

CHILDREN, YOUNG PEOPLE AND EDUCATION COMMITTEE

11th March 2021

REPORT TITLE:	TRANSFORMING CARE THERAPEUTIC SHORT BREAKS CAPITAL PROPOSAL
REPORT OF:	DIRECTOR OF CHILDREN, FAMILIES AND EDUCATION

REPORT SUMMARY

The report outlines a Transforming Care Therapeutic Short Breaks Capital proposal and provides context on a capital bid process which is underway with NHS England for a grant to be used for children and young people who are experiencing levels of crisis or difficulty and presenting with behaviours of concern.

Following a successful expression of interest stage, a full project proposal has been submitted to NHS England seeking capital funds to:

- Provide a facility for up to three young people who are at risk of attendance at Accident and Emergency, in need of assessment and treatment for mental health issues (Tier 4 admissions) or in need of a placement away from their normal residence. This would provide a short break service offering a range of interventions to support the young person and their carers at a time of crisis and difficulty.
- Develop an integrated 'hub' across the system (health, social care and education and the third sector) to provide a range of multi service interventions and support. This will include specialist clinical advice where appropriate.

The provision will build on existing services, including the second phase of the Intensive Support Function in Wirral and will provide a therapeutic short break and 'safe space' for young people experiencing a high level of distress.

Authority is sought for the progression of the proposal from this Committee through to Policy and Resources Committee to approve the receipt of the Capital grant.

The proposal aims to support the strategic aims and objectives of the:

- Wirral Plan 2025 '*Brighter Futures*'
- Wirral's Sufficiency Strategy
- NHS Long Term Plan in improving community services for young people with complex needs; and
- Transforming Care Agenda

The proposal also aims to meet the specific strategic objectives:

1. A range of specialist services will be made available to respond to children and young people as and when they need them;
2. All children will be matched with good quality provision that meets their needs;
3. All children will be supported so they are prepared for adulthood;
4. Most children and young people will live locally;
5. Avoidance of 'revolving door' Accident and Emergency attendances for self-harm and other presenting mental health difficulties;
6. Decrease in tier 4 admissions and subsequent prolonged stays; and
7. Decrease in costly, both in financial terms and in impact for the young person, of out of borough children's home placements which sever their local connections with school, peers, family and support services.

The Council is looking to meet the needs of young people who require not only therapeutic interventions but also a facility to provide robust and timely support.

Although the facility will be based in one ward, children placed there will come from wards across the borough.

This is a key decision.

RECOMMENDATION/S

The Children, Young People and Education Committee is requested to recommend to the Policy and Resources Committee:

1. the acceptance of capital grant monies of up to £700,000 from NHS England to enable the purchase by the Council of a property to be used for the purpose of providing a facility for children and young people with Learning Difficulties, Autism and presenting mental health difficulties along with the delivery of suitable services to such occupants;
2. that the Director of Law and Governance be authorised to finalise the associated grant agreement;
3. that delegated authority be given to the Director of Regeneration and Place, in consultation with the Director of Law and Governance, the Director of Children, Families and Education and NHS England to purchase a property at market value suitable for the purposes outlined within this report; and
4. that delegated authority be given to the Director of Children, Families and Education to procure a registered care provider for the first nine months of the facility's operation.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Committee is asked to consider this proposal in the context of the timeframe and window of opportunity that meets the requirements of the NHSE capital bid process, which lead to grant monies needing to be committed in the next financial year 2021/2022. One of the conditions of the grant is that it needs to be signed over to the Council. To align with the NHS England approval timeframe, it is appropriate for this Committee to request that Policy and Resources Committee approve the capital grant and that an appropriate property be purchased under delegated powers of the Director of Regeneration and Place at market value alongside an appointed registered care provider.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The option of not bidding for the grant has been considered given pressures of officer time and the need to quickly form a cross agency project team during COVID pressures. This option is not favoured given the level of demand within Wirral for the proposed facility.
- 2.2 A full housing option appraisal has been undertaken by officers. No suitable options have been found.
- 2.3 Expressions of interest from local registered providers have been invited and fully explored as to any stock they had available and suitability for refurbishment. No suitable options were sourced due to the extent of the accommodation needed to meet the service needs.

3.0 BACKGROUND INFORMATION

- 3.1 To give some national context to the compelling case for change as to why there is a need to do something different for this group of high risk and very vulnerable young people, some of the key headlines in Anne Longfield's outgoing speech as Children's Commissioner for England '*England's left behind children*' demonstrate that this issue is not going away and has only been exacerbated by the Covid pandemic:
- 1.3 million children with significant mental health conditions
 - 1,340 children have been locked up in youth custody, secure hospitals or children's hospitals
 - over the course of the pandemic the rate of clinically significant mental health conditions increased by 50%
- 3.2 The Transforming Care agenda for children and young people with learning disabilities and/or autism has begun to embed the good practice within Children's Services that has been seen in adults since its implementation. This includes the Care and Education Treatment Review process and the introduction of a Dynamic Support Register to identify and support those children who are deemed by a range of professionals of being most at risk of a hospital admission or being accommodated by the Council. This has enabled the Council, alongside the Clinical Commissioning Group to identify children at risk of admission to hospital or into care. It has also highlighted the limitations of services being able to respond to meet the diverse needs of a number of children. Services that could support children to remain

at home including good quality care and support packages and positive behaviour interventions are not at a sufficient level or standard to be effective. Such services only manage to sustain or slow down behaviours for a time leading inevitably to in-patient or residential care. This is not a good experience for children, parents/carers or professionals and severely disrupts planning effectively for adulthood.

- 3.3 For children with learning disability, autism or mental health issues needing admission into care, specialist residential care is often not readily available. This can be through lack of provision or because the child presenting in crisis poses too many risks for a provider. This leaves a child in inappropriate settings either in hospital or in short term accommodation with agency support otherwise known as unregulated provision whilst a registered setting is sought. Children under the age of 18 requiring full-time care, not just support, must by law be placed in an Ofsted Registered setting.
- 3.4 The data analysis undertaken for the bid showed that need and complexity is increasing. Wirral is an outlier in mental health related hospital admission episodes for Children and Young People under 17 years, as displayed below.

Hospital admissions	Area
155 per 100,000	Wirral
104 per 100,000	North West
88 per 100,000	England

- 3.5 Out of all Tier 4 admissions in the 12 month period analysed for the bid, all young people had diagnoses of autism. Young people experienced prolonged stays in hospital even when ready for discharge and a deterioration in presentation as environmentally, hospital was not the right place for them at that stage. Serious difficulties are experienced in identifying community step down placements and Wirral has no specialist local providers. Most importantly, young people experience multiple placement disruptions and poor outcomes.
- 3.6 The need for support to parents cannot be underestimated and work with parents/carers to support their child is vital to the success of this project and in supporting children to remain in their local communities. Children who are placed at a distance from home are at risk of poorer outcomes. This is also costly option in terms of placement fees and related to professional travel time and other associated professional costs.
- 3.7 The main aim of the project is to provide a facility/service for children and young people at times of difficulty, particularly for those who are either diagnosed with autism and/or present with significant behaviours of concern. It is recognised that there is limited access to timely services which allow for a period of safety for the young person and which facilitates professionals in appropriately identifying the next steps required to support them.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The acquisition costs of the property will be funded from the £0.7m grant monies. The revenue funding to operate the facility will come from the existing revenue

budget and in addition, the Council will receive £173,000 infrastructure funding through Transforming Care from NHS England for two years.

- 4.2 This project looks to deliver financial savings as the provision can deliver efficiencies for the Council. The cost of providing the service based on cost modelling benchmarking a gold standard, outstanding rated service provision is £753,000. The current cost of 3 externally commissioned placements is £878,000. This is assuming 100% occupancy which may not be possible to achieve particularly in the initial stages of the provision. The contribution from the NHS England Transforming Care of £173,000 mitigates the risk of the occupancy being below 100%.
- 4.3 The proposal in this case is for a pilot period of up to nine months to allow for a service provider to operate whilst a full procurement process is undertaken.

5.0 LEGAL IMPLICATIONS

- 5.1 An OFSTED and CQC dual registered service provider will be commissioned to deliver the care and support service and will be appointed in accordance with the Council's Contract Procedure Rules.
- 5.2 If the Council cannot manage and maintain the property, a registered housing provider will be procured in accordance with the Council's Contract Procedure rules.
- 5.3 There is provision for a redemption of capital grant should the property cease to be used for the purpose for which it has been acquired.
- 5.4 This matter is a Key Decision not on the Forward Plan. It is considered impracticable to defer consideration of this matter until 28 days' notice has been provided on the Forward Plan. The Monitoring Officer is satisfied that the circumstances satisfy the criteria for urgency so that the decision may be taken with less than 28 days' notice.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 The Council would gain the asset and as part of the grant conditions will be able to use the property going forward flexibly to meet the needs of people with learning disability and autism needs.

7.0 RELEVANT RISKS

- 7.1 One risk is that the Council is unable to purchase the property and commit grant monies in next financial year. This will be mitigated by daily updates of the housing options appraisal as a live document ensuring that rapid decision making on properties coming onto the market can take place.
- 7.2 A further risk is that no specialist supplier comes forward to deliver the service and the asset becomes unused for its purpose, thus breaching the grant agreement. This risk will be mitigated by early provider engagement with specialist providers and an invitation to pilot a 9 month new service model prior to full tender.
- 7.3 A further risk is that the location of the property causes reputational risk for the Council. This will be mitigated by early and ongoing engagement with relevant ward

members and the Chair and Spokespersons for Children, Young People and Education Committee.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 There has been analysis of key messages from children and young people from two deep dive consultation reports undertaken over the past 12 months with children, young people and families on Wirral:

- 'Why Community Matters' Insight Report, and
- 'The Art of the Possible' CYP consultation feedback report

Key challenges emerging in these reports were support for mental health and support for children with additional needs. Children, young people and families told us that:

'We need services to prevent and respond to mental health crises/difficulty'
'We need easier access to specialist/clinical services when we really need them'

There were stories of wide-ranging unmet complex needs from support with anxiety and low mood to severe mental illness. There was a themed strong sense that current services do not have the capacity to support.

- 8.2 There has been ongoing involvement of Wirral's Children in Care Council and Care Leavers Council.
- 8.3 The Chair and Spokespersons of the Children, Young People and Education Committee have been briefed on the proposal and regular progress updates have been presented to Corporate Parenting Board. Further regular detailed briefings will be provided to the Chair and Spokespersons.
- 8.4 The choice of the property is sensitive for the children concerned, hence selection of the appropriate location will be undertaken with specialist advice from health colleagues based on their expertise. As the area for potential property is currently being scoped and no specific property has yet been identified, no neighbourhood engagement has been undertaken at this stage. However consultation and detailed briefings will take place with ward members once a potential property has been identified.

9.0 EQUALITY IMPLICATIONS

- 9.1 The proposed purchase will be a single storey bungalow ensuring full accessibility with a housing specification ensuring it is environmentally appropriate for children and young people with learning difficulties and autism. Environmental considerations take into account the sensory needs of this cohort of children which can include noise, physical structure, colours and patterns, labelling, lighting, window coverings, smells, temperature and protecting against damage. The outside area needs similar considerations with adequate fencing, privacy and leisure areas. All fixtures and fittings will have the safeguarding of children at the heart of the design to reduce risks such as ligaturing and or other forms of self-harm. An Equality Impact

Assessment will be carried out upon purchase of a suitable property with a view to assessing and mitigating any equality impacts.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 There is the opportunity during any refurbishment of property to ensure that a low carbon footprint design is undertaken.
- 10.2 During the procurement process, providers will be made aware of the Council's ambition to be carbon neutral.
- 10.3 The recommendations contained in this report are expected to have a neutral effect on emissions and greenhouse gases.

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APPENDICES

None

BACKGROUND PAPERS

'Why Communities Matters' report Capacity Lab

'Englands left behind Children' Childrens Commissioner for England Anne Longfield
February 2021

'The Art of the Possible' Consultation review 2020

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
N/A	