corbett Centre</b>	Ian Clayton	Challenges noted re future day service demand for young people with PMLD
16/9/16		<b>Mid SW team</b>	Brendan Stevens and Shona Knight	What works well and current challenges
16/9/16		<b>The Richmond Fellowship Scotland</b>	Neil Maclean – Area Manager	Info re current service and transitions and what works well and current challenges
19/9/16		<b>ASN Lead Culloden Academy</b>	Karen Smith	What works well and current challenges
19/9/16		<b>Child Health Commissioner NHH</b>	Sally Amor	Info re young people with complex health needs – paediatric and adult health transitions
21/9/16		<b>Directors' Meeting</b>	Bill Alexander, Chief Social Work Officer – Director Care and Learning and Sandra Campbell Director of Children's Services	Feedback from initial consultations agreed Development of Project Board with Joanna Macdonald
3/10/16		<b>Adult Community LD Nurse meeting for Inverness, Nairn, Badenoch and Strathspey</b>	Heather Carr, Charge Nurse	What works well current challenges
3/10/16		<b>Drummond School Parent Council Meeting</b>	Parent Council	Project info provided and feedback from parents/carers re transitions experience
4/10/16		<b>Meeting with LD Consultant Psychiatrists</b>	Dr Jones and Dr Van Der Speck	What works well and current challenges
5/10/16		<b>Practice Leads and District Managers meeting</b>	Mairi Morrison Area Manager HC	Feedback from initial consultation and current challenges

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6/10/16		<b>Transitions Autism Strategy Group</b>	Chair Neil Macleod	Lived Experience shared by parent and young person
6/10/16		<b>Adult SW Team Managers Meeting</b>	Lead Social Worker Ruth Macdonald	Transitions Project Update
7/10/16		<b>Scottish Health Council</b>	Liz Macdonald	Project info provided
13/10/16		<b>Scottish Transitions Forum Conference Glasgow</b>		National Developments Noted
24/10/16		<b>Solution Focused Workshop</b>	Claire Watt	Development of working groups and key themes as noted from consultations – Organisational Barriers – Staff knowledge and skills levels – management of expectations – need for adult practice model to follow GIRFEC – timeous allocation of adult worker
26/10/16		<b>Transitions Improvement Group</b>	Joanna Macdonald	Transitions Project Update
26/10/16		<b>Initial data requested re current allocations and waiting lists 14-25 sent to Adult team managers and Children's Practice Leads. Data also requested from CLDN Charge Nurse</b>	All adult team managers across South and Mid and Practice Leads across South and Mid in Children's Services. Adult CLDN team leader	Data gathered to inform current 14-25 case numbers and complexities across both NHS and HC
27/10/16		<b>Meeting with N and W Social Work</b>	Ian Thompson	Current challenges and solutions including allocation of transition social worker in Lochaber – cradle to grave CLDN model.
28/10/16		<b>North and Mid Community Learning Disability Nurse</b>	Dave Holloway	Info re the cradle to grave model for CLDN and its benefits and challenges

DATE		ACTIVITY	WITH WHOM	OUTCOME
Nov/Dec 2016		Data collection, collation and recording to master spreadsheet.	Information received from team managers re cases both allocated and on waiting lists including Carefirst ID to enable further detailed information to be noted.	Master Data Spreadsheet prepared – noting area responsible, age, primary need, allocation of worker both adult and child, statutory responsibility such as LAC or AWI
02/11/16		Meeting with District Manager Lochaber	Marie Law	Current challenges and solutions developments in Lochaber – transitions adult SW.
02/11/16		Meeting with Parents/Carers		Lived experience shared
16/11/16		Practice Model Working Group	Claire Watt	Need for ASSET based approach and development of Adult practice model taking learning from GIRFEC
04/11/16		SEEMIS DATA (Education recording)- meeting	Jo Chamberlain	Provision of data re all ASN level 3 & 4 young people across South and Mid schools to cross reference with carefirst data and ensure all potential transitions are noted
11/11/16		Parent/Carer meeting		Lived experience shared
16/11/16		Protection Planning Working Group	Claire Watt	Recognition of relevant legislation (including carers act) support for specialist team in managing risk across transition age - need for common language

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				for staff and service users to navigate clearly
24/11/16		<b>Residential Placement Group (funding)</b>		Info re Children's service funding process for residential placements
24/11/16		<b>Social Work Team managers meeting</b>	Lead Social Worker Ruth Macdonald	Transitions Project Update
29/11/16		<b>Directors Meeting</b>	Joanna Macdonald & Sandra Campbell	Review initial project plan and direction received re need to develop improvement options
30/11/16		<b>Transitions Board Meeting</b>	Joint Chair Joanna Macdonald Sandra Campbell	Project plan reviewed agreed need to develop improvement options following consultation phase
30/11/16		<b>Transitions Autism Strategy Group meeting</b>	Chair Neil Macleod (Shirley Project)	Project update provided
30/11/16		<b>Transition Co-ordinator Highland Council</b>	Jo Chamberlain	Project update provided
<b>Dec/Jan 2016/2017</b>		<b>Development of 4 Options including Cost/Benefit analysis</b>	4 options developed following consultation period – solution focused groups and feedback from young people and carers	<b>Detailed Options prepared to be shared with stakeholders</b>
8/12/16		<b>Inverness College/ASN Leads Transitions meeting</b>	Helen Bull	Project update provided
14/12/16		<b>Protection Planning Working Group</b>	Claire Watt	4 Options shared – feedback was in support of option 2.
19/12/16		<b>Practice Working Group</b>	Claire Watt	4 options shared – feedback was in support of option 2.
20/12/16		<b>Transitions Board Meeting</b>	Joint Chair Joanna Macdonald Sandra Campbell	4 Options Submitted – feedback was to develop more detail re option 2.

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10/1/17		<b>Protection Planning Working Group</b>	Claire Watt	Adult Eligibility Criteria - considered and discussed re transitions - feedback was a useful tool as level of need and risk is acknowledged
20/1/17		<b>Transitions Improvement Group</b>	Joanna Macdonald	4 options shared – feedback was in support of option 2.
13/1/17		<b>Information requested and received re CHDT staffing roles and responsibilities</b>	Mairi MacArthur, Gillian Forrest, Tracey Macfarlane Gillian Practice Leads	Inform worker allocation within Master Spreadsheet
16/1/17		<b>Corbett Centre</b>	Ian Clayton and Gregor Robertson	Project update provided – 4 Options discussed Option 2 preferred option
17/1/17		<b>Data received re current financial commitment for IMFOU 18-25 cases with disability</b>	Billy Boag	To discuss with Finance Managers
17/1/17		<b>Individual team data sent to Managers on spreadsheet</b>	Manager received their team area current cases from age 14 – 25 level of need – statutory responsibility – allocated and waiting cases	Request for staffing percentages based on this data – to inform development of option 2
18/1/17		<b>As above</b>		As above
18/1/17		<b>Meeting with Directors</b>	Joanna Macdonald Sandra Campbell	Information re updated 4 options and data information re workloads and case numbers in transitions age range and detail re eligibility criteria – initial budget info
19/1/17		<b>Social Work Team Managers Meeting</b>	Lead Social Worker Ruth Macdonald	Project update data discussed re staffing,

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				caseloads and waiting lists
19/1/17		Feedback received from CLDN Charge Nurse	Heather Carr	Staffing re CLDN and 14-25s noted
20/1/17		Transitions Improvement Group	Joanna Macdonald	Project update provided
24/1/17		Transitions Board Meeting	Joint Chair Joanna Macdonald, Sandra Campbell	Adult Social Care Eligibility Criteria Shared with Children's Service, Board request more detail around Option 2 including potential staff structure and explore eligibility for children with disability service.
24/1/17		4 Options distributed to Practice Working Groups	Claire Watt	Ahead of meetings
25/1/17		Practice Working Group	Claire Watt	4 Options discussed and comments noted – continued preference for option 2 - agreed ease of change process for young people and avoidance of duplication.
1/2/17		Protection Planning Working Group	Claire Watt	4 Options discussed and comments noted – safeguarding 16 -18 years who can be slipping between ASP and CP legislation – initial training issues discussed
1/2/17		Discussion re SDS Peer Advisor collating service user feedback on the 4 Options	Ellie Wolf	Ellie to support SDS Peer Advisor on collating Service

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				User feedback re 4 Options
7/2/17		<b>Solution Focused Meeting – ‘Transitions Future Demand’</b>	Joanna Macdonald	Review and Appraisal of the 4 Options
7/2/17		<b>LD Disability Improvement Group</b>	Jonathan Gray chair – LD Nurse Consultant	Project update and 4 Options presented – option 2 preferred
10/2/17		<b>Meeting with Clare O’Donnell Practice Lead for Schools Inverness West</b>	Clare O’Donnell	4 Options provided and discussed – explored links with schools re option 2 and potential referral process
13/02/2017		<b>Joint Monitoring Committee</b>	Joanna Macdonald	Transition Project Report Provided
13/2/17		<b>Training and Development Group</b>	Fabien Camus	4 Options discussed and Project update provided – training needs re option 2 would require further analysis
14/2/17		<b>Presentation at Alan Baird – Chief Social Worker Scotland - meeting</b>	Joanna Macdonald	Overview of project given
16/2/17		<b>Meeting with Ian Kyle and Joanna Macdonald</b>	Joanna Macdonald	Review of project plan
17/2/17		<b>Meeting with Directors</b>	Joanna Macdonald Sandra Campbell	Feedback re development of Option 2 – current funding process highlighted and challenges re progression of option 2 with pooled budget
17/2/17		<b>Complex Needs meeting</b>	Arlene Johnson	Complex case list received and cross checked with data collected
21/2/17		<b>Meeting with Finance</b>	Gavin Gilray	4 Options discussed and

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				finance comments noted re Option 2 – challenges re budget impact on reporting ledgers, current saving planning/targets – option 2 could support early identification of packages aged 14 re future financial commitments for districts.
22/2/17		<b>Practice Working Group</b>	Claire Watt	Development of clear role and function of team – statement agreed -
27/2/17		<b>Improvement Planning re Project Plan</b>	Joanna Macdonald, Ian Kyle and Gavin Gilray	Review of project plan
27/2/17		<b>Chief Exec's Joint Transitions Meeting</b>	Joanna Macdonald	Report provided
28/2/17		<b>Transitions Board Meeting</b>	Joint Chair Joanna Macdonald Sandra Campbell	Data Spreadsheet provided re potential staff resource required for option 2. Agreement not to pursue a pooled transition budget re option 2 following guidance from finance in both NESH and HC
01/03/2017		<b>ECAS – Education Children Adult Service Committee</b>	Joanna Macdonald Sandra Campbell	Transition Project Update – request to agree in principle to support option 2 - outcome was for more detailed information
02/03/2017		<b>Health and Social Care Committee</b>	Joanna Macdonald	Transitions Project Update
9/3/17		<b>Social Work Team Managers' Meeting</b>	Lead Social Worker Ruth Macdonald	Project Update – initial team structure discussed
16/3/17		<b>Protection Planning Working Group</b>	Claire Watt	Noted findings from serious



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				case reviews highlight lack of communication re children and adult services - joint team reduces this risk for transition cases. Consistent approach for cases where risk has been identified during transition from children to adult legislation. Earlier identification re AWI procedures.
17/3/17		Meeting with Cameron Stark/NHSH Improvement Team	Cameron Stark	Dr Susan Vaughan agreed to review data and provide analysis report
20/03/17		Initial Team Structure Documented	Claire Watt	For inclusion to SBAR to SMT and project Board
20/3/17		Transitions Improvement Group	Joanna Macdonald	Project Update - feedback from ECAS need to develop workshop to advise elected members re 4 options.
22/3/17		Practice Working Group	Claire Watt	Project Update and feedback from data information, training needs and staffing structure. – Continued support for option 2.
27/3/17		Kingussie High School, Practice Lead and Guidance	Jill Macrae	Project Update and 4 options discussed – option 2 preferred due to benefits

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				to education re central referral for transitions
28/3/17		<b>Paediatric Lead</b>	Maria Dickson	Project Update – discussion re complex health needs – support for option 2
29/3/17		<b>Workshop Planning</b>	Gillian, Ellie Wolf, John Gallon (SDS Peer Advisor)	Development of workshop re 4 options for elected members and NHH Board - lived experience and carers experience to be provided– planned for June 21 <sup>st</sup> 2017
30/3/17		<b>South Area Manager Meeting - Children Service HC</b>	Mairi Morrison	Review of staffing from CHDT identified as under estimated review with practice leads – Children’s disability eligibility draft provided by Area Manager
4/4/17		<b>Connecting Carers</b>	Karen Anderson – Carer Liaison	Update of 4 options – option 2 supported.
5/4/17		<b>Mid Area Managers Meeting, Children’s Service HC</b>	Debbie Milton	Review of staffing from Mid disability children workers – Eligibility for Children with disability discussed.
5/4/17		<b>Initial Data discussion and information re project</b>	Susan Vaughan	Data report to be provided
6/4/17		<b>SBAR delivered to SMT</b>	Claire Watt	Request for feedback and comments – meeting arranged with West District Manager
17/4/17		<b>District Manager Meeting</b>	Donellen Mackenzie	Comments/concerns noted

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				and inclusion to project board
24/4/17		<b>Training needs analysis</b>	Fabien Camus	Discussion re development of training needs analysis re development of option2 and link with Amelia Wilson principle officer Children's Service
26/4/17		<b>Autism Strategy Group</b>	Neil Macleod	Project Update and feedback re nation strategy development
04/05/17		<b>Draft 1 of Data Report</b>	Dr Susan Vaughn	Initial Draft of transitions project data re case numbers complexity, level of need and area responsibility to advise improvement planning.
04/05/17		<b>Draft 1 of data report circulated for consideration</b>	Claire Watt	Draft report circulated ahead of board meeting and also to Area manager in IMFOU and Children's Service.
04/05/17		<b>Revised Worker Representation re Option 2 CHDT South</b>	Practice Leads	Information to update draft option 2 team structure
05/05/17		<b>Revised Worker Representation re Option 2 Mid Children's Disability</b>	Debbie Milton	Information to update draft option 2 team structure
28/4/17		<b>Transitions Improvement Group</b>	Joanna Macdonald	Project Update feedback re development of workshop for elected members & data report from

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				Improvement Team
5/5/17		<b>Transitions Board Meeting</b>	Joanna Macdonald Sandra Campbell	Outline for elected members workshop discussed and agreed, confirmation that Project was in line with Highland Strategic (commissioning) plan. Management of change process discussed.
08/05/17		<b>Revised Draft Team Structure</b>	Claire Watt	Revised draft team structure to be circulated
9/5/17		<b>Finance Meeting</b>	Gavin Gilray	Discussion re reporting and issues with carefirst and service agreements re option 2 – meeting TBA with business support and finance to discuss solutions.
9/5/17		<b>Practice Model Working Group</b>	Claire Watt	Revised draft Team Structure discussed with Practice Leads Children's Service and LD charge nurse – Lead Social Worker South and Mid.
9/5/17		<b>LD Service Review Meeting</b>	Boyd Peters	Initial Data Report and SBAR from 4 <sup>TH</sup> April shared for consultation
10/5/17		<b>Protection Planning Meeting</b>	Claire Watt	Draft Team Structure shared and discussion re training needs both across statutory and practice issues.

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11/5/17		<b>SW Team Managers</b>	Lead Social Worker Ruth Macdonald	Draft Team Structure re Option 2 shared and agreed that this was based on details provided by team managers
12/05/17		<b>Draft 2 of Data Report</b>	Dr Susan Vaughan	Updated data report with more detail re population, levels of need and future demand re transition to inform improvement planning
12/5/17		<b>LD Workshop</b>	Jean Pierre Sieczkarek	Project Update
18/5/17		<b>Finance Teams</b>	Fiona Bremner HC, James Bain NHS, Gavin Gilray NHS, Sonia MacLennan NHS	
23/5/17		<b>Training Needs Analysis meeting</b>	Amelia Wilson and Fabien Camus	Discussion around statutory training duties across both Children and Adult Services. Agreement to develop Training needs template.
25/5/17		<b>Update of Transitions Improvement Plan</b>	Ian Kyle	Updated improvement plan for Transitions Improvement Group
29/5/17		<b>Meeting with Mid CHDT</b>	Claire Watt	Project outlined to front line CHDT staff team
30/5/17		<b>Elected members workshop planning meeting</b>	Claire Watt, workshop presenters (lived experience Transitions)	Development of Lived Experience presentations to explain 4 options
31/5/17		<b>Young Carers' meeting</b>	Claire Watt, Kirsty Campbell	Agreement for young carers involvement in

DATE		ACTIVITY	WITH WHOM	OUTCOME
				presentations for Elected Members workshop
31/5/17		<b>Badenoch and Strathspey – meeting with Adult Team</b>	Claire Watt, Gill Davidson	Project update to front line staff
6/6/17		<b>Learning Disability Improvement Group</b>	Claire Watt, Joanna Macdonald	Project update to LD Improvement Group
7/6/17		<b>Meeting with Mid Children’s Team</b>	Claire Watt, Debbie Milton	Project update to Mid Children’s frontline staff
12/6/17		<b>Protection Working Group – protection planning meeting</b>	Claire Watt	Review of Training Needs analysis with Protection Trainers/Advisors
13/6/17		<b>Transitions Improvement Group</b>	Joanna Macdonald	Project update re Elected Members workshop and development of Training Needs Analysis
14/6/17		<b>Transitions Practice Working Group</b>	Claire Watt	Project update re Elected Members workshop and development of Training Needs Analysis
16/6/17		<b>Transitions Project Board Meeting</b>	Joanna Macdonald, Sandra Campbell (joined by young adult presenters for Elected Members workshop)	Rehearsal of presentations and preparation for Young People at Elected Members’ Workshop
19/6/17		<b>Iona Colvin (Chief Social Work Advisor Scottish Government)</b>	Claire Watt	Project overview and update
20/6/17		<b>Mid Ross meeting with Adult Team</b>	Claire Watt, Shona Knight	Project update to Front line staff
21/6/17		<b>Transitions Workshop for Elected Members</b>	Joanna Macdonald and Sandra Campbell	Transitions Options Information delivered as requested (presented by

DATE		ACTIVITY	WITH WHOM	OUTCOME
				Young People with Lived experience)
22/6/17		<b>Meeting with West Inverness Adult team</b>	Claire Watt, Morag Scott and Paula Logan	Project update to front line staff
05/07/17		<b>Meeting with ARC Scotland</b>	Claire Watt and Rebecca Williams	Project update for ARC Scotland re their continued support with local Training and Development
06/07/17		<b>Meeting with Nairn Adult Team</b>	Claire Watt, Stella Chisholm	Project update to front line staff
06/07/17		<b>Meeting with East Inverness Adult Team</b>	Claire Watt, Charlie Mackinnon and Sheena MacLellan	Project update to front line staff
26/7/17		<b>Transitions Improvement Group</b>	Joanna Macdonald	Project update and feedback from Elected Members Workshop
26/7/17		<b>Meeting with Dr Susan Vaughan</b>	Claire Watt	Discussion re benefits and use of data report and request to support development of project outcome improvement tools
28/7/17		<b>Transitions Project Board Meeting</b>	Joanna Macdonald and Sandra Campbell	Feedback re Elected Members workshop and discussion re draft implementation plan

## The Four Options

### Option 1

#### Status Quo

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 school in home area)	Feedback from colleagues in Education – Transitions especially challenging when no Children's Social 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		
	2 lead workers involved in Transition per young person	



## Option 2

### Joint Integrated Transitions Team with a jointly funded budget for staff but with separate, existing funding for resource.

#### 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

#### Staffing Costs

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

#### What would the team look like?

- Integrated
- Comprising both Care and Learning and Adult Services Workers
- Staffing numbers
- Co-located?

#### 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

<b>Benefit</b>	<b>Cost</b>	<b>Comment</b>
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	
	Young people go through 2 transitions – at 18 years and 25 years	
Assessment tools can be developed for young people		
Ability to identify eligibility sooner		
Can start to signpost earlier – manage expectation		
Development of advisory role for other teams		May be issues around location
Opportunity to save costs		
	Risks of ‘pooling/ integrating’ budgets	
		No longer Lead Agency model
Huddle model		
Key professionals at all stages		
Smarter working		
		How does this match national guidelines?
People centred		
		Need to recognise that Transition is a LONG process
AHPs would have one single point of contact		

### Option 3

#### Proposed: Development of 2 x Separate Transitions Teams, Care and Learning and NHS Adult Services, (no jointly funded budget)

#### 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 in hand From Business Support 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 in hand from HR/Payroll NHS Highland and Highland Council*

#### What would the teams look like?

- 2 x 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)
	Potential for unnecessary duplication of work (Integrated service delivery would maximise existing resources)	

<b>Benefit</b>	<b>Cost</b>	<b>Comment</b>
	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
	Lack of opportunity to maximise integrated resources	
	Adding an extra level of confusion for all concerned (Young people and carers)	

Draft team structure

Deputy Director IMFOU NHS Highland

Learning Disability Service Manager NHS Highland

Team Manager Transitions Team

Admin

Staffing and Grades

**Total staffing**

- 7 x Qualified Social Workers
- 2.5 x Community Learning Disability Nurse
- 1 x Community Children’s Worker
- 1 x Children’s Services Worker
- 0.5 x Family Key Worker
- 0.5 Senior Community Children’s Worker
- 0.5 Autism Practitioner
- 1 x Admin

**NHSH**

- Qualified Social Workers 6
- CLDN (Adult) 2
- Admin 1

**Highland Council**

- Qualified Social Workers 1
- CLDN 0.5
- CCW 1
- CSW 1
- FKW 0.5
- SCCW 0.5
- ASW 0.5

CAMHS up to age 18

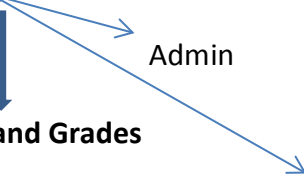
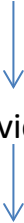
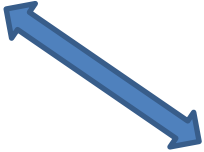
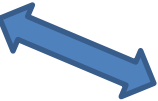
Family Team - 14

AHP – HC up to age 18

LD Service +18  
 LD AHP  
 LD Psychiatry  
 LD Psychology

District Teams  
 +25

Non LD - AHP – NHSH  
 +18





***Joint Transitions Team  
Draft Implementation Plan  
NHS Highland and Highland Council***

**Version 1.0**  
28 June 2017

## **DISTRIBUTION**

### **Stakeholders**

NHS Highland  
The Highland Council

### **Lead Officers**

Joanna Macdonald: Director of Adult Social Care, NHS Highland &  
Sandra Campbell: Head of Children's Services, Highland Council

### **Project Board**

Bill Alexander, Director of Care and Learning, THC  
Sandra Campbell, Head of Children's Services, THC  
Joanna Macdonald, Director of Adult Social Care, NHH  
Claire Watt, Transitions Project Manager, NHH  
John Gallon, SDS Peer Advisor  
Ellie Wolf, Health and Happiness  
Mairi Morrison, Children's Services Manager South, THC  
Debbie Milton, Children's Services Area Manager Mid, THC  
Dr Gaener Rodgers, Non-executive Board Member, NHH  
Shirley Jack, Manager The Orchard, THC  
Bernadette Cairns – Head of Additional Support Services THC  
Gillian Newman – Policy Lead Highland Children's Forum  
Kate Stephen – Elected Member THC  
Jean-Pierre Sieczkarek – Area Manager NHS Highland  
Gavin Gilray – Finance Manager Adult Social Care NHS Highland  
Fiona Bremner – Accountant THC

## **CONTENT**

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**External Parties (to be confirmed)**

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**Change History**

<b>Version</b>	<b>Date</b>	<b>Changes</b>	<b>Initial</b>

**Approval**

<b>Role</b>	<b>Name</b>	<b>Signature</b>	<b>Date</b>
<b>Sponsor</b>			



## 1. Background To The Review/Task

The Transitions Project is now entering the final stage of a 12 month project. Following robust scoping of the current challenges through a solution focussed approach and in consultation with practitioners - within both Highland Council and NHS Highland; parents/carers; third sector partners and young people; four options for improvement were developed. Namely:

- Option 1 – Status Quo
- Option 2 – development of a joint 14-25 Transitions Team
- Option 3 – development of 14-18 team in Highland Council and 18-25 team in NHS Highland
- Option 4 – Specialist Transition Workers within existing Highland Council and NHS Highland teams.

The four options were circulated and presented to the relevant improvement groups including Transitions, Learning Disability and Carer's improvement groups as well as to dedicated project working groups. Two SBAR reports were also submitted to the Senior Management Team of the Inner Moray Firth Operational Unit and to the Project Board. The consensus was a clear preference for Option 2 – development of a Joint Transitions Team.

Underpinning development of Option 2 has included:

- Data analysis of the number of young people requiring support, their level of need and statutory responsibilities. A full data report has been produced with the support of NHS Highland Improvement Team. These numbers have been matched to levels of staffing currently involved, to inform a team structure for a Joint Transitions Team.
- Utilising current staffing resources and relevant skill sets more effectively – avoiding duplication which happens under current Transitions pathway, and supporting *the Principles of Good Transition*

The four options were presented to ECAS committee in March 2017 requesting approval to develop Option 2. Further detail was requested around the options and therefore a workshop was held on 21 June 2017 for elected council members and NHS Board non-executive members. Young people with lived experience of Transitions presented at this meeting and the general feedback was extremely positive in favour of Option 2.

The request to support the development of Option 2 will be presented again to the ECAS committee on 24 August 2017. Given project timelines, this draft implementation plan is currently being developed for the next monthly meeting of the Project Board in July including:

- HR and staff side re movement of staff
- Finance
- Business Support
- Care First
- Training needs
- IT

- Operational Readiness
- Office Location

### ***Statutory Duties***

Under the current integration arrangement within Highland, to deliver integrated Health and Social Care Services through a Lead Agency model, Highland Council commission NHS Highland to deliver Adult Services, similarly NHS Highland commission Highland Council to deliver Children's Services. The development of a Joint Transitions Team serving ages 14 – 25 builds on these principles in developing a model with a single management and governance structure. This builds on the progress made to date in both services following integration highlighting that Transitions bridges both Children's and Adult Services. Statutory responsibilities to provide assessment, support, care and protection under relevant legislation for Children and Young Adults will continue to be met under this new model, which is also supported and underpinned by the Public Bodies (Joint Working) (Scotland) Act 2014.

***The Transitions Project, of which this Implementation Plan is a part, has been requested by The ECAS committee of The Highland Council in May 2016 and the NHS Highland Health and Social Care Committee July 2016***

## **2. Objectives Of The Implementation Plan**

The Objective of the Implementation plan is to prepare for the development of a suitably resourced and skilled, Joint Transitions Team. The draft Implementation Plan is to be delivered to the Transitions Project Board on 26 July 2017. The remit of the team is to:

Use the Highland Practice Model (GIRFEC) to support young people, from the age of 14 who; because of a level of disability, are at age 18 likely to meet the Eligibility Criteria for an adult social care service, and; will therefore require a transitions plan and ongoing support up to age 25 under the Adult Practice Model (GIRFEA)

## **3. Scope Of The Implementation Plan**

### ***Inclusions***

- Consultation with named advisors and representation from Employment Services of both NHS Highland and Highland Council
- Consultation with Staff side representatives from both NHS Highland and Highland Council
- Consultation with Finance teams NHS Highland and Highland Council
- Consultation with Business Support teams NHS Highland and Highland Council
- Consultation with Senior Management Teams in Operational Units NHS Highland and Highland Council

- Consultation with Care First team for both NHS Highland and Highland Council
- Consultation around Training Needs Analysis with NHS Highland and Highland Council
- Consultation with IT team NHS Highland and Highland Council regarding equipment, access and use
- Consideration of office location and equipment for team with Estate Management teams NHS Highland and Highland Council

### **Exclusions**

- Wider workload and waiting list review (outwith relevant 14-25 Cases) within existing Adult and Children's Services teams.
- The Implementation Plan is not the detailed Implementation Timeline which will be developed with the Steering Group following Committee approval and in agreement with Project Governance and Senior Management Teams

### **Constraints**

- Management of change process – including conflicting priorities within Operational Units of both NHS Highland and Highland Council

### **Assumptions**

- Support from ECAS (now People's) Committee in August 2017
- Support from Health and Social Care Committee in July 2017
- Support and agreement of Staff side
- Support from Operational Units re timescales of Implementation Plan

## **4. Method To Be Used**

Named persons allocated to Steering Group to facilitate and advise on preparation of Implementation Plan and Timeline from named departments within both NHS Highland and Highland Council.

## **5. Consultation With Stakeholders**

- Governance of Implementation Plan will be through the Governance Group (Project Board) (see section 1) and reports to Senior Operational Management Teams NHS Highland and The Highland Council.
- Consultation throughout Implementation Planning process will include updates to, and opportunity for feedback from relevant Improvement Groups (Transitions, Learning Disability, Carers, Autism Strategy) and project working groups

## **6. Output**

- Implementation plan for development of Joint Transitions team and associated timescale agreed and ratified by stakeholders

## 7. Draft Implementation Timetable

An outline timetable is given below:

Objective	Proposed outcome	Completion date
Report to People's Committee	Recommendation to support Joint Transitions Team approved	23/08/2017 19/10/2017 06/12/2017
Report to NHS Highland Health and Social Care Committee	Recommendation to support Joint Transitions Team approved	08/09/2017 09/11/2017
Project Steering Group agreed by Governance Group	Project Steering Group initiated, and monthly meetings arranged	27/09/2017
Agree Project Communication Plan with Governance Group	Action Communication Plan and share with stakeholders	27/09/2017
Monthly Steering Group meetings receive progress reports from Project Manager on workstreams including: <ul style="list-style-type: none"> <li>• HR (including Staff side)</li> <li>• Finance</li> <li>• Business Support</li> <li>• Care First</li> <li>• Staff Training Plan</li> <li>• IT</li> <li>• Office Location</li> <li>• Operational Readiness</li> </ul>	Delivery of appropriately resourced and supported Joint Transitions Team across both Highland Council and NHS Highland within agreed timescale	01/04/2018
Monthly Steering Group meeting reports given to Governance Group and Senior Management Teams – across both Highland Council and NHS Highland ( <i>Tier 1 Communications plan</i> ) and necessary direction received	Facilitate project outcome of delivery of Joint Transitions Team	<b>01/04/2018</b>