

MINUTES OF THE SCRUTINY REVIEW - TRANSITION FROM CHILDREN TO ADULT SERVICES

THURSDAY, 4 FEBRUARY 2010

Councillors Adjé, Allison and Newton (Chair)

Observer None

Apologies None received

LC1. ITEMS OF URGENT BUSINESS

No items of urgent business were notified

LC2. MINUTES

The minutes of the meeting held on 10 December 2009 were agreed.

LC3. DECLARATIONS OF INTERESTS

None notified

LC4. REPORT - CHILDREN AND YOUNG PEOPLE SERVICES - RESPONSE TO SUPPLEMENTARY QUESTIONS INCLUDING FINANCIAL RESPONSE

5.1 Children and Young People Services provided the panel with written submission to the supplementary questions [attached].

5.2 With reference to the Transition Plan, officers stated that this was an evolving document containing detailed information from all relevant services including health and social care needs in relation to the individual. The Annual Review in Year 9 and any subsequent annual reviews until the young person leaves school must include the drawing up and subsequent review of a Transition Plan. The Transition Plan draws together information from a range of individuals within and beyond school in order to plan coherently for the young person's transition to adult life. Transition Plans, when they are first drawn up in year 9, are not simply about post-school arrangements; they should plan for on-going school provision, under the Statement of SEN as overseen by the Local Education Authority."

5.3 The views of young people themselves should be sought and recorded wherever possible in any assessment, reassessment or review from year 9 onwards. About 50 reviews took place annually. It was agreed that an anonymised copy would be made available to the panel. If any of these clients with a Statement of Special Needs. The recent away day identified the need to consider wider client requirements by the review panel. With reference to those young people receiving services out of borough, it was noted that follow up services were provided by the home authority [the authority with statutory responsibility for the client]. If their needs can be met by adult services. The important thing was that they are

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all tracked by Young People Services. Consideration was being given in relation to maintaining efficient tracking especially as the client group has increased quite considerably. The services took a holistic approach and are looking as providing support within mainstream education in Haringey.

5.4 Long term programmes include identifying children from birth who were likely to need specialist services in the future. Currently there were approximately 120 0-5 year olds identified as in need of support. This would influence commissioning.

5.5 In response to a question about whether people moved to areas with better service provision, it was noted that there was a high mobility into Haringey - approximately 3 to 4 people moving in per week with high needs. There was a need to weigh up specialist contacts to include annual reviews, the needs of the families' wishes etc. Clients in out of borough residential are considered as Looked After for the purposes of Section 20 of the Children's Act 2006 which outlines contact activity directions and conditions. Approximately 6 return visits are funded by the council per year (for families visiting children placed out of borough).

6.0 BUDGET PROVISIONS

6.1 There are no comparisons available purely for transition clients; however the table below shows Department of Health financial statistics for Learning Disabilities for 2006/ 07 and 2007/ 08. The 2008/ 09 data is not yet published.

6.2 The Panel commented on the fact that the Audit Commission viewed Haringey as a high spending borough on commissioning and in response to a question on the strategies taken by the Children & Young People Service to address this. In 2009/ 10 extensive work had been undertaken, through a partnership with OLM, (OLM Group businesses work with local authorities to create an environment where choice is available, where investment is in preventive options that maintain people's independence, and where there are sustainable support systems. They work with social and healthcare professionals to help them facilitate people's choices in order to improve their health and wellbeing.) to reduce the current cost of residential care packages, recognising the fact that the unit costs are very high, when compared across London, and due to overall budgetary pressures. OLM were commissioned to examine the costs of the top 50 value packages with external providers, to review the break down of charges made to the Council and to achieve a reduction in fees being charged, with no impact on the service being received by the client.

6.3 To date this review (OLM) has been concluded for 25 clients and the full year effect of savings achieved with this contract for Adult Services is £197k (09/ 10 part year was £177k). Once this initial exercise was completed it would be extended to other client groups and high cost packages.

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6.4 The Council was working closely with OLM in order to better understand the cost breakdown of placements and to apply a cost calculator for future placements to ensure the council was maximising the value for money being achieved through residential placements. OLM helped to improve the quality and cost-effectiveness of social care, provided a range of consultancy services which enabled local authorities to address government initiatives.

6.5 The action plan was being developed following recommendations made at the away day to include:

- Key actions and new actions
- Named activity leader.
- Checking draft protocol against other authorities.
- Keeping in touch nationally and regionally
- Main pathways have been identified.
- Reporting to partnership board.
- Agreement to meet in six months.

6.6 The Panel was made aware that the Government had announced, as part of the machinery of government changes, that 16-18 funding for sixth forms and colleges would be delivered through local authorities in the future, subject to consultation and the passing of the necessary legislation. In the interim, the LSC would remain responsible in law and practice for the allocation of funds to all forms of post-16 education and training other than higher education. Concern was expressed about the proposed change in funding and the adverse impact on those who previously accessed training could be missed. Parents of Young people in Haringey had been fully supportive; this would also impact on Adult Social Care in terms of providing day time provision for students not in employment or training.

6.7 With reference to the recent OFSTED inspection, Phil Di Lio reported that the inspectors wanted to see a focus group of parents and carers, they also wanted to talk to those individuals going through the transition process. A focus group was set up and there had been a positive outcome from the focus group. A draft report would be produced.

6.8 Personalisation Agenda

6.9 The panel learned that the personalisation agenda meant a major shift in the way support providers approached service development and delivery. Residential care, housing with support and domiciliary care services have traditionally been service-led according to models established by commissioners and regulators. The personalisation agenda required service development, which included the commissioning process to reflect what individuals really want according to their own basic needs, preferences and aspirations.. Personalisation throws up a number of challenges and opportunities with sweeping changes taking place across the care and support sectors. It is government policy to have the

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current service running alongside personalisation. Any savings resulting from personalisation would primarily be from the back office infrastructure function. There was recognition that some customers may value services that move beyond traditional definitions of care and/or support. It was important to manage expectations. Local partnerships between private, voluntary sector organisations and local authorities would evolve as new personalisation roles emerged. Commissioning would be more about market facilitation with less emphasis on control.

6.10 Value for Money

6.11 There are no comparisons available purely for transition clients; however the table below shows Department of Health financial statistics for Learning Disabilities for 2006/07 and 2007/08. The 2008/09 data is not yet published.

6.12 The Panel commented on the fact that the Audit Commission viewed Haringey as a high spending borough on commissioning and in response to a question on the strategies taken by the Children & Young People Service to address this. The panel was informed that extensive work had been undertaken, through a partnership with OLM, (OLM Group businesses work with local authorities to create an environment where choice is available, where investment is in preventive options that maintain people's independence, and where there are sustainable support systems. They work with social and healthcare professionals to help them facilitate people's choices in order to improve their health and wellbeing), to reduce the current cost of residential care packages, recognising the fact that the unit costs are very high, when compared across London, and due to overall budgetary pressures. OLM were commissioned to examine the costs of the top 50 value packages with external providers, to review the break down of charges made to the Council and to achieve a reduction in fees being charged, with no impact on the service being received by the client.

6.13 The Council is working closely with OLM in order to better understand the cost breakdown of placements and to apply a cost calculator for future placements to ensure the council is maximising the value for money being achieved through residential placements. OLM helps to improve the quality and cost-effectiveness of social care, provide a range of consultancy services which enable local authorities to address government initiatives.

- Introduction of parents/clients to adult social care at an earlier stage to ensure early dialogue. Better joined up services, building relationships and trust. What's being done to ensure parents know this. Early support work was needed from 17 onwards [person centred review].
- Greater influence of business and employers re work experience, apprentices, job coaching for those with disabilities.
- What does the council offer – there was a need to spread this approach more widely across the council and the NHS – Haringey guarantee scheme.

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- No link worker but transition social worker.
- Examine the link between HR Strategy and Equalities to ensure sustainability either internally or externally with partners.

6.14 Budget Provision Value for Money

6.15 The Panel considered the written submission and learned that the budget available for care packages for people with learning disability was £10.421 million which covers all learning disabilities clients up to the age of 64. The budget has increased over the past two years to allow for the additional costs to the LD service of transition clients moving from the children's services to adult. The Panel learned that extensive work had been commissioned through a partnership with OLM [a private organisation] to examine the costs of the top 50 packages with external providers to review the break down of charges made to the Council and to achieve a reduction in fees bring charged. The provider marking was very challenging and there was a need for:

- The introduction of a common contracting process
- Strong commissioning and maximisation of purchasing power
- Identifying training and support needs of procurement officers and training and more forensic accounting [officers would benefit from shadowing consultants, sitting on meetings and negotiations] to develop transferable skills in-house.

6.16 Following discussions around the use of external consultants and the value to the Council, The panel was of the view that Children's and Adult Services should work closely with Central Procurement Team to produce robust tender specification in order to commission quality services at a reduced price.

6.17 The Care Funding Calculator was a tool, designed to support local authorities, PCTs and providers to gain improved understanding of the cost of care placements in the Learning Disabilities, Physical Disabilities and Mental Health sectors, to improve decision for local authorities and PCTs when purchasing care, to ensure improved outcomes for services users, and the best use of resources. With adult care budgets under huge pressure, the calculator allows both provider and commissioning staff to assess a fair price for residential care and supported living arrangements for service users.

6.18 The panel agreed that details of comparator between the authorities listed in the report should be made available to Members. The Panel would also like to have sight of a blank assessment form.

6.19 Equalities monitoring

6.20 With reference to equalities monitoring, particularly focussing on user profile, it was noted that there was a ratio of 2:1 male: female that had

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a disability, there were not significant difference in the ethnic profile of young people in transition with a Statement of Special Educational Needs. Statistics showed there were 60 black British children with SEN in year 10, 56 black other groups and 61 white UK the figures were attributed to improved education achievements for students with a learning disability, early start to education in the borough; the creation of new places in primary and secondary schools. However it was acknowledged that there was a need to reduce to number of out of borough placements especially to reduce the transport costs.

6.21 The panel made the following recommendations

The Learning and Skills Council proposed changes to funding arrangements

The Panel was made aware that the Government has accounted, as part of the machinery of government changes, that 16-18 funding for sixth forms and colleges will be delivered through local authorities in the future, subject to consultation and the passing of the necessary legislation. In the interim, the Learning and Skills Council will remain responsible in law and practice for the allocation of funds to all forms of post 16 education and training together with other higher education. The panel made the following recommendations:

Recommendation

The Council should take the lead and control on the way in which the money is spent especially if this is not ring-fenced.

Recommendation

The Council should lobby central government to ensure ring fencing of funds especially as this could have an adverse impact on adult social care in terms of day service provisions.

Recommendation

Work with Health

The panel recommends that the work with health is further developed with particular emphasis on pathways for young people with mental health issues.

Recommendation

Linking services

The panel learned of the difficulties experienced by some families in understanding the complexities of the transition process and felt that a dedicated officer who could work with Children and Young People Services (C&YPS), Adult and Community Services (ACS) and Health Services would help mitigate the inherent problems of the transition from one service to another and **recommend** that there is a dedicated transition family support officer operating jointly within C&YPS Adult and ACS and Health Services with responsibility to oversee all departments in co-ordinating the transition process for each young person.

Recommendation

Employment & Training

It is apparent that there is a lack of employment opportunities for young people with special educational needs as they make the transition from C&YPS to ACS. The council need to be proactive in creating employment opportunities and work experience placements for those young people who need them. The panel **recommend** that Human Resources Services in Haringey should consider an employment quota system for young people with learning difficulties; mental health issues and with physical disabilities to ensure employment sustainability either internally or with partners.

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Please see appendix 1 for list of questions and responses.

Cllr Newton
Chair

APPENDIX 1

QUESTIONS FROM THE REVIEW PANEL & RESPONSES FROM THE DEPT.

2.0 Strategic Issues – Children and Adult Services

- **Transition from Children's Services to Adult Services - What are the Council's objectives and key mission?**

To enable young people aged between 14 and 25 years, with additional needs (to include young people with learning, physical or sensory difficulties, mental health difficulties and who are vulnerable), to move successfully into the adult world through strategic planning and inter-agency cooperation.

To ensure that robust Transition arrangements are in place across the Local Authority (LA) and deliver consistent outcomes and to ensure that operational procedure mesh with adult budget planning cycles.

- **How do you get to know about people in transition moving into the borough? Is there a system in place to pick this up if it is not provided by SENCO?**

If a young person with a statement of SEN moves into the borough the SEN department is informed either by the previous LA or, if new to the country, by School Admissions. If the family become known to health services or another service first, e.g. GP, they will also ensure the SEN department is aware of the family. If a young person acquires a disability e.g. after an accident or sudden onset of medical condition, again the SEN department is made aware. If the young person is 14yrs+ they are automatically referred to the 14+ Transition Panel.

- **How many young people are placed out of borough and how is transition managed for this group?**

There are 138 young people aged 14 -19 years with a statement of SEN placed out of borough. The table below shows the range of those placements.

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The school which the young person attends is under the same duty to prove a transition plan from aged 14 yrs and send to SEN Department in Haringey. A representative from Connexions in the LA in which the young person resides also attends. Once the Annual Review and the Transition Plan is received it is recorded within the SEN department and circulated to all relevant agencies in Haringey including Connexions, Adults Services and Social Care.

Total No of Year 9 plus students with Statements attending out of borough schools: 138
(includes CIC to Haringey whose support/ school placements we fund)

	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	
Maintained Mainstream	16	13	10	1	1		41
Maintained Special	4	6	9	6	3	3	31
Independent Mainstream (Day)	3	2	2	1		1	9
Independent Special (Day)	5	8	4	2	1	2	22
Independent Special (Residential)	2	4	5	5	6	3	25
Academy	2	2	2	1			7
Pupil Referral Unit	1						1
Other		1	1				2
	33	36	33	16	11	9	
						138	138

- **What are the key drivers for change identified [both internally and externally?]**

Nationally:

[Aiming High for Disabled Children: better support for families](#) (2007) The government review found that more work was needed to improve co-ordination and effectiveness of local services for disabled young people in transition to adult life.

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Other National Policy Drivers

[Transforming adult social care \(2008\)](#)

This is also known as the Personalisation agenda. By April 2011 Councils with Adult Social Services responsibilities must ensure that “services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive”.

[Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own \(2008\)](#)

This is the 10 year national strategy for carers, which was developed after extensive consultation with carers. Its outcome for young carers is that:

Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the *Every Child Matters*¹ outcomes.

Children should not have to take on inappropriate types and levels of caring, which can affect school attendance, emotional and physical wellbeing and longer-term life opportunities.

The national Carers Strategy also recognises that the transition of young people from children’s services is often a difficult time for carers as well as the young people concerned.

[Valuing People Now \(2009\)](#)

The Government’s new three-year strategy for people with learning disabilities sets out a range of commitments to improve health and healthcare for people with learning disabilities. *Valuing People Now* is based on the four key principles of:

- rights
- independent living
- control
- inclusion

Six key priorities have been set for 2009-10 for the Valuing People Now work programme:

- to raise awareness of *Valuing People Now* across national and local government, private and voluntary sectors , and within wider society;
- to have an effective Learning Disability Partnership Board operating in every Local Authority;
- to secure access to, and improvements in, healthcare, with Strategic Health Authorities and Primary Care Trusts (PCTs) responsible for, and leading, this work;

¹ <http://www.everychildmatters.gov.uk/>

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- to increase the range of housing options for people with learning disabilities and their families, including closure of NHS campuses;
- to ensure that the personalisation agenda is embedded within all local authority services and developments for people with learning disabilities and their family carers, and is underpinned by person centred planning; and
- to increase employment opportunities for people with learning disabilities.

Review of transition in Haringey has identified the need to:

- ensure key stakeholders including young people and their parents/carers are involved in strategic planning process for Transition arrangements.
- review all current strategies and protocols to identify what is already effective and to develop protocols for changing needs and gaps in the service.
- identify all key legislation and guidance on transition, particularly the responsibilities of all agencies;
- ensure that appropriate data is shared and held by all partners.
- monitor and review the necessary actions and outcomes for young people through Person Centred Planning
- ensure systems and procedures are in place to share information about young people from year 9 (14 years), and to track young people through the Transitions process to their twenty fifth birthday;
- provide information in regard to service changes and developments that will impact on young people's transitions.
- **How is the Council performing against national and regional PIs and how does it compare within its family group e.g.**

The C&YPS has a target for all young people in transition to have a completed Transition Plan.

We achieve this each year by monitoring the receipt of plans, following up delayed returns and also monitoring the quality of plans and follow up action as appropriate. Good plans give a clear profile of the young person, their aspiration and goals, their current and predicted attainment levels and the steps needs to achieve transition.

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Partnership working:

- **Does the service have a strategy to determine how information is shared between partners? Please explain these strategies.**

The Information Sharing protocol which outlines how information is shared between Children and Young People's Service and Adults will be further developed as part of the Procedures and Protocols work stream agreed by *My Service at 18* Strategic Steering Group. The newly formed *My Service at 18* strategic steering group comprises wide representation from partner agencies.

- **Which partners do you work with and what strategies exist to ensure effective partnership working –Please include strategies for identifying barriers and challenges to effective local partnership working.**

Roles and responsibilities for all partner agencies are being reviewed as part of the *My Service at 18* strategic plan.

Partners include:

Schools in and out of borough
Social Workers
Connexions
SEN Department
NHS Haringey
GOSH Haringey.PCT
CAMHS
Adults LD Service
Adults Sensory and Physical Difficulties Service
Adults Mental Health
Housing
Haringey Sixth Form Centre
SHENEL
Area 51
14-19 Strategy
LSC
Markfield
Contract and Commissioning
Participation team
LD Partnership Board
ASC Steering Group

The strategy for identifying barriers and challenges to effective local partnership working is part of the on going work of the *My Service at 18* steering group through the work plan. .

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- **Can you identify any partners or agencies that are not fully engaged with the Services – please explain how they are encouraged to become fully engaged.**

My Service at 18 strategic steering group held a very successful away day in November with over 50 representatives attending. There was a strong commitment from all agencies to move forward on the four work streams and to meet again in six months to review progress. The subsequent steering group is now working on capturing the work of the away day in an implementation plan with clear action, responsibilities and timescales.

The work of the ***My Service at 18*** transition delivery group has enabled the following outcomes. CYPS and ASC now joined one group, which has incorporated the work of the ASC steering group. This has led to the development of four main work streams; personalisation and social inclusion, development of shared agreed protocols and pathways; mapping of needs including specific and complex needs such as ASC and accessible information for carers. Outcomes to date have been the development of protocols which have incorporated seven pathways for inclusion of people in transition. An early result of this has been the inclusion of young people from Leaving Care and Asylum team in our personalisation pilot.

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Equalities and diversity issues.

- **Equalities monitoring – Does the service have any equalities monitoring information which provides a profile of who is using the service; who is not using the service; any under or over-representation issues. (Six equality strands - race, gender, disability, age, sexual orientation religion or belief**

All data on young people in transition includes equalities profiling as shown in table below.

Statemented Children in Year 10 plus (Haringey children only) by ethnicity & gender
 372

Female	103
Male	269
	<u>372</u>
Asian	20
Black African	60
Black British	23
Black Caribbean	56
Black Other	6
Iranian	1
Jewish	11
Latin American/ Guatemalans	1
Lebanese	2
Mixed	20
Not known	2
Not recorded	4
Preferred not to say	7
Turkish	18
Turkish Cypriot	4
Turkish/ Kurdish	10
White African	1
White European	31
White Other (Canadian)	1
White UK	61
White UK European	33
	<u>372</u>

This table shows that

- there is a ratio of more than 2:1 male: female that has a disability.
- there is no significance difference in the ethnic profile of

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Statemented Children in Year 10 plus (Haringey children only) by ethnicity & gender
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young people in transition with statements.

- **How the service addresses any significant disparity between individuals and groups using the service.**
- **Comparative data- does the service have any comparative data regarding its equalities information i.e. against local demographic information, relevant survey information, neighbouring boroughs**

Analysis of data and community engagement at various levels results in strategic planning for individuals and identified group needs, e.g. autism. The newly appointed Learning Disabilities Commissioning Manager in Adult Services is completing a Joint Strategic Needs Assessment on Learning Disabilities, Mental Health and Autism. This will afford us the opportunity to carry out more detailed analysis of housing, health, education and employment for young people over the next 10 – 15 years

- **Complaints and feedback – any trends information and pictures relating to equality groups.**

Complaints received relating to transition

2008/ 09

One complaint received. Person is female, white/ Greek Cypriot.
One Members' Enquiry. Person was female White British.

2009/ 10

One complaint received. Person is male and White British.

- **How the service through its strategy and objectives addresses the specific needs of different equalities groups, i.e. requirements associated with religion and belief; gender**

Service provision is determined in relation to the individual needs, their assessed needs and their preferences. Person centred planning adopted borough wide in Adult social care with the advent of Valuing People 2001 saw the development of a local framework with breadth and depth training target to shape the implementation of person centred approaches to people with learning disabilities. The person centred approach to planning locates the individual at the centre and support is planned according to the holistic needs of individuals. Circles of support including family friend's professional and facilitator is the model for development of these plans. Holistic considerations by definition include consideration of religion, culture, and also include a consideration of health needs, dreams and aspirations of the individual. Adult social care took the lead in training

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staff of children's team to share this individual person centred approach to planning with the individual in response to the local implementation of the requirements of VP 2001.

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- **How does the service address inequality issues? Does the service have any specific targets or objectives related to the different equality groups or equalities and diversity?**

The service addresses inequality issues through the work of commissioning and strategic needs assessment activity. However this is not just through the statistical gathering of information. In addition a range of consultation as well as individual approach described above allows for the gathering of data and information which informs service delivery. For example following consultation with parents of people with ASC in transition and a request from Haringey Autism, a parent/ carers support group, a steering committee has been established in Adult Services to look at provision for young people with autism, including Asperger's syndrome, identify gaps and develop proposals to address gaps and to develop autism specific provision.

We further ensure staff use services to meet the needs of BME communities in the most effective way by adopting a number of initiatives/ programmes which have been developed through consultation with carers in particular. This includes the following:

- Training ('Carers – working with carers as expert partners') started October 2009 commissioned by Occupational Development and Learning, and will take place bi-monthly; quarterly Information Workshops to be held with care management staff to raise the profile of BME services for carers (and users), to commence February 2010.
- Directories of services across client groups including carers, to be updated and published in 2010/ 11. (Note: Information to carers is a work stream of the Carers Partnership Board)

The newly Integrated Access Team was launched in November 2009. The new service delivers information, advice, signposting, referral for all of adult social care, and includes a service to users and carers whose needs or entitlements fall outside the Fair Access to Care Services eligibility criteria, building on the success of our self-directed support information and advice service at the Winkfield Centre. An updated adult social care website is now available to those wishing to gain information on line about services. The link is below:

http://www.haringey.gov.uk/index/social_care_and_health/services-for-all/personalising-support.htm

Hard copy leaflets are available to be sent out by the team on request.

- **Has the service undertaken any equalities impact assessments, evidence on how the service has developed appropriate improvement actions to address any policy and practice issues.**

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Every policy development in social care is accompanied with an Equalities Impact Assessment. For example the behaviour management policy impact assessment identified inequality issues and strategies to redress inequalities of learning disabled people.

The newly developed Transition Strategic Implementation Plan will include an Equalities Impact Assessment.

- **Review of specialist support provided – i.e. language support; aids and adaptations.**

The comprehensive assessment carried out by health and social care staff identifies the need for specialist support. Support planning will then ensure that the needs identified are incorporated into care purchasing. For example the need for example of speech and language therapy, occupation therapy assistance for aids and adaptation. With the advent of personalisation the aim is to give the control to the individual including individual budgets to enable individuals if they wish to purchase their own care. Changing needs will be identified through review and re-assessment processes. Details of young people's needs are included in their Annual Review Person Centred plans, including new needs due to changes in young person's needs or context. These include communication aids, standing frames, wheelchairs, adaptations, sleep aids. These requirements will be central to Personalisation planning process.

Primary health care

Several initiatives have been introduced to reduce inequalities. In primary health care, many of the GP practices have signed up to the introduction of a Direct Enhanced Scheme (DES) for people who have learning disabilities. The scheme includes mandatory training for lead GPs and practice staff, the introduction of a primary care register of people who have learning disabilities, and individual health checks linked to health action plans.

The Haringey Community Learning Disabilities Team provides training, support and guidance on effective communication and the impact of learning disabilities.

- **Review of partners and link agencies – how diverse and representative are they.**

My Service at 18 steering group has recently reviewed representation and identified key stakeholders including young people and their parents/carers. These include representatives from housing, transport, employment, further education agencies as well as clinicians and other health and social care worker

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- **Does the service have any equalities performance management systems and frameworks to assist it to comply with equalities and diversity requirements?**

Initiatives using the Equalities Framework for Local Government to improve performance:

'Knowing your communities and equality mapping'

1. JSNA
2. Borough Profile
3. Needs Assessments
4. Case recording
5. Research governance framework
6. EIAs

'Place shaping, leadership, partnership and organisational commitment'

- led by sustainable community strategy

'Community engagement and satisfaction'

- led by Community engagement framework

1. Access to service days
2. Translation and interpretation services
3. Easy to read communication materials
4. Cultural awareness events
5. Consultations
6. User surveys
7. Specific group forums and partnership boards

'Responsive services and customer care'

1. Joined up services
2. Person centred care packages
3. Equalities in procurement
4. Monitoring by ACCS Equalities Board

The new Equalities Framework for Local Government (EFLG) allowed us to align evidence of our current equality practice to a specific level of achievement. We looked at and matched our evidence to the EFLG's 32 questions of '*How was this done and what is the evidence?*' Most of the evidence was at ***an achieving authority (level 2)***. We arranged our evidence under the five performance areas of the EFLG, which will help us to improve performance to achieve level 3 – ***an excellent authority***.

- Mental health needs assessment to be completed in January 2010.
- EIAs: approach across partnership is being unified. Cultural Strategy, Personalisation, User Payment Policy and Personal and Sexual Relationships EIAs to be finalised in 2009/10.
- Cultural awareness events took place at the Haven Day Centre and Abyssinia Court Drop-in Centre in Autumn 2009.

MINUTES OF THE SCRUTINY REVIEW - TRANSITION FROM CHILDREN TO ADULT SERVICES

THURSDAY, 4 FEBRUARY 2010

- Low Vision Services Committee meets quarterly to identify and act upon required service development.
- Scrutiny Review of Day Centre Transport involved and consulted users, carers and staff.
- Carers Partnership Board revitalised – chaired by Dignity in Care Champion and have 19 other carers as members.
- Care packages have been modified to meet the need of individual users.
- Equalities performance monitored and reported through ACCS Equalities Scorecard. This is provided to the WBPB and subgroups, CEMB, Council Members and ACCS DMT who cascade to service managers
- Further work will be done on the six equality strands - race, gender, disability, age, sexual orientation religion or belief

MINUTES OF THE SCRUTINY REVIEW - TRANSITION FROM CHILDREN TO ADULT SERVICES

THURSDAY, 4 FEBRUARY 2010

Review whether the service has set any targets for promoting independent living for people with disabilities and impairments, including those with long term health conditions, mental health issues and black and ethnic minority disabled people.

- Mental Health Services – Review Team established – implementing move-on action plan from residential care to support or general needs housing.

100% of people in receipt of supported accommodation will be reviewed within the year with a view to moving to the lowest tier of sustainable need and ultimately aiming to return to an independent community based tenancy. The number of step-down flats in sheltered housing increased to 21. This is currently being considered as part of the Strategic Needs Assessment.

Haringey Learning Disabilities Partnership (HLDP) recognises that people who have learning disabilities often do not have their health needs met effectively (See Haringey Scrutiny Review 2007²). This is reinforced by national data and evidence (e.g. Michael 2008³, Mencap 2007⁴ Parliamentary and Health Service Ombudsman 2010⁵). *Valuing People Now* includes health as a priority area for improvement. Haringey's community team will lead on this in line with government policy and the wishes of service-users and families to receive services in their community. The Learning Disabilities community health outreach model of health provision was developed and agreed at HLDP Board for all people, including Black and minority ethnic people, with long term health conditions and mental health needs to be supported in the community so reducing hospital admission.

The development of an intensive, clinically grounded, community-oriented service for people with complex needs has many benefits to the person and the service in general. Not least is the delivery of person-centred care at the core of its function. The following is a list of the benefits of the service to service-users with complex needs.

Users

1. To receive timely assessment of the person's needs in their current environment;
2. To receive a flexible, co-ordinated intervention in their current environment;

² Haringey Council 2007 Healthy and Equal: improving the health of people with profound and multiple learning disabilities. A review by the Overview and Scrutiny Committee

³ Michael J. 2008 Healthcare for all: the independent inquiry into access to healthcare for people with learning disabilities. 2008.

⁴ Mencap 2007. Death by indifference

⁵ Healthcare for people with learning disabilities: recommendations of the Parliamentary and Health Service Ombudsman 2010

MINUTES OF THE SCRUTINY REVIEW - TRANSITION FROM CHILDREN TO ADULT SERVICES

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3. To reduce unnecessary in-patient admissions;
4. To reduce the potential of transfer to an out-of-borough placement;
5. To maintain contact with families, carers and day services;
6. To reduce risks to the person affecting their health and social circumstances;
7. To maintain and improve the person's health
8. To be involved in their care through Health Action Planning and person-centred CPA;
9. To provide clear lines of responsibility and accountability in the care they receive.

Families/ Carers

1. To provide a flexible, timely and responsive service;
2. To support the family/carer in maintaining the person in the best environment to meet their individual health needs;
3. To assist the family/carer in managing the person's complex health needs;
4. To prevent breakdown of placements.

Service Commissioners

1. To reduce in-patient bed days in services in and out of borough;
2. To utilise in-patient services appropriately when necessary
3. To ensure mental health care is delivered within the CPA framework;
4. To ensure value for money in meeting the needs of people with complex health issues;
5. To demonstrate adherence to the principles of Disability Discrimination Act (2006) Valuing People Now (2009), The Human Rights Commission (2008) and the Mansell Report (2007);
6. To assist Commissioners in judging the appropriateness of the person's current placement to meet their needs.

Impact of personalisation

The work of personalisation and a mapping of needs specific outcomes with regard to ASC have enabled the early identification of market area for development, including specific complex needs housing in borough. This has led to the inclusion through person centred approached of 3 people with LD and complex needs into shared ownership pilot project .Also support for market development which has led to commissioning of day opportunities and skills training for young people with complex needs which will lead to employment pathways . A specific example of this is the early identification and commissioning of educational resource which have enabled 10 people from transition to attend a newly commissioned educational resource which will equip and prepare for work opportunities for people with Profound and Multiple Learning Disabilities and complex needs.

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The work of the ASC steering group and early learning from the personalisation pilot has supported the workforce developments that will be needed to respond to transformation. Hence our training dept are working closely with parents/ carers of people in transition from the transition group and the National Autistic Society to develop a training programme which will enable us to develop our staff and other stakeholders to respond to the needs of people with ASC.

LC5. DATE OF NEXT MEETINGS

The date for the next meetings were agreed as follows:

8th February 2010

11th February 2010

LC6. NEW ITEMS OF URGENT BUSINESS

There were no new item of urgent business

Clr George Meehan

Chair