

Developed in Partnership



**Children with a Disability
Health and Social Care
Commissioning Strategy
2016 – 2018**

Version: Final

Author: Matthew Holland & Gary Wainwright

Date: July 2016

Document Control

Revision History

Version	Author	Reason for Issue	Date
1	MH	Initial draft	December 2015
2	MH	Revisions	5 th February 2016
3	MH	Revisions	20 th February 2016
4	MH	Revisions	4 th April 2016
5	GW	Revisions	1 st May 2016
6	GW	Revisions	1 st June 2016
7	GW	Final Version	29 th July 2016

Document Distribution

Number	Owner/Recipient	Location of Recipient
Master	Gary Wainwright	Commissioning & Health Partnerships
1	Keith Smith	Commissioning & Health Partnerships
2	Matthew Holland	Commissioning & Health Partnerships
3	Tom Brailsford	Commissioning & Health Partnerships
4	Karen Poole	North Kirklees Clinical Commissioning Group
5	Roger Clayphan	Children and Young People
6	Toni Traynor	Children and Young People
7	Mandy Cameron	Learning and Skills
8	Collette Lake	Wellbeing and Communities
9	Michelle Cross	Wellbeing and Communities
10	Carly Speechley	Children and Young People

Document Authorisation

Project Role	Name	Signature	Date
Project Manager	Matthew Holland		October 2015
Project Manager	Gary Wainwright		May 2016

Contents

1.	Introduction	4
2.	National Challenges and Legislative Context	5
3.	Local Context, what is the current position?	7
	What we have now.....	8
	Our Purpose and Commitments	10
4.	Commissioning Approach.....	12
	A model to guide commissioning for well-being (NEF 2009).....	13
5.	Future Needs, Challenges and Gaps	14
6.	Next Steps	16
7.	Commissioning Timeline	18

1. Introduction

This commissioning strategy focuses on the care and support needs of children with a disability aged up to 18 years of age and their families and how the council intends to offer care and support in the future to the most disabled and vulnerable members of our communities and their families within the resources available to help them achieve their goals and ambitions in life.

There are 98,770 children and young people under 18 living in Kirklees, of which an estimated 2,500 children and young people aged 0 to 18 will have a learning and or physical disability. There is a growing population of children with a disability; children with the most complex needs are living longer and reaching adulthood.

Kirklees Council working in partnership with Kirklees Clinical Commissioning Groups aims to support individuals and communities to support each other and try to ensure everyone stays healthy and well and receive the care and support they need, when they need it. Safeguarding is a priority for Kirklees Council and our partners, we will ensure children with a disability are kept safe and help them in the most appropriate way. We also have a key role in making sure that everyone of us sees safeguarding as our own individual responsibility – it is the duty of us all to make sure that those around us are safe from harm wherever possible. This isn't always easy – we have to balance keeping people safe, with helping people to be in control of their own lives and being free to take risks. We have founded our adult safeguarding vision on the following principles:

- **Empowerment:** - everyone should be in control of their lives and their consent is needed for decisions and actions being taken to protect them.
- **Protection:** - it is everybody's responsibility to take action if they think someone maybe at risk of abuse.
- **Prevention:** - stopping abuse from ever taking place is the most important goal – and we all have a role in this.
- **Keeping things in Proportion:** - we must try to get the balance right between protection and empowerment
- **Partnership:** - making sure that we have really good systems that enable organisations to work well together to help protect people.
- **Accountability:** - being transparent and making decisions that are open to scrutiny.

The economic context is that all local authorities have to manage with significantly reduced budgets; Clinical Commissioning Groups also face severe financial challenges. In Kirklees we aim to ensure the funding we do have is spent on the most appropriate services that achieve the best outcomes and prepares children with a disability for adulthood. With significantly less funding in future years the council and key partners can no longer carry on doing the same things; we have to doing things differently as we move towards New Council.

The council has a whole has set out the need for change; we have to do the same to address the needs of children with a disability. This strategy sets out the national context and the local challenges we face, it considers if the current services represent best value and achieves the best outcomes. This strategy will ensure the funding we have available is spent on the most effective care and support services that provide the best outcomes taking into account the views and experiences of children with a disability and families and ensuring statutory duties are met.

To make this strategy a reality an effective partnership approach is needed, a strong partnership with Kirklees Clinical Commissioning Groups is in place. The introduction of the Children & Families Act and SEND reforms has seen the strengthening of partnership working with Education Services to implement education, health and social care plans and more importantly with children with a disability and their families.

2. National Challenges and Legislative Context

The Children Act 1989 and the Children Act 2004, the United Nations Convention on the Rights of the Child 1989, The Education Act 1996, Learning and Skills Act 2000, and Aiming High for Disabled Children 2007 represent the major overarching policies that have shaped children services over the last 30 years. More recently the Children and Families Act 2014, and the Special Educational Needs and Disability Code of Practice (0 to 25) 2014 have introduced major changes to the statutory duties of local authorities. The most recent publication being Children's Social Care Reform – A vision for change 2016.

The **Children and Families Act 2014** represents the biggest legislative changes for over 20 years for children's education and children social care. The Children and Families Act (part 3) introduced new statutory duties as set out in the statutory guidance. *'Section 19 of the Children and Families Act 2014 makes clear that local authorities, in carrying out their function under the Act in relation to disabled children and young people and those with special educational needs (SEN) **must** have regard to:*

- *The views, wishes and feelings of the child or young person, and the child's parents.*
- *The importance of the child or young person, and the child's parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions.*
- *The need to support the child or young person, and the child's parents, in order to facilitate the development of the child or young person and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood.'*¹

¹ Source: Children & Families Act statutory guidance page 19

Person centred approaches is a central theme throughout the Act; education, health and social care staff are expected to work together and make the young person and their families the centre of all activity. The Act placed new statutory responsibilities on, and gives new powers to, local authorities. Most importantly, local authorities have to:

- Work with health and social care colleagues jointly to commission services to deliver integrated support for children and young people with Special Educational Needs from 0 potentially up to 25 years of age.
- Consult children, young people and their parents, and cooperate with a range of local providers across education, health, social care and voluntary sector partners to deliver the new system, including post-16 education providers.
- Work with local partners, parents and young people to co-produce and publish a local offer of Special Educational Needs (SEN) services and provision to assist young people in finding employment, obtaining accommodation, participating in society and being as healthy as possible.
- Provide a coordinated education, health and care assessment for children and young people aged 0-25, and new Education, Health and Care (EHC) plans that will replace the two existing systems of SEN statements (in schools) and Learning Difficulty Assessments (in further education and training).
- Offer those with education, health and care plans the option of a personal budget.
- Consider the transition from children's to adult services and whether to use a new power
- The need to have a skilled and competent work force to provide children's services to young people over 18 to smooth their transition into adulthood.
- Parents and young people will have the right to appeal to the first-tier tribunal over disagreements with the local authority although Government expects resolution through mediation must be explored initially.

With regard to **Preparing for adulthood**, the act expects high aspirations to be set and with the right support, clear outcomes and a joint approach, children with a disability and those with special educational needs can go on to achieve successful outcomes in adult life. Preparing for adulthood means preparing for:

- **Higher education and/or employment** – this includes exploring different employment options, such as support for becoming self-employed and help from supported employment agencies.
- **Independent living** – this means young people having choice, control and freedom over their lives and the support they have, their accommodation and living arrangements, including supported living.
- **Participating in society**, including having friends and supportive relationships, and participating in, and contributing to, the local community.
- **Being as healthy as possible in adult life.**

The key changes introduced in the new legislation are; the need to bring education, health and social care services together to offer a far more co-ordinated joined up system, this is something we have been developing in Kirklees over the last few years. There must be a focus on preparing children with a disability for adulthood, with children and families being at the centre of the process and in control. The challenge ahead requires a change in mind set alongside whole system change.

The introduction of new major national policy changes and the current challenging financial circumstances means it is essential there is a Children with a Disability Commissioning Strategy in place. The strategy incorporates the key principles and statutory duties set out in legislation and make clear our key strategic commissioning priorities. Implementing the strategy will be done in partnership, delivering a new approach to how the council supports children with a disability and their families in the future.

3. Local Context, what is the current position?

Kirklees Council is on a journey and faces significant challenges, the council will look very different in the future, new council will;

- Supports communities to do more for themselves and each other
- Keeps vulnerable people safe and helps them to stay in control of their lives
- Focuses on the things that only the Council can do

To find out more about new council **please see appendix one.**

The council is facing increasing care costs and demand for care and support services for children with a disability and will have significantly less funding in the future. Over the last few years significant savings have been made, however the current model of care and support is not sustainable in the long term. The council aims to work in partnership with children with a disability and families to develop a new approach to the way care and support services are provided in the future.

The Kirklees Joint Strategy for Disabled Children and Young People, and Children and Young People with Special Educational Needs 2015 – 2018 sets out a clear vision, aims and objectives and identifies outcomes it wishes to achieve. This commissioning strategy focuses on shaping the future provision of care and support services to achieve some of the stated ambitions in the joint strategy. Special education needs and disabled children service work in close partnership to deliver the SEND reforms, the two are closely linked and overlap. The development of the All Age Disability approach brings together children and adult social care services to work alongside our health partners and education services in a single joined up system that will provide ongoing lifelong support to children with a disability throughout their lives.

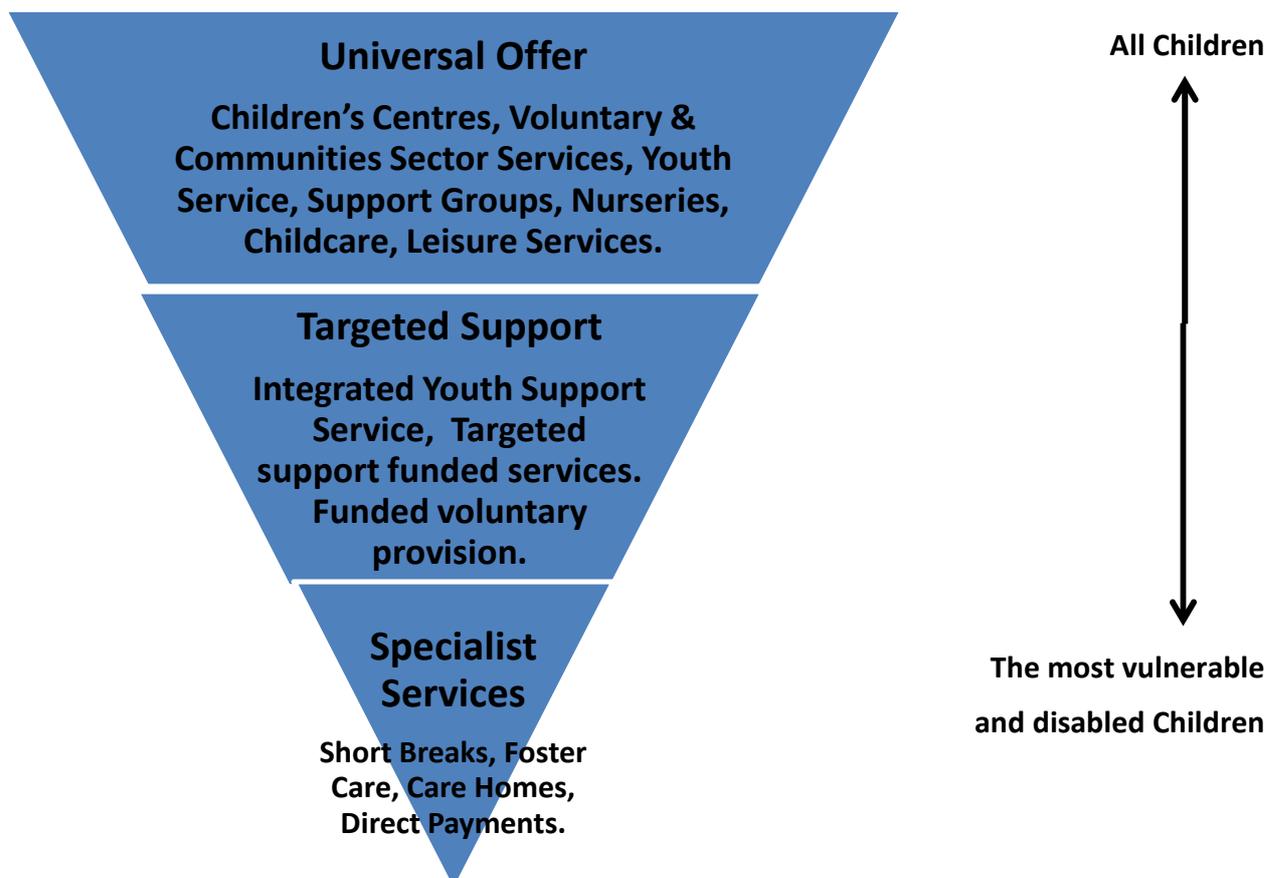
Current position in numbers?

- Around 5,782 children are identified as having some form of special educational needs
- Around 1,724 having a Special Educational Need statement or Education Health and Care Plan
- Around 757 people with a Special Educational Need statement or Education Health and Care Plan are 16 and over.
- There are an estimated 2,500 children (0 to 18) with learning and or physical disability living in Kirklees
- Around 1200 school aged children have a learning disability
- There are around 475 children with a disability currently accessing funded care and support services, 290 male and 185 female
- 156 children with special educational needs are educated out of area
- Around 150 children with a disability and or special educational needs turn 18 and enter adulthood every year
- Kirklees is an ethnically diverse population at the last Census in 2011, 29% of the under 18 population gave their ethnicity as non-white

For a more detailed statistical data on children with a special educational need and or disability **please see appendix two.**

What we have now

The council currently provides a wide range of children's services; **universal services** for all children. **Targeted services**, aimed at children and families when they first experience issues and problems and **Specialist services** for those who meet the disabled children's eligibility criteria.



The Universal Offer - is aimed at all children; some children with a mild disability may simply require reasonable adjustments to universal services to be able to access them and for the service to be inclusive and supportive to children with a disability. The new Huddersfield Sports Centre is a good example of an inclusive community facility for the benefit of everyone. For the most severely disabled children physical barriers and the need for care and support may prevent them accessing some services, whenever possible Universal Services should be inclusive of everyone. The council currently spends over £5.6 million on Universal Services; the vast majority is spent on Children's Centres.

Targeted Support - involves council staff working in partnership with health and education staff to complete the Early Help Assessment and identify a plan across agencies and with the child and their family to ensure that early support is offered to access support to resolve any difficulties at an early stage. The council currently spends over £9.6 million on Targeted Support Services, this does not include additional support provided within schools and by education services. Nearly half the funding is spent on in-house Integrated Youth Services; the rest is spent on a range of Early Intervention and Targeted Support Services, which includes Children's Emotional Health and Wellbeing Service. Offering early help and targeted support enables issues and concerns to be addressed before they develop into more serious issues and concerns.

Specialist Services - may be required to prevent immediate risk of significant impairment which might directly affect a child's growth, development, physical or mental wellbeing, or to prevent family breakdown and prevent the need for the child to be accommodated and the child to remain with their family. Specialist Services are primarily for children with the most complex learning and or physical disabilities. To access funding the child with a disability must meet the councils children with disability eligibility criteria **please see appendix three**.

The council currently spends over £6.3 million per year on specialist services which is broken down into the following services; council run long term residential care home service, council run building based overnight short break service, council run Young People's Activity Team, Early Years Special Educational Needs Support Service, Kirklees Information and Advice Service (KIAS), equipment for disabled children and a Portage Service for pre-school age children with additional support needs and their families. Additional short break services are commissioned and funded from the "Aiming High for Disabled People" ring fenced budget.

The single biggest budget expenditure is on direct payments. Currently just over £1.1 million is spent by 145 families on direct payments each year. Over the last few years a growing number of families have taken a direct payment to secure a more personalised solution to meet their care and support needs. Direct payments enable individuals and families to have greater control and choice over how their care and support needs are met, developing more community inclusive solutions, buying support and care services for themselves.

Kirklees Clinical Commissioning Groups provide around £1.3 million of funding mainly for very poorly disabled children meeting the children's continuing healthcare criteria but also joint funding services with the council, like equipment and some specialist support services. Personal health budgets are also available.

Specialist services for the most disabled are also the most expensive, the largest provider of specialist services for children with a disability is the council, but we are seeing a growth in families deciding to take a direct payment. The current range of services for children with a disability are based on a traditional model, building based short breaks provision meet the needs of many. The choice is limited, it is clear greater choice and more outcome focused services are needed that can meet the councils strategic aims and offer better value for money.

Our Purpose and Commitments

Kirklees Council and key partners are committed to working in ever closer partnership with children with a disability and their families to implement this strategy. Our principle outcome is to ensure children with a disability become as independent as possible; they are supported to achieve their goals and aspirations in life and establish long term planning processes that support families and prepare children with a disability for a happy and successful adult life. The council has a duty to ensure the funding available is effectively spent on care and support that achieves the best possible outcomes.

This strategy sets out the council's and our health partners approach and offer of support to children with a disability and their families;

- **Information and advice** is available to all, to enable families to help themselves and make informed choices regarding future options in a timely manner. The Kirklees Local Offer website: <https://www.kirkleeslocaloffer.org.uk/#/> is one way of doing this. The website offers good quality information and advice, developed in partnership with Parents of Children with Additional Needs (PCAN).
- A **Universal Offer** that is inclusive of children with a disability. Our aim is to support parents and families better, to enable them to be more resilient and to support communities and social groups to come together to develop community support networks.
- A **Targeted Support** offer that is provided in a timely manner, with a focus on a preventative approach, that focuses on achieving outcomes that will enable children with a disability to achieve their goals in life and live safe and independent adult lives.
- **Funded health and social care** provision for the most disabled children that focuses on clear outcomes, builds confidence, skills and fully prepares children with a disability to have full, rewarding, ordinary, inclusive lives and become as independent as possible. Person and family centred approaches are used that enables children with a disability and families to take control and have greater choice in how care and support needs are met.

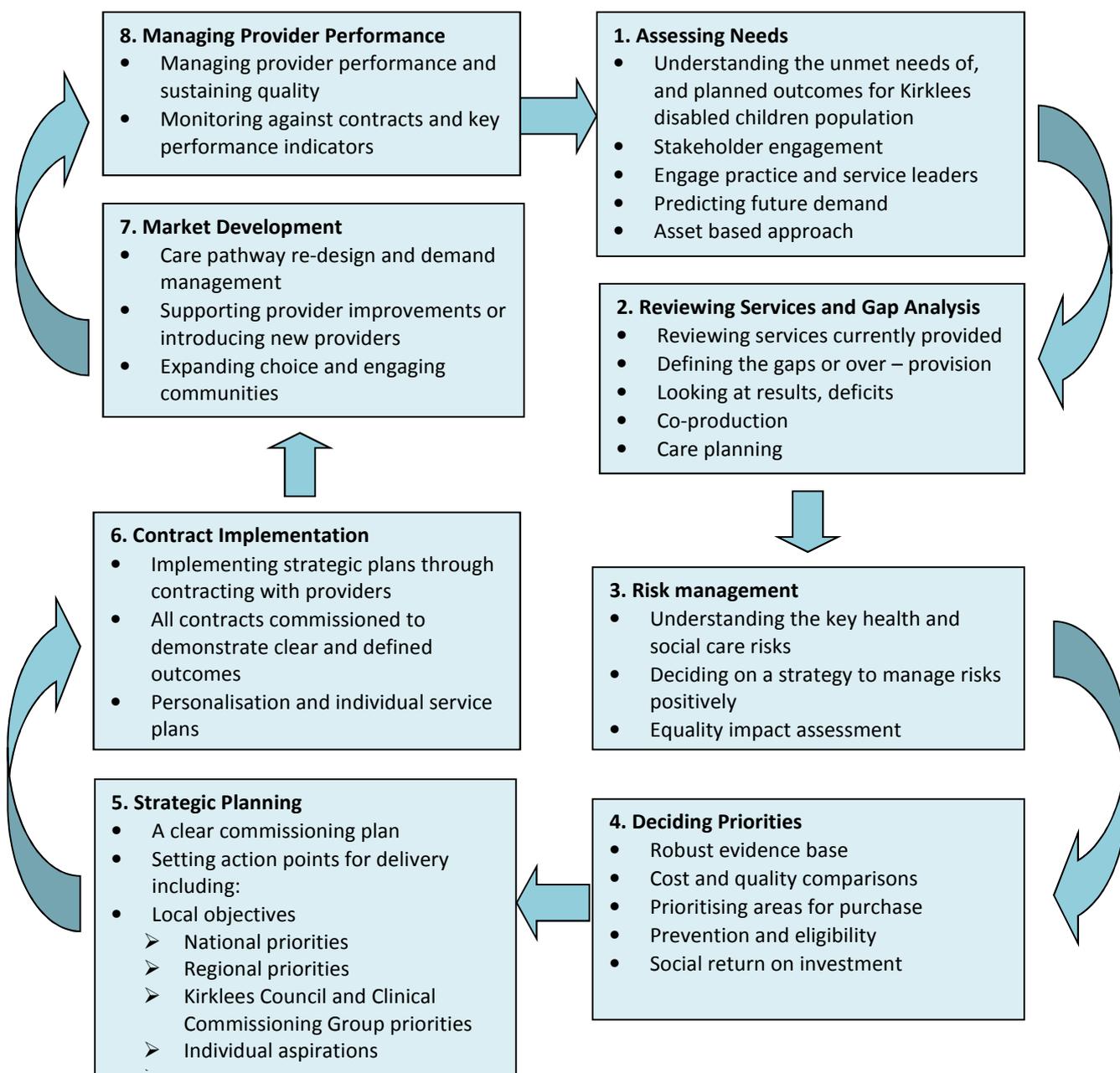
A cross cutting theme across all care and support services will be to maximise the benefits of assistive technologies, that enables people to live safe independent lives.

Working in partnership - Consultation with children with a disability and families has been an integral part of the partnership approach taken by the council for several years. Recently the council has worked very closely with Parents of Children with Additional Needs (PCAN) implementing the Children and Families Act, holding various meetings and supporting PCAN events. Healthwatch Kirklees in early 2016 published a consultation report on the proposal to develop an All Age Disability Service, which would bring children and adult council services together to better support lifelong planning. In the appendices you will see a summary of the feedback collected from recent events which has and will continue to shape the council's thinking. **Please see appendix four.**

The Kirklees Health and Wellbeing Board have signed up to the Disabled Children's Charter **please see appendix five.** There is clear senior management committed to improving the quality of life and outcomes experienced by children with a disability and their families. Kirklees council is changing; the way the council supports children with a disability needs to change, we must ensure as we move forward we work in partnership with children with a disability and families.

4. Commissioning Approach

The commissioning approach to be taken with our commissioning partners to implement this strategy is shown in the diagram below:

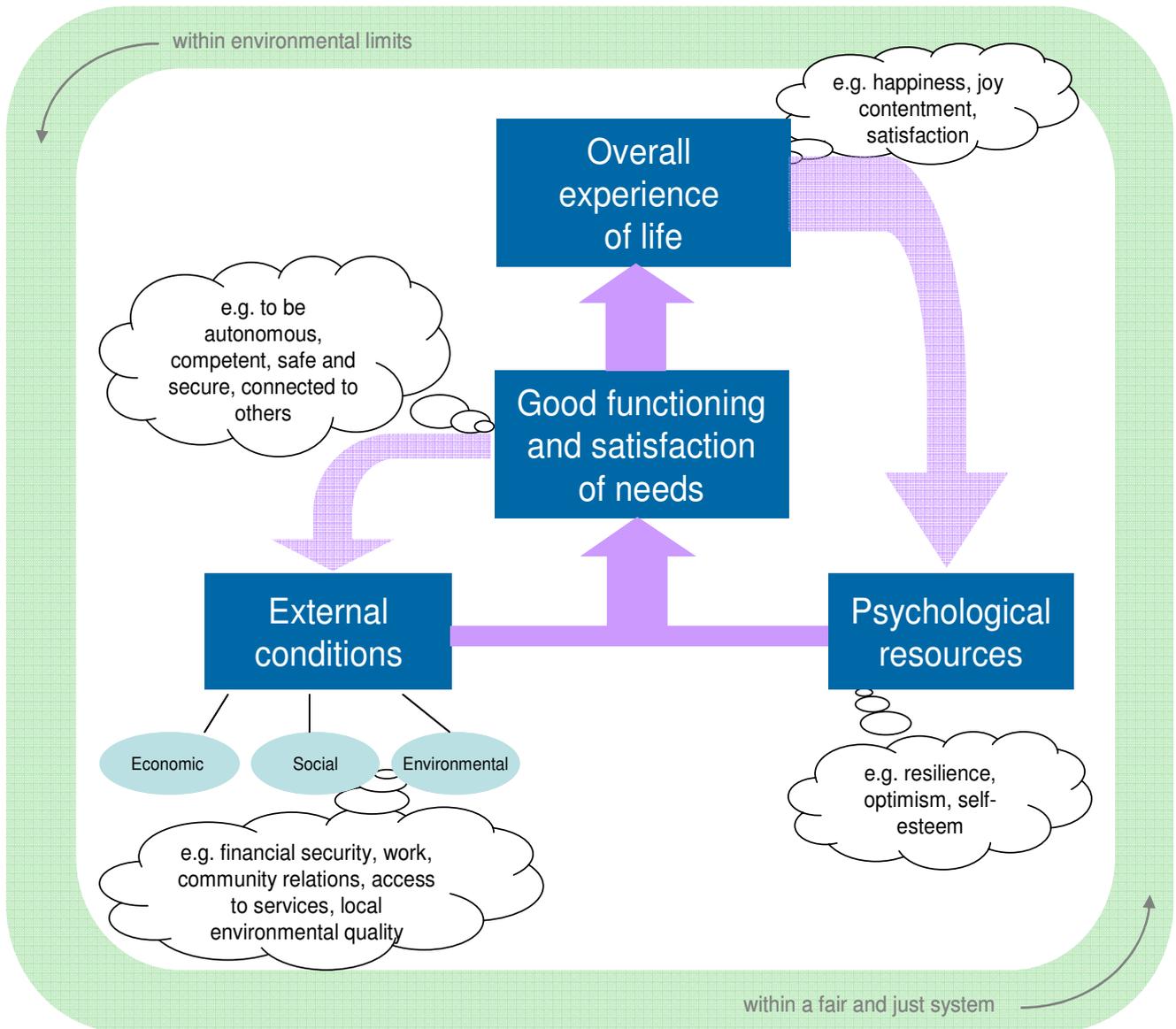


This approach will create an environment focussed on positive outcomes for children with a disability and their families, enabling them to take control and responsibility for what's important for them, enabling children with a disability to do things for themselves whenever possible and where support is identified and available before a crisis is reached. Services commissioned will

offer social, economic and community benefits and will provide high quality and efficient services offering excellent value for money.

The diagram below illustrates the overall approach in Kirklees describing what is important for everyone's health and wellbeing in order to meet the ambitions.

A model to guide commissioning for well-being (NEF 2009)



5. Future Needs, Challenges and Gaps

Definition of disability

“a physical or mental condition which has the potential to have substantive and long term adverse effect on their ability to access normal day-to-day opportunities, services and activities, without those services and activities making reasonable and proportionate adjustments to enable them to do so.” (Source: Adapted from the Disability Discrimination Act, 1995 and the Equalities Act, 2010)

This strategy is for all children with a disability in Kirklees, whatever the degree of their disability. The support on offer will vary, dependent on the degree of their disability. The council will focus the majority of its funding on the most vulnerable and disabled children to ensure statutory duties are met, whilst recognising the need to provide early interventions and prevention services to all children with a disability. Within the current challenging financial circumstance, it must be recognised getting the balance right will be an ongoing challenge.

Future Needs;

- Kirklees population currently 422,500 is projected to grow to around 450,000 by mid-2021²
- The 0-15 population is expected to increase by 10% or 8,500 young people by mid-2021³
- The Infant mortality rate is reducing, children with a disability population is increasing; in particular those with complex health needs. Currently there are 475 children with a disability accessing council funded support, if we experience the same 0 to 15 growth rate, potential the council could be funding 522 children with a disability by 2021.
- Numbers of primary and secondary school children with a disability are below the England average, however the number of children with profound and multiple learning disabilities in special school settings are more than double the England average.

Challenges;

- Disabled children are surviving with more complex health needs due to medical advances. There is a need to ensure we have a highly skilled workforce that is able to care for and support the most complex disabled children.
- The cost of care and support services are increasing, cost pressures from implementing the “Living Wage”, staff training costs, the need to retain a highly skilled workforce will continue to increase over the coming years.
- There are variations in demand year on year, baby boom years, and year on year increase, decrease and the differences in type/nature of disabilities. There is a need to ensure an accurate forward planning system is in place to analyse data trends and ensure a flexible

² ONS Sub-national Population Projections 2011

³ ONS Sub-national Population Projections 2011

social work workforce is available to meet peaks in demand and care and support services are in place to meet needs.

- The challenge of raising aspirations, developing children with a disability life skills, confidence, offer greater choice and to change perceptions that focus on abilities not disabilities. Ensuring people's independence is promoted, encourage positive risk taking that will achieve better life outcomes.
- There is a significant cohort of families who manage without accessing formal funded care and support services. There is a need to ensure they receive good information and advice, making sure good carer support and good community support is available to enable them to continue in the caring role for as long as possible.
- Increased demand being placed on existing services and their capacity, this includes the increasing of ages to which all young people in England must continue in education or training, requiring them to continue until the end of the academic year in which they turn eighteen from 2015. There is a need to create more training opportunities, internships, more flexible supported pathways to employment and job opportunities for young people with disabilities, via job carving.
- The need to recognise and maximise the benefits and potential of assistive technologies that enable children with a disability to live safe and independent lives in adulthood.
- The need to bring together key partners to work together in an ever closer and more joined up single approach to supporting children with a disability and their families through childhood into adulthood.
- The need to change, develop, increase and personalise the care and support choices available in Kirklees for children with a disability that ensures all care and support needs can be met locally.
- The needs to start developing a culture of forward thinking, lifelong planning in partnership with families to help shape future care and support services required in adulthood.

Gaps;

- A thriving independent/third sector care and support market that is able to offer a wide range of personalised services, including flexible support options in the family home and local community to meet the needs of disabled children now and in the future as demand grows.
- A more community inclusive approach that enables children with a disability to access mainstream community services as an alternative or alongside specialist disabled children provision only.
- A greater range of care and support services that addresses and supports the needs of young people aged 14 years of age and above prepare for adulthood, e.g. travel training, support to maintain friendships or develop new ones, develop practical life skills.
- A more supportive and joined up personalisation offer from all key partners that enables more families to take a direct payment without seeing it as "another thing to do".

This commissioning strategy must aspire to meet New Council's vision of an effective early intervention and prevention model and help shape the development of the All Age Disability programme that will make a real difference to the lives of children with a disability and their families.

6. Next Steps

The council finds itself in a position where carrying on providing the current range of care and support services is not sustainable and it is not in anyone's best interests, thinking we can just carry on. The current offer for the most disabled is limited and focuses on traditional, expensive, one size fits all, short break provision. There is a need to explore and create more options, which can achieve better outcomes and offer better value for money. The majority of care services on offer are council run; there is a need to develop a more diverse local market to ensure it offers greater choice and one that focuses on outcomes, supporting people to achieve their goals and ambitions in life and embraces the potential of assistive technology.

There is a clear need to develop even stronger, closer links with education services and health partners to work in partnership via one single joined up approach. To work with children with a disability and their families to re-think how we provide care and support services in the future. There is a clear need for a joint focus on achieving positive outcomes, agreeing shared principles. The joint ambition must be to achieve the best possible outcomes from the resources available, to find new outcome focused care and support solutions that are sustainable in the long term.

The overall strategic New Council approach across both children and adult social care and with our health partners is;

- Develop an **early intervention and prevention model** to support people with low level needs that prevent and delays the need for more formal costly care and support services.
- Develop an **All Age Disability** Programme that brings together key education and health partners and council departments that support and enable the most vulnerable children and adults with a disability to be provided with lifelong support that enables people to become as independent as possible and help them achieve their goals and ambitions in life.
- Make clear the future role council run children's services will have meeting the needs of children with a disability, that focuses on the things that only the Council can do.

Market Shaping – any changes to care and support services for disabled children requires a clear message to be given to independent sector providers that will help shape the future strategic development of the health and social care market for children with a disability. The development of children with a disability market position statement chapter will provide the key messages regarding what care and support services are needed and what is not needed to shape the future health and social market in Kirklees to meet current and future need. The growth of direct payments has seen the market begin to change, the continued growth of direct payments will further influence the future shape of the health and social care market, as more families are supported to purchase personalised care and support services directly.

The next step now is to develop an implementation plan that will ensure the suggestions set out in the future model section and the commissioning timeline below become a reality over the next three years.

A future model for children with a disability

Early Intervention and Prevention – Supporting communities, people and families to plan ahead, stay well and get support when they need it

- Support the development of simple but effective things like; peer support networks, to enable parents to support each other.
- Make clear the support New Council is able to offer, encouraging and supporting communities to come together to find local community solutions, making best use of community buildings and facilities.
- Provide clear, concise, accessible online information and advice at all key stages of childhood to help people help themselves and make informed choices independently.
- Review in-house Integrated Youth Support Service provision to ensure the current offer fits within the new early intervention and prevention model.
- Develop independent sector services that focus on outcomes; develop independence, building confidence, develop opportunities to socialise and have a life, maintain friendships and make new friends, stay safe, develop creative peer support networks.
- Provide support to children with a disability and families to take positive risks.
- Combine health and social care resources and develop a single early intervention and prevention offer when appropriate.

All Age Disability – providing lifelong support to the most disabled

- Provide more specialist information, support and training for parents and family members caring for children with complex care and support needs and behaviours that challenge.
- Explore the potential to provide more responsive and timely crisis care and support services that provides an essential service when it is needed most.
- Develop a long term care and support model that identifies life goals and aspirations early in life and support individuals and families to achieve their goals overtime, the focus must be on long term planning in partnership with clear outcomes.
- Ensure all care and support services focus on the development of choice, skills, confidence and prepare children with a disability to be as independent as possible in adulthood and achieving their long term goals and aspirations.
- Develop, expand and provide a greater range of specialist support options that will enable more families to develop personalised support solutions.
- Direct payments offer greater choice, flexibility and control over how care and support needs are met, develop better support to enable more families to take a direct payment.
- Explore the potential to provide more personalised care and support services to children with a disability and families in their own home, in the community, accessing mainstream everyday services, with the aim of ensuring the best outcomes for the individual are achieved. Increase community options, reduce building based dependencies.
- Review the value for money, effectiveness, quality and outcomes of all council care services for children with a disability. Identify new alternative models of service based on national best practice and identify a place in the health and social care market that delivers services only the council can and have a strategic interest in delivering.

