

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on 2 April 2013.

**PRESENT:** Councillors Dryden (Chair), Biswas, Cole, Harvey, Junier, S Khan, Mrs H Pearson and J Sharrocks (as substitute for P Purvis).

**PRESENT BY INVITATION:** Councillor Brunton (Chair of Overview and Scrutiny Board)

**ALSO IN ATTENDANCE:** K Morrison, Chair of Parents 4 Change, Co-opted Member (Children with Complex Needs)

E Thomas, NHS England  
A Hume, Chief Officer, South Tees Clinical Commissioning Group  
Dr H Waters, Chair, South Tees Clinical Commissioning Group

**OFFICERS:** J Bennington, J Cordiner and J Ord.

**APOLOGIES FOR ABSENCE** were submitted on behalf of Councillor P Purvis.

**DECLARATIONS OF INTERESTS**

There were no declarations of interest made at this point of the meeting.

**12/47 MINUTES-HEALTH SCRUTINY PANEL 19 MARCH 2013**

The minutes of the Health Scrutiny Panel held on 19 March 2013 were submitted and approved as a correct record with the following additional recommendation:-

3. That the Scrutiny Support Officer in consultation with the Chair and Vice Chair compile a draft Final Report on the Panel's findings in respect of its consideration of winter pressures facing the South Tees Health and Social Care Economy.

**12/48 CHILDREN WITH COMPLEX NEEDS - EDUCATION, HEALTH AND SOCIAL CARE PLANS**

Further to the meeting of the Panel on 26 February 2013 the Scrutiny Support Officer submitted a report the purpose of which was to introduce senior representatives of the Local Authority and the South of Tees Clinical Commissioning Group (STCCG) to address the Panel on the development of Education, Health and Social Care Plans (EHSC) in particular their introduction, use and how they will be funded.

In order to assist deliberations a series of questions had previously been forwarded to the representatives as outlined in the report submitted.

The Chair of the STCCG referred to a joint meeting recently held when a high level of agreement had been reached regarding the principles in terms of the financial support from the respective organisations with regard to EHSC Plans.

Emma Thomas, NHS England confirmed her experience of such matters and her involvement with four other CCGs and in particular referred to a pilot scheme which had operated in Hartlepool and the lessons which could be learnt from such an exercise. Primarily North Of England Commissioning Support had developed expert advice and best practice which could be applied elsewhere.

Julie Cordiner, Partnership Development Leader, Middlesbrough Achievement Partnership confirmed that the prevailing legislation was still valid but referred to legislation currently going through Parliament which provided an indicative draft Code of Practice for Special Education Needs which was expected to be enacted on 14 September 2013. Following Members' questions regarding the impending legislation it was stated that in general terms it appeared to be more person centred and focussed on improving outcomes for children, young people and

families in a more positive way and outlined the expectations from the different organisations from a family's perspective and assisted families from being referred from one place to another. The Code of Practice provided a definition of special educational needs and disability and also differentiated between 'MUST' which referred to a statutory requirement and 'SHOULD' relating to guidance which was a non-statutory requirement.

For children and young people with more complex needs the Code provided a co-ordinated assessment of needs and a new 0 to 25 EHC plan and for the first time gave new rights and protections to 16-25 year olds in further education and training comparable to those in school. In commenting on the number of families with such circumstances an approximate figure of 735 had been indicated although a concern was expressed in relation to those children with a physical disability but were not eligible for ECH plans. An assurance was given that the Code aligned with other provisions and the overall approach was to achieve closer co-operation and greater integration between all the services to support children and their families through joint planning and commissioning of services.

The Panel was advised of a Task and Finish Group established for a SEN Review and that the Authority had engaged Brian Lamb, Chair of Achievement for All to carry out a short piece of work in relation to the current position, gap analysis and what action needed to be taken. An important element was reported as Key Working whereby one person took the lead role and to bring together one plan when a number of specialist services were working with a family. A number of concerns were expressed about the potential increasing number of families and difficulties in recruiting key workers with particular regard to families with more than one child with a disability and a higher level of children with increasing complex needs. In response it was indicated that the current exercise would examine current overall processes and resource implications in terms of the Authority and CCG of the impending legislation.

In commenting on the involvement of schools and children reference was made to the principles underlining the Code which identified that the views and participation of children and their parent/carer and young people were central and supported throughout the system. Reference was made to recent outstanding Ofsted reports in respect of Middlesbrough's special schools and of the need to achieve a smooth transition following the implementation of the impending legislation. Confirmation was also given of the priorities of the Middlesbrough Achievement Partnership in this regard. In terms of accountability it was acknowledged that it was a complex situation having regard to the responsibilities of NHS England, Local Area Teams, CCG's, Health and Wellbeing Board and Health Scrutiny Panel.

In relation to the funding aspects and in overall terms it was indicated that the impending legislation provided more clarification and the pilot scheme at Hartlepool was examining personal budgets which would allow a certain degree of flexibility. An indication was given of the difficulties in determining the financial commitment given the rise in projected numbers although the Joint Strategic Needs Assessment would assist in that regard taking into account such factors as increasing complex needs, migration and birth rate.

In response to Members' concerns in the case of agreement not being reached between various agencies reference was made to the clarity of roles and responsibilities of the impending legislation and appropriate processes that would be in place to assist in this regard.

Some reservations were expressed regarding those children with personal care needs but who were not eligible for an EHC Plan and received no additional funding to assist with the level of support required. There was a concern that a two tier system would result. The importance of early identification of needs to ensure that respective organisations were able to intervene and provide the most appropriate support for a child and family was of paramount importance. A co-ordinated approach was required culminating in a single plan. A strategic issue for respective organisations was the access arrangements to an assessment and appropriate mechanisms in place to provide a transparent process which would deal with changing circumstances such as rising costs.

From the CCG's perspective they were responsible for commissioning for a whole range of needs for the overall population some of which were specifically directed from NHS England. The difficult task was to ensure that there would be effective opportunity to access all needs of

the population the allocation of which would be based across all priorities taking into account such analysis as the JSNA and including feedback from partners as to where investment should be placed.

Members referred to the Gateway Project which would provide support for persons with traumatic long term neurological conditions and if lessons could be learned from such a facility

Despite measures in place inevitably crisis situations would occur and in such circumstances the Panel was keen to seek assurances that information was readily available on the points of contact for parents. In response the Panel was advised that as part of the package of a local offer it was very important to identify what and how to access support. The importance and long term benefits of early intervention were reiterated and how to engage with parents effectively providing appropriate information. From the CCG's perspective much investment was already tied up but there was recognition of the need to shift to prevention and early intervention but this would take time to work through.

**AGREED** as follows:-

1. That all representatives be thanked for their attendance and information provided which would be incorporated into the overall review.
2. That a draft final report based on the Panel's findings be compiled in consultation with the Chair, Vice Chair and Co-opted Member prior to consideration by the Health Scrutiny Panel.

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#### **OVERVIEW AND SCRUTINY BOARD UPDATE - 5 MARCH 2013**

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meeting of the Overview and Scrutiny Board held on 5 March 2013.

**NOTED**