

CABINET MEETING: 15 DECEMBER 2014

**CABINET RESPONSE TO A REPORT OF THE CHILDREN AND
YOUNG PEOPLE SCRUTINY COMMITTEE ENTITLED CHILD
HEALTH AND DISABILITY TEAM (CHAD)**

**REPORT OF THE DIRECTOR OF CHILDREN'S SERVICES
AGENDA ITEM: 4**

**PORTFOLIO: EARLY YEARS CHILDREN AND FAMILIES (COUNCILLOR
SUE LENT)**

Reason for this Report

1. The purpose of this report is to enable Cabinet to respond to the report of the Children and Young People Scrutiny Committee at the conclusion of its enquiry into the Council's Child Health and Disability Team (CHAD).

Background

2. The terms of reference of the enquiry were to
 - o Establish the level of services and support provided by the CHAD team to meet the needs of disabled children in Cardiff
 - o Identify best practice that can be utilised in Cardiff
 - o Identify how best CHAD services should operate

Issues

3. The report sets out 28 key findings and 18 recommendations that resulted from the inquiry
4. It is noted that the findings and recommendations are comprehensive and relate to a very wide range of complex strategic, policy and practice issues in relation to services for disabled children and their families. Several of the key findings and recommendations can only be realised over a sustained period and programme of improvement.
5. Of particular significance were recommendations 1 and 9. Recommendation 1 was concerned with undertaking an exercise to ascertain the staffing complement necessary to meet need. Given the likely strategic direction in favour of integration with partners (see paragraph 8 below), staffing resources will be a critical consideration in the development of the new model of delivery.

6. Recommendation 9 was concerned with reviewing eligibility criteria. Although there has been a review of eligibility criteria to support improvements to the operational effectiveness of the CHAD Team, it is clear that these will need to be revisited in any remodeling of services.
7. It is noted that on 13 May 2014, the Director of Children's Services reported to the Children and Young People Scrutiny Committee on a CHAD Development Plan. This plan was designed to respond to each of the recommendations in the report of the Scrutiny Inquiry.
8. It is noted that whilst the Development Plan has enabled the Children's Services Directorate to address significant deficits in the operation of CHAD it has also initiated key strategic work streams to enable the implementation of a new strategic approach and model of service in partnership with the Vale of Glamorgan Council, the Education Directorate and the University Health Board (UHB). This includes the preparation of detailed proposals to introduce a model of services base on a 0-25 age range (instead of as now 0-18); improve transitions; secure cost reductions in education, childrens and health and social care directorates; improve outcomes and service quality.
9. It is noted that agreement has recently been reached with the Vale of Glamorgan Council and the UHB to joint fund a 'Change Manager' post to prepare the detailed proposals and an accelerated implementation programme to enable delivery of these improvements. There is clear partner confidence in the prospects for achieving this strategic change.

Reasons for Recommendations

10. To enable Cabinet to respond to the report of the Children and Young People Scrutiny Committee following an Inquiry into CHAD.

Legal Implications

11. There are no direct legal implications arising from this report but the key changes proposed in terms of the model of service, transitions and cost effectiveness will need to be reviewed in legal terms once known.

Financial Implications

12. There are no direct financial implications arising from this report at the present time but the key changes proposed in terms of the model of service, transitions and cost effectiveness will need to be reviewed and quantified in financial terms once known.

RECOMMENDATIONS

The Cabinet is recommended to:

- 1) note the findings and recommendations of the report of the Children and Young People Scrutiny Committee following its inquiry into CHAD and

the agree the development plan at Appendix 1 as the Cabinet response.

- 2) Note that the Director of Children's Services will bring forward a report to enable Cabinet to further consider detailed proposals for the remodelling of services to disabled children prior to finalising agreement between joint funders as to next steps.

TONY YOUNG

Director

9 December 2014

The following appendix is attached:-

Appendix 1 Child Health & Disability Team Development Plan

**CARDIFF COUNCIL
CHILD HEALTH AND DISABILITY TEAM
DEVELOPMENT PLAN**

APPENDIX 1

Date: April 2014

Vision Statement	<p>Cardiff Child Health and Disability Services will ensure that:</p> <ul style="list-style-type: none"> • Disabled Children are supported to live safely within their families, realise their aspirations and achieve their full potential • Where they cannot live at home disabled children will experience best care available within resources • Support disabled young persons towards achieving a smooth and safe transition to enabled adulthood
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1. Area of Activity: Strategy and Commissioning

Outcomes	<ul style="list-style-type: none"> • People are be able to access services which are carefully planned in the short and medium term, and which are available at the right time, in the right place and at the right price. In all our planning, we <ul style="list-style-type: none"> ○ Listen carefully to service users and carers ○ Work collaboratively across all partners and providers ○ Rely on sound evidence about needs and about effectiveness • The range of resources available meets the needs of children and young people. • Strategic Plans due account of the needs of carers • Children and young people are supported to live with their families rather than becoming looked after where it is in their best interest to do so. • Children and young people are supported to be as independent as possible, and to develop life skills, including access to universal and community based services, training and employment opportunities. • Children and young people who are looked after are supported in their preparation for independent living. • Young people leaving care are supported to live independently with access to appropriate Health and Social Care Services where eligible. • Sustainable financial plans deliver strategic objectives and best possible value for money.
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	Action	Timescale	Progress	Responsibility	RAG Status
	Strategy				
1.1	Finalise and agree an integrated multi-agency strategy for disabled children and their families.	July 2014	A multi-agency group is well established. Partners in Cardiff and Vale University Health Board, Education Services and stakeholders represented on the Disability Work-stream	Cardiff Council led by Health	Amber

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	Action	Timescale	Progress	Responsibility	RAG Status
			Group have been engaged.		
1.2	Establish inclusive processes for engaging stakeholders more effectively in planning and commissioning. (Links to Scrutiny recommendations R13)	July 2014	<ul style="list-style-type: none"> The Lead Manager has established effective communications with individual services providing organisations. Improved communication arrangements between social workers and managers are reported against action 4.5. The Lead Manager has met with the parent groups and organisations to discuss how communications can be best managed in the longer term and is planning developments with Cardiff and Vale University Health New arrangements are being established to engage with parents, to improve on the previous arrangements. Series of meetings held with a number of groups. Agreed will build on existing Parents Federation arrangements to support engagement in ongoing development of strategies. Board and other partners. 	LM; Commissioning	Amber
1.3	Explore opportunities to develop regional partnerships	Report due April 2014	<ul style="list-style-type: none"> Opportunities are being explored to work more closely with the Vale of Glamorgan Council and Cardiff and Vale University Health Board in delivering Child Health and Disability services, including broadening the Cardiff Strategy for Disabled Children to become a Cardiff, Vale of Glamorgan and Cardiff and Vale University Health Board regional strategy. Regional Collaborative Report Fund has commissioned external report to consider feasibility of an inter authority strategy for commissioning services. This will consider existing commissioning arrangements. 	Director (D)	Amber
Commissioning					
1.4	Review services, identify commissioning priorities and re-commission where appropriate.	Review by June 2014. Identify	<ul style="list-style-type: none"> Commissioning priorities will be determined a multi-agency group to review and update the Strategy for Disabled Children and young People. 	LM/ Commissioning & Procurement	Amber

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	Action	Timescale	Progress	Responsibility	RAG Status
	(Links to Scrutiny recommendations R12)	priorities by June 2014. October 2014	<ul style="list-style-type: none"> • Direct Payments will be included in any review. The Lead Manager has initiated links with Health and Social Care Services to develop use of direct payments in Children's Services. • The Breakthrough service is being reviewed and re-specified by Children's Services, Cardiff and Vale University Health Board and Education Services. • The planning and implementation of the integrated Health and Social Care overnight short stay service model at Ty Storrie continues to progress. • A retendering process is being initiated for framework providers whose contracts have or are due to expire. 		
1.5	Engage partners through the Children and Young People's Programme Board in developing and extending special needs play schemes on a sustainable basis in order to meet the needs of children and young people during school holidays, with effect from summer 2014.	June 2014	<ul style="list-style-type: none"> • Development to be initiated through the Children and Young People's Programme Board in consultation with colleagues in Culture Leisure and Parks. • Commission review of play services for disabled children. 	LM	Red
1.6	Establish strengthened arrangements for monitoring to ensure the quality of services is effective and use of resources is appropriate.	Completed	<p>Significant progress has been made to strengthen service effectiveness. For example:</p> <ul style="list-style-type: none"> • Negotiations initiated with sessional support providers to strengthen cost-effectiveness. • Lead Manager has met with service providers and is involved in monitoring meetings convened by Operational Manager (OM) resources to ensure that all contracted services are operating according to the expectations of the contract specifications. • Monthly budget monitoring meetings are now established between Operational Manager (OM), Team Managers and Business Support staff to ensure that need, spend 	LM	Amber

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	Action	Timescale	Progress	Responsibility	RAG Status
			<p>and budget are more effectively aligned to maximise value.</p> <ul style="list-style-type: none"> • A process of OM approval has been established to authorise any increase in service provision or new care package. • Letters have been issued to service providers to ensure practice is compliant with financial procedures. For example: mileage, parking expenses, invoicing process. • The scope of the funding provided by LATCH for the Hospital Team is being clarified. • Business Support now use signed CP12 to verify invoice in line with the child in need review process before paying bills. • All CP12's currently have duration 'until 31st March'. At the point of each review, the durations will be amended to reflect the each child's individual plan. 		

2. Area of Activity: Eligibility and Access

Outcomes	<ul style="list-style-type: none"> • Disabled children, young people and their families will be able to find out where and how to get the help they need when someone may be at risk. • Disabled children, young people and their families are able to find information about available services. • Disabled children, young people and their families will receive an appropriate and timely response when they contact Children's Services. • Equality and diversity issues are effectively included in planning and implementation of services in order to most appropriately meet the needs of all children and young people. • Children and young people are supported by staff from the most appropriate statutory agency or service provider, who understand and carry out their safeguarding responsibilities effectively.
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	Action	Timescale	Progress	Responsibility	RAG Status
2.1	Develop information resources in conjunction with stakeholders.	August 2014	<ul style="list-style-type: none"> • Information published on the Council's website is currently being reviewed as part of the Council's web- 	LM	Amber

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	Action	Timescale	Progress	Responsibility	RAG Status
	(Links to Scrutiny recommendation R12)		<p>refresh project.</p> <ul style="list-style-type: none"> Improved access to information will be a priority for consideration in development of the new Disabled Children's Strategy. The creation of 'Awareness Days' at schools and clinics is being discussed with partner agencies. Examples of good practice have been examined in preparation for creating a Disability Register and associated awareness raising media. Vale of Glamorgan have well established disability Index. Negotiations have been initiated with a view to developing a Cardiff and Vale Index. 		
2.2	Review, in association with stakeholders, the referral process and eligibility criteria for services to be delivered by the Child Health and Disability Team. (Links to Scrutiny recommendation R9, R11, R14)	July 2014	This will be determined as part of planned multi-agency work to review the Strategy for Disabled Children.	LM	Amber
2.3	Establish processes to ensure that parents of disabled children are fully informed of any changes in services that affect them or their children. (Links to Scrutiny recommendation R10)	Completed and ongoing	<ul style="list-style-type: none"> Operational arrangements in place. 	LM	Green
2.4	Ensure effective alignment of eligibility so that children are appropriately stepped up or down between Children's Services and Families First on a timely basis. (Links to Scrutiny recommendation R11)	Completed and ongoing	<ul style="list-style-type: none"> There are active and ongoing discussion between Child Health and Disability Team managers and Families First managers. This will be further taken forward as part of the work to review the Disability Strategy. 	LM	Amber

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3. Area of Activity: Service Standards and Quality

Outcomes	<ul style="list-style-type: none"> • Children and young people will receive an appropriate and timely response to safeguarding concerns. • Where children and young people are eligible, they receive an appropriate and timely response to their needs. • Children and young people have up to date good quality sustainable care plans that ensure their needs are met. • Children and young people are supported to return to their families in a timely manner where it is in their best interest to do so. • Young People experience a planned and timely transition to Health and Social Care Services where they are eligible. • Children and young people are listened to and understood and are at the centre of making changes to their lives. • Children and young people are protected from harm and abuse wherever possible. 				
	Action	Timescale	Progress	Responsibility	RAG Status
3.1	Investigate examples of best practice. (Links to Scrutiny recommendation R14, R15)	July 2014	<ul style="list-style-type: none"> • Visit to best practice sites are being undertaken. 	LM	Amber
3.2	Build relationships and integrated working where appropriate to ensure the best possible use of resources, opportunities and skills (Links to Scrutiny recommendation R3, R16, R17)	Ongoing	<p>Significant progress is being made in this action:</p> <ul style="list-style-type: none"> • Initial referral, intake, assessment and risk management screening has been enhanced by integrating a child health and disability social worker within the Children's Access Point (CAP) team. • Multi-agency planning sub-group being established as part of the work to review the Strategy for Disabled Children and Young People, including representatives from Education Services and the Health Board. • Meetings with Head Teachers of the Special Schools planned. • Named social workers will be identified as Child Health and Disability leads for liaison with each school. • Need to identify pathways and process for liaison with voluntary organisations not represented in existing groups. • Loss of funding for the Parents Network coordinator is a potential issue. Suggestion to mitigate the issue is that 	LM	Green

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	Action	Timescale	Progress	Responsibility	RAG Status
			<p>parent groups work together to create links between their groups and nominate a representative to feed back to the collective.</p> <ul style="list-style-type: none"> Lead Manager has met with all Head Teachers of special schools in Cardiff with a view to developing closer working relationships. 		
3.3	Adapt CareFirst so that it is fit for the purpose of recording and case managing child health and disability services (Links to Scrutiny recommendation R2, R15)	October 2014	<p>Measurable progress has been made as follows:</p> <ul style="list-style-type: none"> Plans in progress to established a Register of Disabled Children, using the CareFirst application, in accordance with the statutory guidance of the Children Act 1989. Analysis of requirements underway to inform technical specification. Development work completed to use the 'Service Agreement Package' facility on CareFirst to initially record all section 17 short breaks and then to record all services provided. Pilot planned as first stage of implementation. Transition Report created on CareFirst. Is live and pending implementation. Plan to Implement Occupational Therapy (OT) report on CareFirst. Pending new OT appointment. A review desktop has been created in CareFirst. CareFirst development officer has initiated review of correct CareFirst functionality. 	LM	Amber
3.4	Ensure that CareFirst is being used for case recording, recording service provision and to manage performance.	Completed and ongoing	<ul style="list-style-type: none"> Weekly performance information is shared and concerns are noted and addressed. Managers are making sure that all staff in the Child Health and Disability team are aware of the Key Performance Indicators on a weekly basis. 	LM	Green
3.5	Make sure that all children have an appropriate care plan and are reviewed within the required	Ongoing	<p>Significant work is ongoing in this area:</p> <ul style="list-style-type: none"> The team is focusing on reviewing all historical cases 	LM	Amber

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	Action	Timescale	Progress	Responsibility	RAG Status
	timescales.		<p>that are without a care plan and case where the care plan is no longer appropriate. Also reviewing those cases that might have been closed inappropriately.</p> <ul style="list-style-type: none"> • There are dedicated review social workers, however initially all of the team's social workers will be responsible for clearing some of the backlog of reviews. • The appropriateness of cases where children are deceased but remaining open and worked by the Hospital Team is being considered. 		
3.6	Make sure Team Managers are conducting regular audits.	Achieved	The progress on this is being reported through Children's Services performance information.	NJ	
3.7	Develop effective Transition processes.	Ongoing	Working with colleagues in Health and Social Care. Discussions initiated. This also links with the work being commissioned under the Regional Collaborative Fund.	LM	Amber

4. Area of Activity: Workforce

Outcomes:	<ul style="list-style-type: none"> • Our workforce is recruited, managed and developed effectively to deliver the best possible outcomes for service users. • The workforce has the capacity to respond to the changing needs of our population. • Members and senior managers with direct responsibility for social services provide a clear sense of direction, and establish a culture of open communication, continuous learning, and accountability, keeping in close touch with the "front-line".
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	Action	Timescale	Progress	Responsibility	RAG Status
4.1	<p>Agree and implement a structure where roles are clearly defined.</p> <p>(Links to Scrutiny recommendations R1, R3, R5, R6, R14)</p>	Completed	<p>Significant progress has been made:</p> <ul style="list-style-type: none"> • Staffing complement proposed as part of Children's Services realignment. This is not a final structure since work is ongoing to consider the capacity needed to address direct payment and transition priorities. • There are no Social Work Assistants currently working within the team. Plans for realignment include two Social Work Assistant posts. Will have clearly defined roles and responsibilities. 	LM	Amber

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	Action	Timescale	Progress	Responsibility	RAG Status
			<ul style="list-style-type: none"> • Child Health and Disability Team social workers have now been established as part of the Child Access Point. • Hospital Team posts confirmed as remaining until 31.03.15. Posts currently being advertised. • The practice of Special Needs Health Visitors undertaking “social work” or work with children over the age of five has been discontinued. 		
4.2	Recruit and select sufficient social workers, in accordance with the Council’s Recruitment and Selection policy. (Links to Scrutiny recommendations R1, R6, R8).	Completed and ongoing	<ul style="list-style-type: none"> • Two permanent team managers have been appointed which will alleviate the dependency on agency managers • Several permanent social work posts have been appointed to. • Ongoing recruitment to vacant posts 	LM	Green
4.3	Advertise for Occupational Therapist (22.5 hours post) and recruit.		Post has not yet become vacant. Health and Social Care have agreed that funding for Occupational Therapists will be transferred to Children’s Services. Considering revising duties to include additional line management responsibilities.	LM	Amber
4.4	Agree and undertake training programmes (Links to Scrutiny recommendations R7)	June 2014	All current managers have appropriate child care and managerial experience and training. New appointees will be supported by individual and appropriate training programmes as prioritised through Personal Performance and Development Reviews (PPDRs).	LM	Amber
4.5	Create a working environment that is attractive, appealing and has clear channels of communication. (Link to Scrutiny recommendations R4, R8)	Appoint by May 2014 & ongoing.	<ul style="list-style-type: none"> • The Lead Manager (a post previously filled by a consultant) has been replaced by an experienced Cardiff Children’s Services manager. • Appointment of permanent team managers • A clear vision for the service is being developed. • Formal fortnightly team meetings now take place. • Informal weekly catch up meetings are convened by Team Managers. • Information is conveyed to staff in the periods between meetings. • A team-building programme is being planned. 	LM	Amber