



annual conference

ADCS The Association of Directors of Children's Services
The Midland Hotel Manchester July 2017

SEND strategic planning and delivery

ADCS
Leading Children's Services



annual conference

ADCS The Association of Directors of Children's Services
The Midland Hotel Manchester July 2017

Welcome

Charlotte Ramsden,
Chair of the ADCS Health, Care & Additional
Needs Policy Committee and
Strategic Director Children and Adult
Services, Salford City Council

ADCDS
Leading Children's Services



Pressures, themes and opportunities

Dame Christine Lenehan, CDC

This presentation

Looks at the pressures

High needs funding, population changes, transitional issues, complying with the law

The themes

Headlines from the two reviews

The opportunities

Maximising existing resources



SEN and high needs funding – current challenges and pressures

Pressure to manage the high needs budget

Pressure on wider LA budgets (e.g. social care, transport)

Demand for limited number of special school places

Potential impact of post-16 area reviews on availability of FE provision

Challenge of LAs developing provision in an increasingly autonomous school system

Importance of reflecting parental preference

Importance of good preparation for adulthood – investment in 0-25 will save on whole-life care cost



High needs funding reform consultation – stage 2 headlines

Confirmation of which formula factors will be in the national formula, and proposals on weightings and values

Significant proportion of historic spending levels – 50% of spend baseline in each LA – included in formula to reflect actual costs

Up to 3% gains pa for over 70 LAs in 2018-19 and 2019-20

Funding floor so that no LA loses funding compared to spend baseline

Limited flexibility to address the risks of a ring-fence around mainstream schools funding, into 2019-20 and beyond

Modified changes to funding of special units in m/s schools



High needs national funding formula factors

Formula factors

Basic entitlement: basic unit of funding for pupils and students in specialist SEN institutions	
Population factor	
Health and disability factors:	Disability living allowance
	Children in bad health
Low attainment factors:	Key stage 2 low attainment
	Key stage 4 low attainment
Deprivation factors:	Free school meals
	IDACI
Historic spend factor	

Other formula factors and adjustments

Area cost adjustments (ACA)
Import/export adjustments
Funding floor factor
Hospital education factor



Preparing for implementation

The role of mainstream schools in making special and alternative provision and need for local budget flexibility:

- Proposal to allow, if necessary, limited transfers from schools to high needs budgets in 2018-19, with the approval of the schools forum and a majority of schools/academies, by phase
- Proposal for continuing limited flexibility in 2019-20 and beyond – schools could agree small charge on their budgets to enable pooling of funds to support where more special provision is needed

The importance of LAs working in partnership to review and plan ahead



Understanding a changing population

There are rising numbers of disabled children with complex needs and/or life-limiting conditions, who, with their families, are likely to need support from health, education and social care at times throughout their life.



How many disabled children are there with complex needs and life-limiting conditions?

There are at least **73,000 children of school age with complex needs** (narrowly defined):

- 10,900 children with profound and multiple learning difficulties
- 32,300 children with severe learning difficulties
- 27,500 children with autistic spectrum disorders in special schools
- 2,300 children in multi-sensory impairments.

Using this definition, schools are working with **23,700 more** children with complex needs than in 2004.

- 3,120 more children with PMLD (+40%)
- 270 more children with SLD (+1%)
- 18,860 more children with ASD in special schools (+219%)
- 1,440 more children with MSI (+168%)

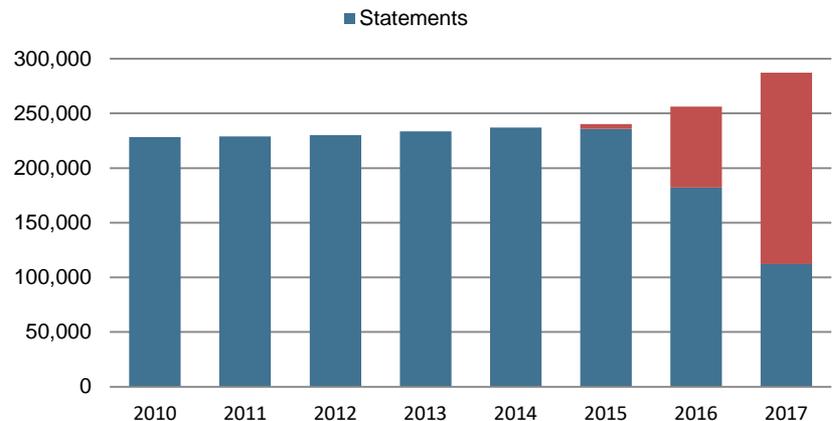
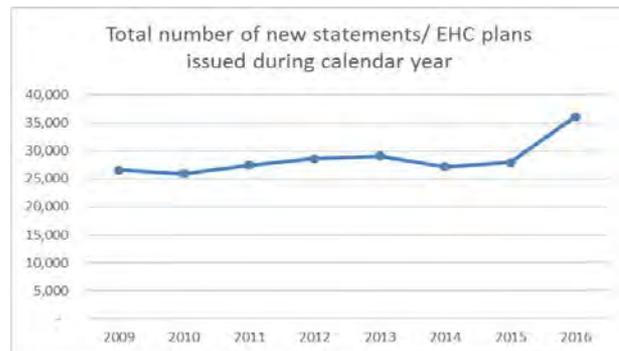
School Census data, Jan 2016



Transitional Arrangements - the position as at 1 January 2017

Data published on 25 May 2017 (Statistical First Release) told us:

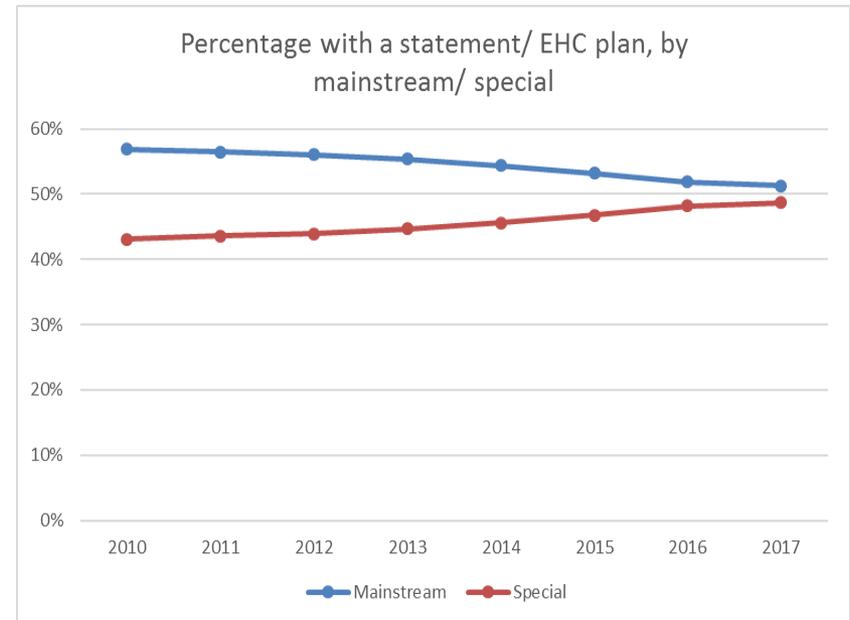
- There is increased demand for EHC Plans - more than 8,000 more plans issued in 2016 compared with 2015
- There are now more than 30,000 statements/EHCPs in the system than last year



Transitional Arrangements - the position as at 1 January 2017

Data published on 25 May 2017 (Statistical First Release) told us:

- A small drop in the number of young people with EHC Plans or statements in mainstream education, while an increase in special school places – roughly 50:50



Transitional Arrangements - the position as at 1 January 2017

Data published on 25 May 2017 (Statistical First Release) told us:

- The number of statements issued within 20-weeks remains broadly stable at around 60% (compared to 2015)
- The transfer from statements to EHC plans is on track – at Jan 2017, EHC plans made up 61% of the stock of statutory plans
- There were 1,886 mediation cases held during the 2016 calendar year. Of these mediation cases, 477 (25.3%) were followed by appeals to the tribunal during the 2016 calendar year.



Volume and timeliness

	% increase in total EHCPs + statements held (2016-17)	% change in 20 week performance
ENGLAND	12.1%	-0.6
NE	13.3%	7.5
NW	13.5%	7.5
Y&H	15.5%	-5.9
East Mids	10.1%	14.7
West Mids	7.9%	12.8
East	10.7%	3.2
London	11.1%	-10.3
SE	14.1%	-13.7
SW	12.9%	3.5



Decision-making

	% of requests for new assessments agreed	Of all assessments started, % issued with EHC plans
ENGLAND	71.8	95.6
NE	72.9	98.0
NW	75.3	95.7
Y&H	76.6	92.8
East Mids	66.0	97.0
West Mids	73.8	97.2
East	69.9	92.2
London	71.2	97.8
SE	70.4	95.1
SW	70.4	95.5

- 7% of refused requests for assessment resulted in an appeal
- 94% of EHC plans were accepted without appeal
- 6% of EHC plans were appealed (Section B, F or I)
- 12% of assessments that resulted in a refusal to issue an EHC plan were appealed
- The majority of appeals were conceded or withdrawn before being heard by the Tribunal.
- 1,148 appeals registered with SEND tribunal between Jan - March 2017, 60% increase on same period 2016



Parents and young people who received an EHC plan in 20 weeks were more likely to report that:

Involvement was very easy

Reaching agreement on the needs and support described in the EHC plan was much easier

The time and work that they had to invest was reasonable

Communication about the EHC plan was always or mostly clear throughout the process

That different professionals and services worked together

Assessment staff were knowledgeable

Their views were included in the EHC plan

The plan will achieve the agreed outcomes



Experiences of Education, Health and Care plans

A survey of parents and young people

Research report

March 2017

Lorna Adams, Angus Tindle, Sabrina Sasran, Sarah Dobie and Dominic Thomson, IFF Research; Dr Deborah Robinson and Dr Claire Shepherd, University of Derby



Compliance with the legal framework

Rising evidence of local authority struggles:

- At Tribunal processes
- In delivering the short breaks duty
- In delivering on EHC plans
- In achieving cross funding arrangements



Lenahan Review 1

This Review was triggered by a small number of individual cases. They focussed public and Ministerial attention on the care, support and treatment provided to the small group of children and young people with complex needs (and behaviour that challenges) involving mental health problems and learning disabilities and/ or autism.

Alistair Burt, the then Minister of State for Care and Support, asked for a Review to

“take a strategic overview and recommend what practical action can be taken by Government Departments and partners at national level to make the system better able to co-ordinate care, support and treatment for children and young people with complex needs (and behaviour that challenges) involving mental health problems and learning disabilities and/ or autism.”



Context - the most complex

There are currently 1,122 children and young people with learning disabilities and/or autism currently placed in residential schools for 52 week placements

This ranges from 0 - 36 children and young people per local authority area, although those with the highest numbers are not those who proportionally place the most children and young people

A projected estimation of 100% return would indicate that a likely England wide picture is that 1,137 children and young people with learning disabilities and/or autism are placed in 52 week residential schools

At end March 2017, there were 170 in-patients with learning disabilities and/or ASD aged under 18 years and 635 aged 18-25 years



Lessons from the process

Lots of passionate, committed individuals who care deeply but are affected by;

- A lack of a strategic vision for children
- A lack of accountability and coherence within the system
- No cross government ownership of the issue
- A domination of classifications, diagnoses, labels which effectively rule out support
- A strong professional agreement on a model of support, but one which is not commissioned



Lessons from the process

- An issue about the commissioning footprint
- Patchy support for parents
- Austerity biting across all statutory and non statutory services
- Disagreements about workforce
- At tier 4 a lack of the right provision in the right place
- A financial system which incentivises crisis and disincentivises prevention
- Short sightedness about change



Lenehan Review 2

- To look at the outcomes and experiences of children and young people in residential special schools and residential special colleges
- To focus on the most complex but to take the wider picture
- To take evidence from the widest variety of sources
- To get a clear picture of how many, who, where
- To look at models of care



Early Findings

- A complex picture, rising numbers of children and young people
- Real tensions between local authorities and providers
- A confusion around inspection
- Variations in progress and outcomes
- A predominance of ASD
- A rise in SEMH, but little understanding of provision
- High use of tribunal placements in some schools
- Lack of adherence to statutory guidance by many local authorities



Integration Research Project

18 month consultation project funded by the True Colours Trust

Aim to develop the evidence base of how the local health, social care and SEN system supports children and young people with complex needs by:

- Mapping current policy drivers and available evidence regarding outcomes
- Understand funding streams available to local system partners and evidence about their use
- Develop information on what good integrated care looks like to support professionals and parents
- Carrying out field work in 3 areas to understand local perspective



Background to the study

Disconnect between national policy agenda and evidence of local practice

National Drivers

- Long term policy commitments around integration of service delivery and joint commissioning of services for children and young people with complex needs
- Increasing focus on personalisation following adult agenda
- Nationally prescribed structural reorganisation
- Austerity

Evidence Base

- Lack of robust evidence regarding outcomes for children with complex needs
- Lack of evidence on the decision making and commissioning process in a local area - how and why services are structured and resources are allocated
- Lack of evidence on impact of financial challenges on children and young people with complex needs



Key questions to address in the local area research

Are there defined outcomes for children, young people and their families that commissioners and services are trying to achieve?

- Are these outcomes measures and how?
- What factors enable or inhibit achieving these outcomes?

Understanding structure of services - why have services been developed in the way they have

Understanding local professional perspectives - what are they trying to achieve

Influence of external factors - from national to local, what relative weight do professionals give to external factors - legislation, guidance, guidelines etc

Fiscal priorities - how has financial changes impacted on organisation and delivery of services

Evidence of impact on outcomes - what is the evidence base and how is it utilised

Service user perspectives



Proposed Outcomes from the Project

- A final report that details the overall learning from the project
- Guidance/ toolkit for commissioners/ providers around effective decision making processes and use of evidence
- Material to inform national policy makers regarding local decision making processes and priorities to help improve
- Evidence to support recommendations for further research into organisation and delivery of services



Local Authority and CCG Audit Tool

	10	
	11	OVERALL SCORE
+	52	
	53	1. LEADERSHIP
+	94	
	95	2. JOINT ARRANGEMENTS
+	136	
	137	3. COMMISSIONING
+	178	
	179	4. EHC PLAN
+	220	
	221	5. CO-PRODUCTION
+	262	
	263	6. MONITOR & REDRESS
+	304	
	305	



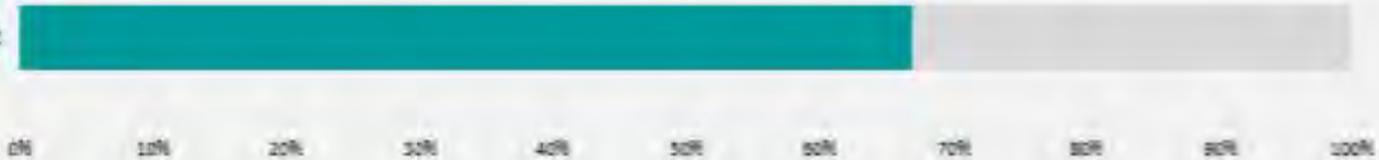
CLINICAL COMMISSIONING GROUP

TOTAL NUMBER OF RESPONSES: **148**

CURRENT COMPLETENESS RATE: **67%**

NUMBER OF RESPONSES MISSING: **49**

RESPONSE



LOCAL AUTHORITY

TOTAL NUMBER OF RESPONSES: **226**

CURRENT COMPLETENESS RATE: **96%**

NUMBER OF RESPONSES MISSING: **10**

RESPONSE



Support for LAs in managing change - high needs strategic planning fund

£23 million of additional funding in 2016-17 to increase LA capacity to undertake a strategic review and planning activity

To fund high-quality collaborative review and planning of special provision

Where such review and planning work has already been undertaken, to help implement the outcomes of the reviews

Expect most LAs to start or develop this financial year

Funding not ring-fenced so could carry forward the funding

Where a review has recently been carried out, expect the outcome to be published

Review should lead to changes that are deliverable and implemented effectively, with support from parents, schools, etc



High needs funding reform – what else? What next?

Need to consider more the revenue funding for special free schools

AP still under review following the 2016 White Paper – funding implications need to be considered further

Post-16 changes proposed in first consultation need more work in the context of 19-25 year old issues, and other developments. Specific consultation on post-16 changes likely in 2017

Plans to undertake further research – link between outcomes, costs and benefits; the availability of new data to improve the formula; and, the funding of national and regional provision for low-incidence/very complex needs – a review of the formula in 4 years



Key national programmes

IPC Programme	Children and Families Act requirements	Transforming Care	CAMHS Transformation
Proactive coordination of care; focus on early intervention & prevention	<ul style="list-style-type: none"> Local Offer SEN support 	<ul style="list-style-type: none"> Early Intervention and prevention Person-centred care and support plan 	<ul style="list-style-type: none"> Promoting resilience, prevention and early intervention
Community capacity & peer support	<ul style="list-style-type: none"> Local Offer Parent carer forums Young person's voice and parental choice 	<ul style="list-style-type: none"> Inclusion in activities and support to access mainstream services 	<ul style="list-style-type: none"> Improving access to effective support - a system without tiers
Personalised care and support planning	<ul style="list-style-type: none"> EHC Plans Advocacy and information - Independent Support; IASSN Keyworking 	<ul style="list-style-type: none"> Outcomes Focused, Person-centred care and support plan Advocacy and information Care and support navigator 	<ul style="list-style-type: none"> Care for the most vulnerable
Choice and control (over personalised budget)	<ul style="list-style-type: none"> Personal Budgets Young person's voice and parental choice 	<ul style="list-style-type: none"> Personal budgets and personal health budgets Choice of housing and who I live with 	<ul style="list-style-type: none"> Accountability and transparency
Personalised commissioning and payment (integrated Commissioning)	<ul style="list-style-type: none"> Joint commissioning arrangements Individualised planning arrangements 	<ul style="list-style-type: none"> Specialist Multidisciplinary teams intergrated with community services Commissioners understand their population 	<ul style="list-style-type: none"> Developing the workforce





annual conference

ADCS The Association of Directors of Children's Services
The Midland Hotel Manchester July 2017

SEND strategic planning and delivery

ADCDS
Leading Children's Services

SEND Forecasting Model

Stuart Gallimore

Director of Children's Services

East Sussex County Council

Ofsted SEND Inspection

December 2016

The effectiveness of the local area in identifying children and young people who have special educational needs and/or disabilities

Strengths:

‘The local area uses both short-term and long-term forecasting well, so that leaders are planning effectively for the growing demands on their services’

Context

- Well established pupil forecasting model for primary, secondary, 16-18 pupils
- Identified need for SEN forecasting methodology – aware that the demand/need for SEN places was increasing
- Model developed over 18 months – using a range of data and consultation with key professionals

Forecasting Method

- Population projections linked to current SEND prevalence rates
 - i.e. projected rise in general 16-18 year old population leads to a rise in 16-18 year olds with SEND
- Adjusted to take account of recent five year prevalence trends for each primary need
 - i.e. if numbers with ASD with statements/EHCPs is rising by 2.8 per 10,000 per annum, the model projects this trend forward
- Workshops of SEND professionals used to approve or adjust trend factors for each primary need group based on professional judgement and supporting evidence

Main Features

- Forecasts for primary school age, secondary school age, age 16-18, age 19-24
- Countywide and five Districts/Boroughs
- Forecasts by six severity bands
- Forecasts numbers by primary need (e.g. ASD)
- Forecasts numbers requiring mainstream and special school places (including independent special schools)
- Forecasts to 2030/31
- Doesn't project existing cohorts forward, forecasts are based on prevalence of SEND by age band
- Doesn't compare need with capacity (SEND places don't always fall neatly into one or other primary need category)

Example Workshop Slide: Profound and Multiple Learning Difficulty (PMLD)

East Sussex School Age Residents with Statements/Plans

PMLD	2010	2011	2012	2013	2014	2015	Trend	Avg. Yearly Change in Rate
Number	16	20	27	33	41	48	▲	0.7
Rate Per 10000	1.8	2.3	3.0	3.7	4.6	5.4		

Comparative Trend Data (Includes SEND Support)

PMLD	Avg. Yearly Change in Rate per 10,000 2010-2014 (Includes SEND Support)		
Geography	England	South East	East Sussex
Rate Per 10000	0.2	0.0	0.0

Other Contextual Data on Trends

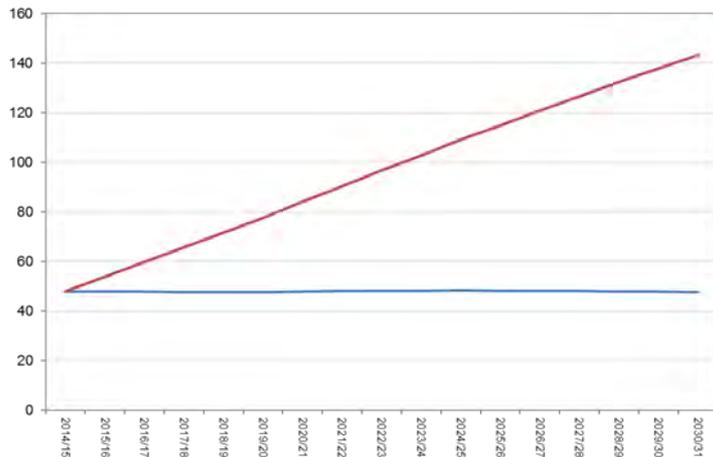
- Survival rates (at point of hospital discharge) of babies born at 22-26 weeks increased from 40% in 1995 to 53% in 2006. Rates of complications/ongoing health problems in survivors were unchanged. Taken together the findings suggest the total number of children in the community with lifelong health problems attributable to extremely preterm birth will rise. (Costeloe et al 2012)
- Between 2009 and 2012 preterm birth rates in England and Wales remained steady at just over 7%. Around 4%-5% of these births are extremely preterm – 27 weeks or under. (ONS 2014)

Recommended Trend Factor	0.7
Rationale	The recommended trend reflects the average yearly increase in the rate for East Sussex School Age Residents with Statements/Plans, which the contextual health data on increased survival rates of extremely pre-term babies suggests is likely to continue at least for 5 – 10 years. It is unclear if longer term, with medical developments, the trend will stabilise.

Note: A change in the trend factor of 0.1 per annum equates to 1 extra or fewer child per annum while a change of 1 equates to around 9 extra or fewer children per annum.

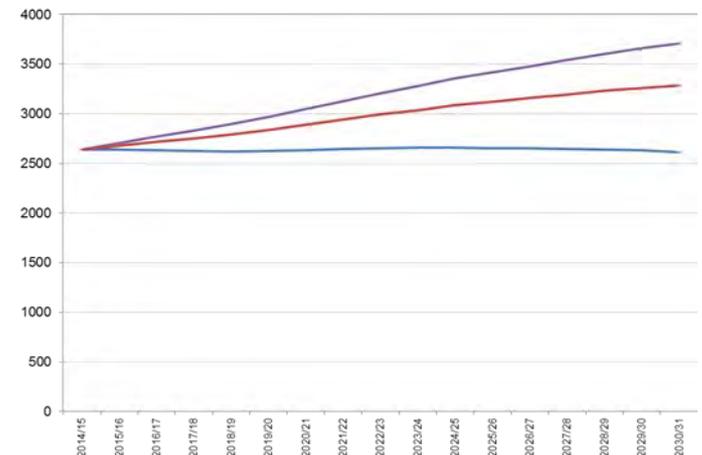
Implications of Applying Recommended Trend Factor to the Forecasts

Profound & Multiple Learning Difficulty



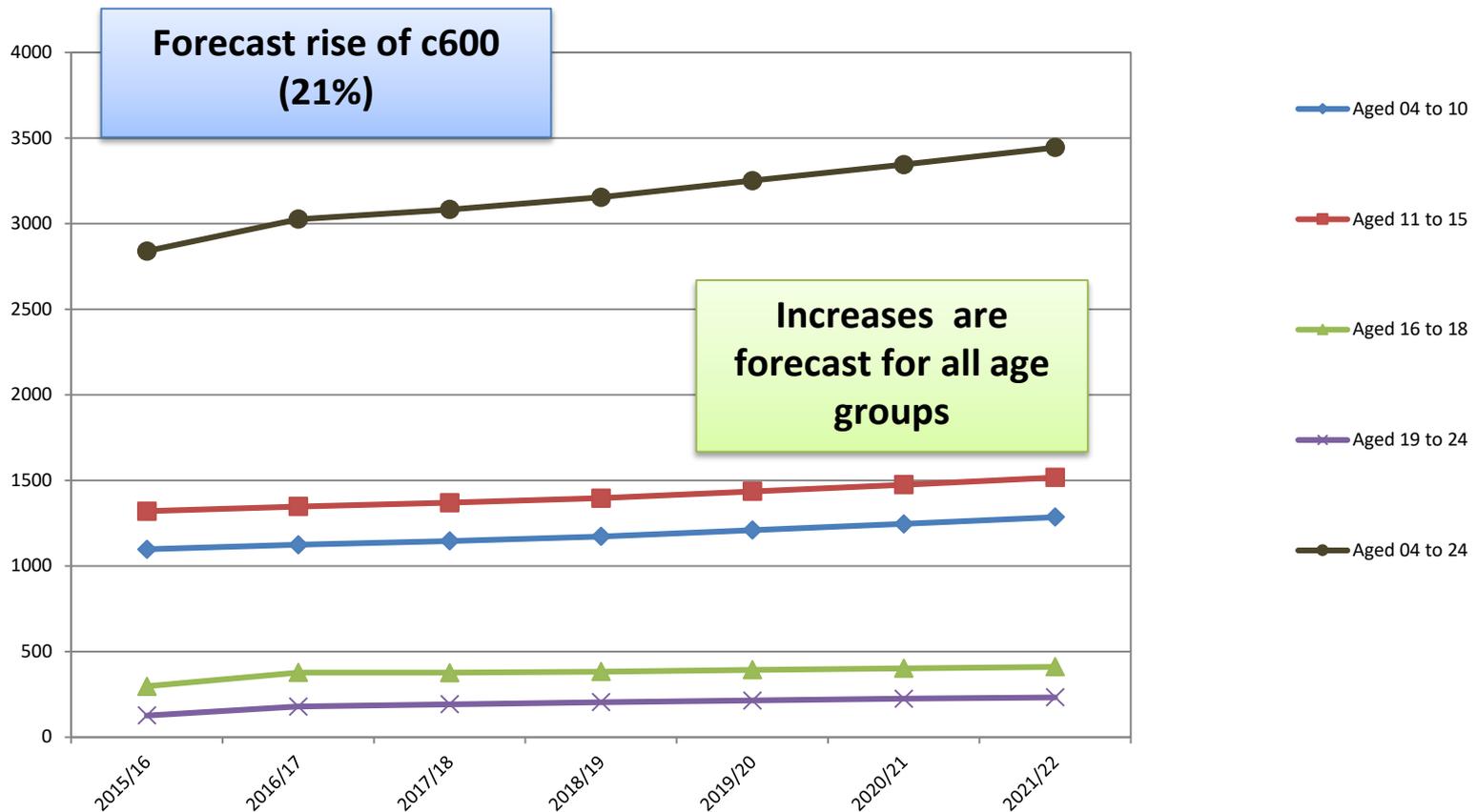
Key (Forecast based on):
■ Trend based solely on population change
■ 5 yr Avg. Yearly Change
■ Recommended Trend

All School-Age Residents with Statements/Plans

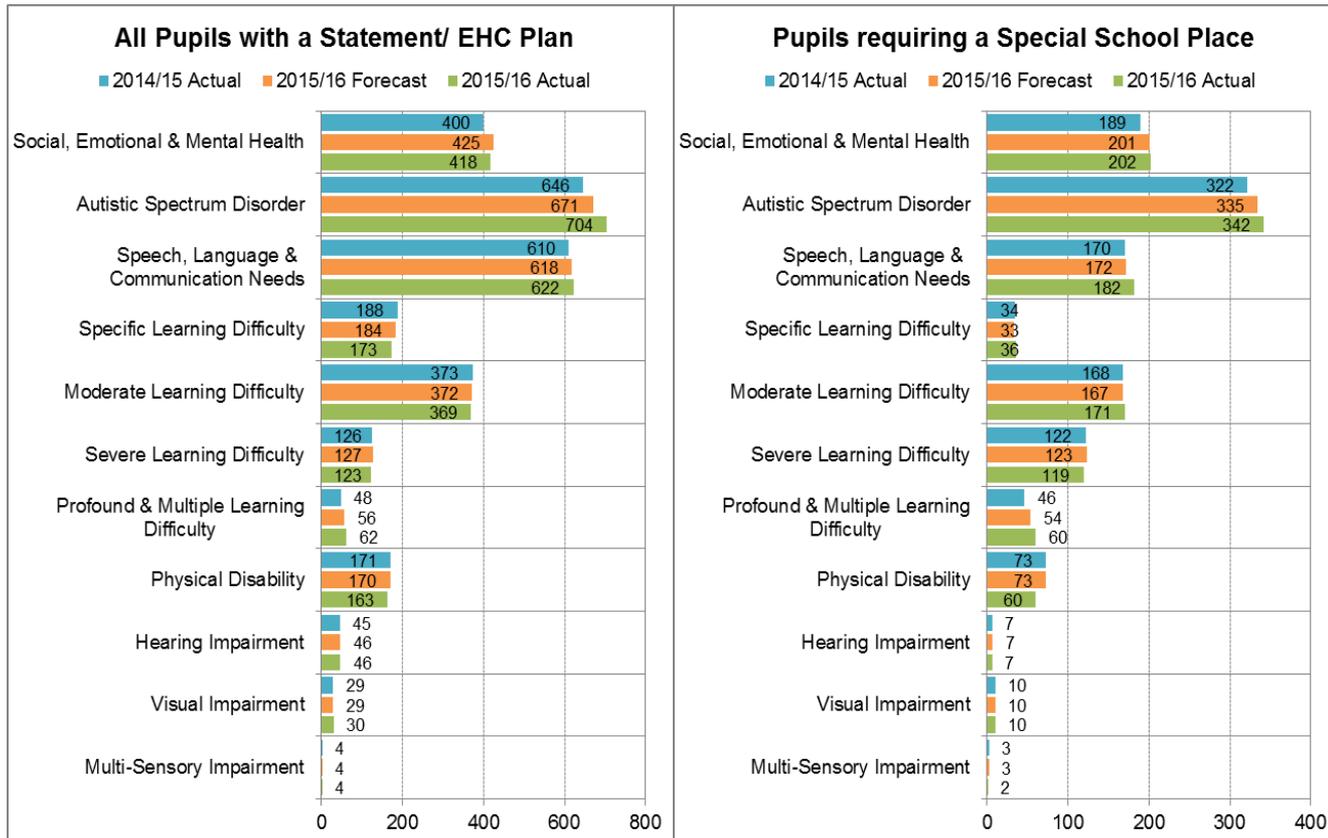


Example of Forecasting Model Outputs

Total Age 4-24 with EHCPs 2015/16 – 2021/22



SEND Forecast Accuracy Check



Forecasts mainly of rising numbers

Generally accurate
Forecast of total with statements/ plans accurate to 0.5%

ASD higher than forecast

What is it telling us?

- The forecasts show that - 3% of school age pupils currently have EHC, 40% of whom attend Special Schools or Independent Schools
- Forecasts suggest this will rise to 3.7% by 2021, and 4.5% by 2031
- Within Bands B – E this translates to an increase of 500 more pupils by 2021 (500 more than currently)
- Post-16 – a spike now with 300 more pupils is coming into the system (leading to more Band E's)

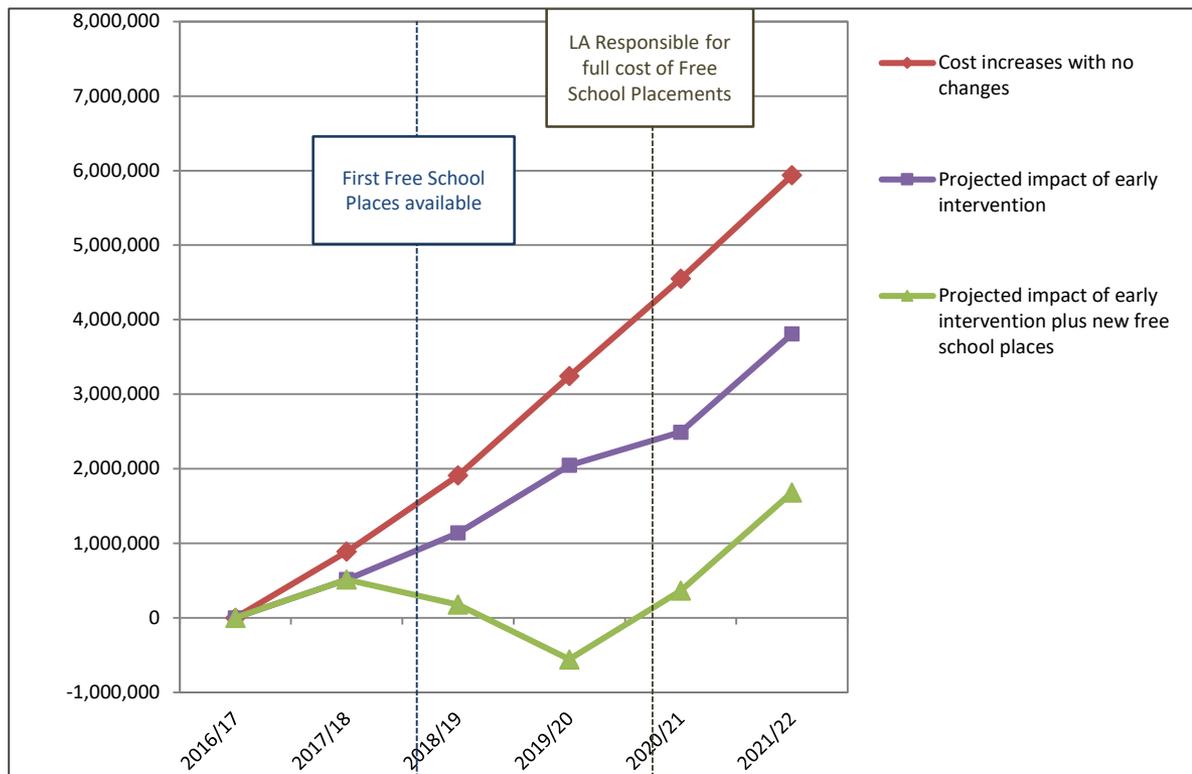
If current trends continue

by 2031:

- SEMH: increase of 400+ pupils
- ASD: increase of 400+ pupils
- Speech/language/comms: increase of 100 pupils
- Profound and multiple learning difficulties: (50 pupils currently) expect an increase of a further 50 pupils.

Example of Use in Modelling SEND Budgets

Projected combined impact of interventions on annual costs 2016/17 – 2021/22



Do nothing option sees £5.9m rise in annual costs by 2021/22

Early interventions with schools/parents reduce annual cost rise by 2021/22 to £3.8 m

Early interventions plus free school places reduce annual cost rise by 2021/22 to £1.7m

Requires £4.25m lower annual budget compared to do nothing option



annual conference

ADCS The Association of Directors of Children's Services
The Midland Hotel Manchester July 2017

SEND strategic planning and delivery

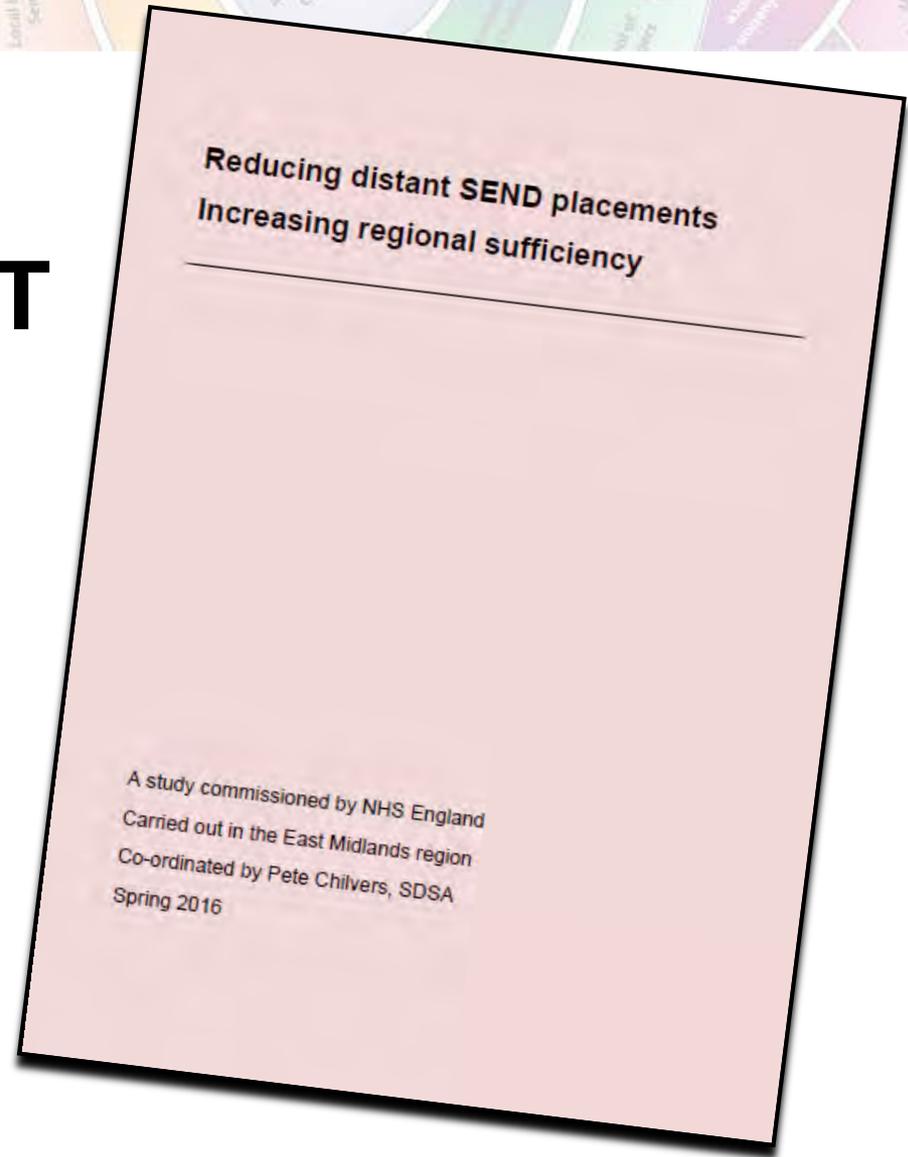
ADCS
Leading Children's Services



REDUCING DISTANT SEND PLACEMENTS

INCREASING REGIONAL SUFFICIENCY

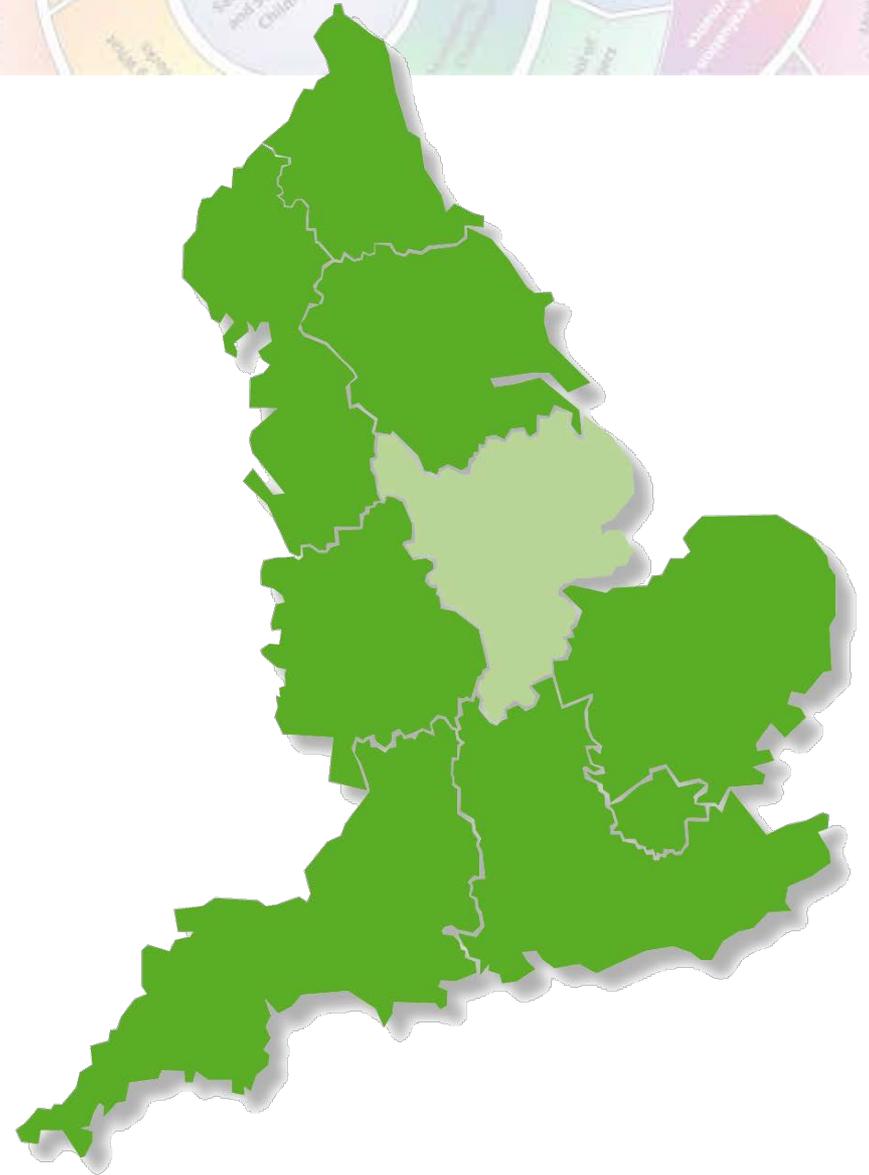
A 2016 East Midlands Study



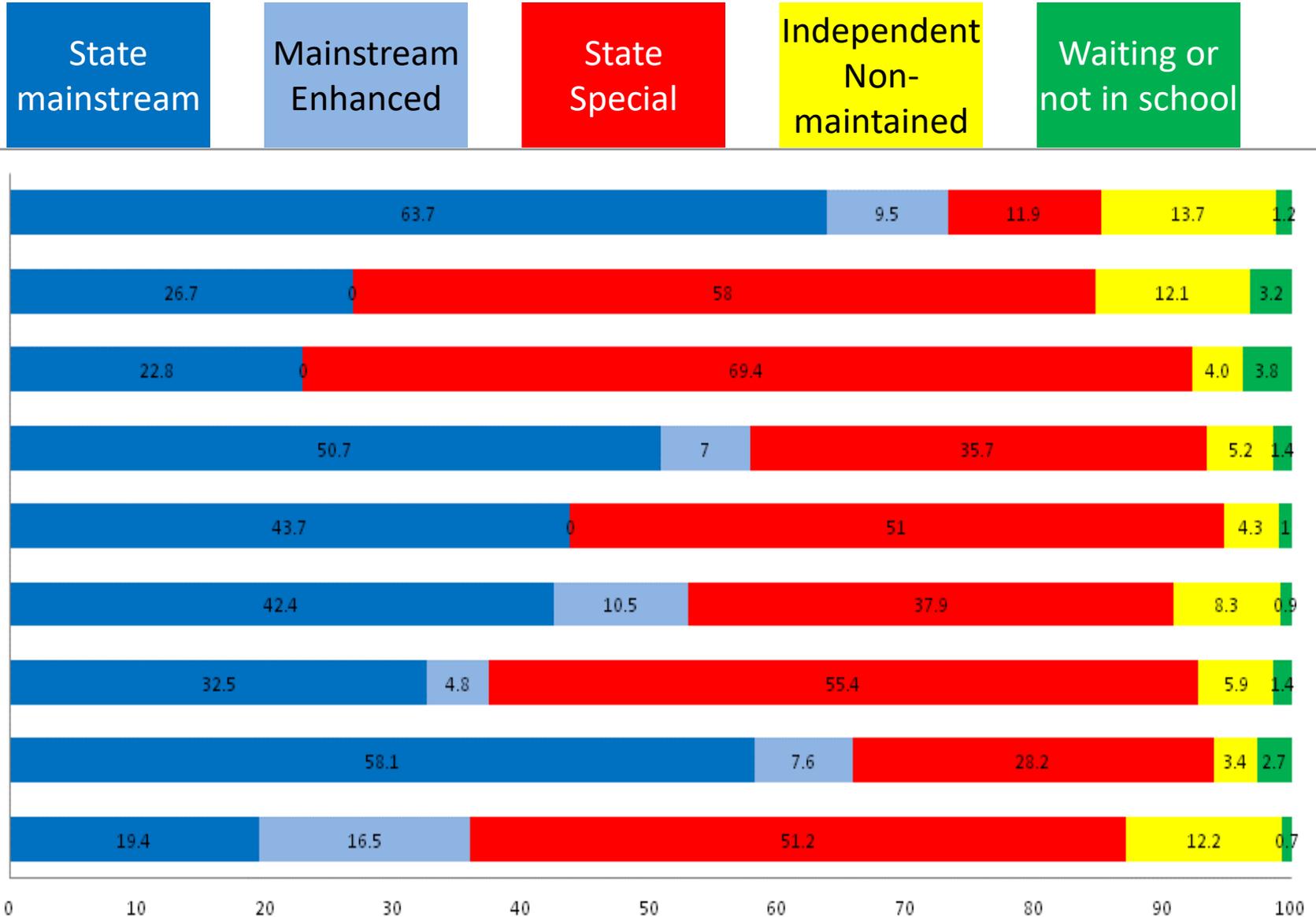


NHS £ support
9 Local Authorities
DCS backing
Method:

- Network meetings
- Field visits
- Surveys
- Focus groups
- Special Schools
- Parent Carer Forums



School destinations of CYP with EHCP





Potential areas for inclusion progress

- Inclusion partnerships
- Holding mainstream leaders, esp academies to account more
- Dual placements
- Special schools as support hubs
- Health and specialist services located in schools
- All MLD, more ASD and VI/HI in mainstream schools
- All new-build schools to include special provision

Checklist: To what extent have you...

Developed performance indicators for SEND progress and/or an inclusion indicator to promote good practice in mainstream schools

Introduced resources or toolkits to support the effective inclusion of complex SEND conditions in mainstream schools, e.g. Autism Friendly Schools

Expanded some mainstream school sites to specifically increase capacity for complex SEND placements

Encouraged the creative use of dual placements and substantial in-reach and out-reach arrangements to enable more pupils with complex SEND conditions to receive more of their education in mainstream settings

Introduced measures that hold schools and academies to account for exclusions that seem associated to SEND conditions

Addressed primary-secondary transition for SEND pupils in both primary and secondary schools to introduce effective practice

Introduced effective practice that promotes independence and tapers any dependency on support as pupils with complex SEND conditions approach secondary transfer

Established culture of expectation in the mainstream school leadership community that most/all EHCP placements for MLD, VI/HI without cognitive impairment, plus increasing proportion of ASD are routinely made in mainstream settings



“Is it possible for us to work together in a concerted way over the next few years so that every Lincolnshire child with an EHCP can receive state-funded education within 20 miles of their family home?”

- Grouping special schools into 4 clusters/business units
- All special schools as ‘all needs’, serving a catchment area
- Commission special schools to provide networks of support and specialism to local mainstream schools
- Expand or reduce the size of special schools to match need
- Capital development in buildings to create space/facilities
- Reinvesting transport savings back into the school system
- Strengthen the partnership with health to align services

Checklist: Development of existing and new special schools

Ensured that review meetings of pupils placed in special schools routinely consider the most appropriate school setting

Special schools being developed, or developing themselves, as providers of specialist support services for mainstream schools

Commissioned special schools (individually or in groups) to provide area-wide specialist outreach/support services, e.g. Autism Outreach

Reviewed any prolonged placement of Y14 students in special schools

Undertaken sufficiency audit to establish whether additional special schools are required for population growth and/or more appropriate placement settings

Developed plans with the community of special school leaders to consider/make strategic applications for new Free Special Schools

Considered the de-specialisation of special schools to move towards 'all needs' schools serving more defined catchment areas

Developed, or encouraged the development of the role of special schools within the emerging school-led system, e.g. within Teaching School Alliances

Ensured special schools are engaged fully in initial teacher training, both contributing to provision and offering placements

Considered the co-location of special schools and social care facilities, e.g. children's homes, to increase local solutions for children in care with SEND



Q3

Can in-region placements be increased by developing a joint-LA approach to commissioning and purchasing?

1,100 children in independent non-maintained = £62m

	Number	£ Total	£ Average
SPLD	48	£2,367,125	£49,315
MLD	20	£509,967	£25,498
SLD	21	£1,582,685	£75,366
PMLD	6	£410,968	£68,495
SEMH	354	£18,792,678	£53,087
SLCN	19	£550,541	£28,976
HI	99	£2,775,514	£28,035
VI	8	£500,099	£62,512
MSI	1	£226,905	£226,905
PD	9	£191,371	£21,263
ASD	361	£23,146,614	£64,118
Other	19	£1,745,346	£91,860

Checklist: Partnerships with health

Created joint-funding arrangements for key strategic leadership that connects health and local authority domains

Fully engaged senior health leaders in strategic decision making relating to complex SEND placements

Established secure arrangements to ensure good health representation at placement decision-making meetings and annual reviews

Established effective arrangements with adult and health services, e.g. Continuing Care, to ensure seamless transition from school-based placements into young adulthood

Where a local authority works with multiple or non-coterminous CCGs, well-co-ordinated or integrated arrangements have been developed

Established a coherent 'offer' of health services, including therapies, that provides schools and families with confidence to accept more complex SEND placements locally

Considered the location of health services and/or staff within education settings

Supported chains and groups of schools to employ or host dedicated health staff

Developed consistency of approach between local authority and significant health professionals, e.g. CAMHS, community paediatricians



annual conference

ADCs The Association of Directors of Children's Services
The Midland Hotel Manchester July 2017

SEND strategic planning and delivery

ADCs
Leading Children's Services

Increasing Local Sufficiency Across the Continuum

06.07.2017

Marion Ingram

Operations Director Specialist Services



School CAMHS Link Pilot

- ✓ **Herts CAMHS review identified the need for early intervention and prevention**
- ✓ **Improving communication with Specialist CAMHS in a range of ways**
- ✓ **Ensuring the voice of schools are heard in the CAMHS Transformation**
- ✓ **Working towards better and consistent pastoral provision in school**
- ✓ **Building capacity and sustainability across the existing system**

Schools' Perspective

- ✓ **Appropriate referrals to early help/non specialist services**
- ✓ **Counselling most common commissioned service – up to £30k, average £8k**
- ✓ **School based provision and joint working effective**

BUT

- ✓ **Long waiting times, high thresholds and poor communication with specialist CAMHS**
- ✓ **Schools expected to manage high levels of need and risk**
- ✓ **Lack of support/structure results in schools failing to use the skills & knowledge they have**

Improved Communication, Training and Support

- ✓ **School leads – refresh and recruit**
- ✓ **Pastoral network groups**
- ✓ **Mental health and referral training**
- ✓ **Mental Health First Aid – Youth**
- ✓ **Tools for Schools refresh and self evaluation**
- ✓ **New processes, templates and forms of data capture**
- ✓ **Case consultation surgeries**



Evaluating the Impact

- ✓ clearer guidance
- ✓ better resources
- ✓ improved communication
- ✓ more informed practice
- ✓ greater integration
- ✓ better processes
- ✓ sharing innovation
- ✓ sustainable models



✓ Improving Outcomes

PALMS

- ✓ **Countywide**
- ✓ **Multidisciplinary approach to CYP aged 0 – 19 years**
- ✓ **Must have a diagnosis or be on the diagnostic pathway for either ASD or LD**

AND

- ✓ **Have an additional emotional, behavioral (challenges) or other MH need**

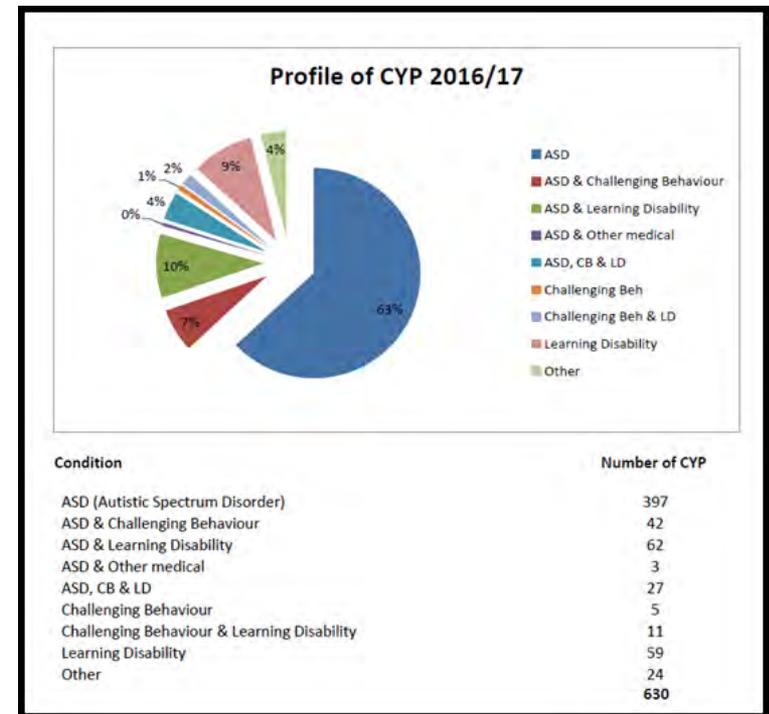
AND

- ✓ **Experience tangible barriers to accessing mainstream services**



PALMS Review

- ✓ Capacity and interim solutions
- ✓ Neurodevelopmental pathway
- ✓ Whole system approach - PBS
- ✓ Early intervention including parental support
- ✓ Integrated pathways across Education, Health and Care
- ✓ Pathway into adulthood



Woodland View – Tier 3.5

Challenges of integrated working:

- ✓ Different funding streams
- ✓ Statutory framework - accountability
- ✓ Prioritising prevention at times of austerity
- ✓ Integrated planning



annual conference

ADCS The Association of Directors of Children's Services
The Midland Hotel Manchester July 2017

Questions

Have you considered joining the ADCS
Health, Care and Additional Needs Policy
Committee?

Visit www.adcs.org.uk/committees
for further details.

ADCs
Leading Children's Services