

Overview & Scrutiny

Confidence in your Council

Briefing Report No: **153/2010**

Public Agenda Item: **Yes**

Title: **Commissioning Short Breaks for Children and Young People with Physical and Learning Disabilities – draft service specification**

Wards Affected: **All Wards in Torbay**

To: **Health Scrutiny Board** On: **17 June 2010**

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1. Introduction

- 1.1 The attached documentation relates to the re-specification of short breaks for children and young people with complex needs arising from a disability.
- 1.2 Required information relating to the case for change, changes in accessibility, how patients are affected, the impact of the proposals on the wider community, methods of service delivery, finance/value for money, and the project plan is contained overleaf.
2. Recommendations for decision
- 2.1 The Health Scrutiny Board is requested to consider the proposed draft service specification and to indicate whether the changes proposed constitute a substantial variation to the provision of services or a substantial development of services.

The latest draft specification has been circulated to the parents and carers who formed the Working Party as well as the Short Breaks Steering Group. The specification will also be tested with the Children's Disability Council. It is anticipated that the specification will complete by the end of June 2010. It would be helpful to have an indication from the HOSC members as to the next steps for this piece of work.

A project plan showing the next stages can be seen on p10

Appendices

- Appendix 1 Draft Service Specification
- Appendix 2 Draft Aiming High Menu of Services available for children in Torbay
- Appendix 3 Aiming High for disabled Children – Short Breaks: Local area implementation plan overview



Appendix 4 Findings from the working party

Documents available in members' rooms

None

Background papers

None

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Name of lead NHS organisation and contact: Torbay Care Trust

Sharon Matson, Acting Director of Commissioning

Annette Benny, Acting Assistant Director of Commissioning

Rebecca Harty, Commissioning Manager Children's and Maternity Services

Brief description of the proposal:

The re-specification of short breaks for children and young people with complex needs arising from a disability.

Description of population affected:

Children and young people 0-18 with complex needs arising from a disability.

How the affected communities have been involved in developing proposals:

A working party of users of the John Parkes service was established. A Short Breaks Steering Group comprising at least 50% parents and carers has been set up to oversee the short breaks transformation work.

Name of primary stakeholders involved in or supporting the proposal:

Torbay Care Trust, Integrated Joint Agency Children's Disability Service; Torbay Children's Services, South Devon Healthcare Foundation Trust, the LiNK

Date: Thursday 17th June 2010

A. Case for change information**1. What are the reasons for the change?**

The transformation of short break services is a key component of the Aiming High for Disabled Children (AHDC) change programme which seeks to transform the quality, quantity and range of short breaks provision available for children and young people with physical and learning disabilities. The vision behind the programme is for "all families with disabled children to have the support they need to live ordinary family lives, as a matter of course" (DCSF/ DoH 2008).

The development of short breaks provision within the Aiming High programme is taking place within the context of the Torbay Integrated Joint Agency Children's Disabilities Service (IJACDS) which has been endorsed by Torbay Children's Trust. The aim is to provide services for children with disabilities which are integrated across health, social care and education comprising:

- integrated processes, policies and procedures
- a single assessment and referral process
- improved service pathways
- increased amount of preventative services
- an accurate database of all children with a disability
- joint planning processes
- short breaks provision taking into account the Department for Children, Schools and Families and Department of Health Aiming High Implementation Guidance
- quality information to children and young people, parents and carers on all the services available to them
- increased engagement and involvement of children and young people, their parents

and carers and personalisation of care.

1.1 Short Breaks Review

In 2007 Torbay Council's Children's Services and Torbay Care Trust commissioned a 'Short Breaks Review' to evaluate current respite provision, patterns of usage and future demand for services in consultation with parents and carers.

Key themes from the Short Breaks Review:

- inequity and inconsistency in service provision
- services have historically been based around facilities rather than children's needs
- a need to reduce reliance on overnight services, that have been depended upon as day services are limited
- services should be child-focused and cost effective
- a wish for children and young people with physical and learning disabilities to be able to access the types of activities that children without disabilities access e.g. swimming and brownies
- a need for a range of residential provision

1.2 Partnership Vision

The outcomes of the review have resulted in the development of a vision for short break services shared by Torbay Children's Services and Torbay Care Trust:

- To transform short breaks for disabled children and their families in Torbay to ensure that families receive the help and support they need to live ordinary family lives as a matter of course.
- We will achieve this vision through increasing the range, choice and quality of activities or short breaks ensuring that disabled children and their families have a say in developing those services and know how to access them when they need to do so. We aim to increase family control over the resources available for their short breaks through improving direct payments, personalisation and indicative allocation of budgets.
- A flexible approach will be taken to planning services that provide a positive experience for the disabled child and their parent or carer, are tailored to the needs of individual children, young people and their families and ensure that all those who use the services have as much choice as possible in developing the plan for short breaks
- All short break services will aim to provide disabled children and young people with positive experiences which they enjoy and look forward to. Short break services will include improved access to services and activities which are available to all children; and specialist provision for those children with the more complex needs.

1.3 Commissioning strategy

A joint-commissioning approach has been adopted by Torbay Children's Services and Torbay Care Trust to:

- Provide a balance between support to access universal services and providing more targeted and specialist services

- Extend the range of short breaks available to provide choice and to have access to regular local services in addition to overnight breaks
- Develop the market for short break provision to include independent sector providers
- Secure a sufficient and well-trained workforce including the development of short break carers and staff to carry out their recruitment, training and support
- Develop a 'Core Offer' and a 'Full Service Offer' for all services available to children with disabilities and their families.

1.4 The John Parkes Unit (JPU)

The John Parkes Unit is an eight-bedded respite unit based at Torbay Hospital Annexe site which offers overnight and day care for children with complex care needs; that have physical disabilities and/or learning disabilities; and/or life-limiting conditions. It is commissioned by Torbay Care Trust and NHS Devon from South Devon Healthcare Foundation Trust (SDHFT). Torbay Care Trust is the lead commissioner of the Unit.

The number of service users accessing the Unit has declined as new short break options and direct payments have been introduced in Devon and Torbay. There are currently around 14 Torbay children receiving respite at the JPU. The opening times have recently been focused on five nights a week to better match the pattern of demand and to ensure that the skills and expertise of the staff are used for maximum benefit for local families.

The Unit is commissioned as a block contract to the value of approximately £800,000 a year. The pricing structure is based on a national tariff for respite, which is inclusive of overhead and staffing costs. Devon Children's Trust has developed a clear strategy for short breaks which moves away from residential overnight provision and towards care in other settings such as contract care. NHS Devon will cease to commission its contribution to the JPU contract post September 2010, and Torbay Care Trust will fund the shortfall of the contract until 31st March 2010. It is not financially viable for Torbay Care Trust to maintain the contract on the Unit in its existing form at the current price.

This has resulted in a focussed review of short break/ respite services for children with complex health needs in Torbay, and a 'Listening and Design' event took place in September 2009 with users of the Unit. As a result, a 'Short Breaks Working Party for Children with Complex Health Needs' was formed. The Working Party has met several times over the past few months to identify how much residential respite is needed, of what type and what other services parents would like on offer so that a service specification could be developed based on parents and carers views and local need (Appendix 1 draft Service Specification).

Currently the users accessing the JPU do not receive direct payments to pay for their JPU care as this is funded via the NHS block contract. The vision is for families to receive direct payments/ individual budgets so they can choose what they want to use. This means that the costing of provision must be reasonable so that families can afford to purchase services. The service offered at the John Parkes Unit in its current costing and form would make this prohibitive.

The Integrated Joint Agency Children's Disability Service (IJACDS) working in partnership with Torbay Care Trust has begun to develop a menu of short break options with the help of parents and carers. A Short Breaks Transformation Officer has been appointed to take forward the transformation process, and Lead Professionals have been working with

families to develop individual care plans that include short break arrangements.

New provisions to be offered include:

- family to family care
- a contract care scheme to enable care to be provided in the child's or carers home
- the extension of day care facilities and procurement of additional family-based short breaks

The Short Breaks Transformation Officer has been working with colleagues in statutory and voluntary sectors to raise awareness of the short breaks work and to encourage them to enable disabled children to access the types of universal activities and diversions that other children take part in, such as attending clubs and societies, using play facilities and accessing sport (see Appendix 2 for Menu of Services).

2.0 How will the proposals contribute to the achievement of national and NHS priorities/ targets in Torbay?

- As part of the 'Aiming High for Disabled Children' programme, Local authorities working with Primary Care Trusts are expected to meet the Full Service Offer for the Aiming High for Disabled Children Short Breaks programme by March 2011. Torbay are required to submit detailed Local Area Implementation Plans (LAIMP) to the Dept. for Children, Schools and Families (now Dept of Education)/ Dept. of Health on a quarterly and annual basis (see Appendix 3 LAIMP Headline report).
- The NI54 Indicator (assesses parents' experiences of services provided to disabled children). Torbay Council and Torbay Care Trust jointly scored 57 in 2008/09 and this has increased to 62 in 2009/10. Torbay has been commended on these results, the highest increase in the South West Region.
- Personalisation: A Fair Access to Carers Breaks (FACBs), direct payments scheme has been introduced in Torbay to enable families to directly purchase the short breaks that they need. The allocation of direct payments is based on a personalised assessment of need. This service specification will free up public resource locked up in a tariff-based block contract and will enable families to be able to make decisions about their short breaks care.
- The aims of the reshaping work are consistent with the Torbay Care Trust Strategic Plan

3.0 Have patients affected contributed to the development of the proposals?

A 'Listening and Design' event took place in September 2009 with parents and carers who use the John Parkes Unit, at the event parents and carers shared their views about the services they receive. As a result, a 'Short Breaks Working Party for Children with Complex Health Needs' was formed to help shape short breaks provision. The Working Party met in October and December 09, February and March 10 to begin the process of identifying how much residential respite is needed, of what type and what other services

parents would like on offer in order to develop a service specification (see Appendix 4 for findings).

In January 2010 a market research exercise was undertaken to try to find out whether parents receiving an individual budget would use their budgets to purchase services at the John Parkes Unit if it were reshaped to enable more children to access it. A leaflet with questions was designed with the Working Party and feedback was received from 17 parents/ carers at the Short Breaks Fayre. To gain more feedback, the leaflet was sent to all parents and carers on the Special Educational Needs and Disability Registers in April 2010 and the results were collated in early May 2010 to give people enough time to respond. To date there have been 13 responses, which together with the 17 received in January have been used to inform the service specification (see Appendix 4).

Although the response rate was poor, less than 2%, we have been able to ascertain that there is a need for overnight residential break provision for a small number of children with complex needs arising from disability. It is clear that whatever form the care takes, parents and carers are clear that they want their children to enjoy stimulating active short breaks and there is demand for day care.

At the same time, a Short Breaks Steering Group has been established. It is made up of 50% participation from parents and carers, a Councillor and representatives from special schools, capital services, inclusion, health and social care. Its remit is to oversee the work programme for short breaks and to monitor the Aiming High money that has been awarded to Torbay to increase opportunities for disabled children and young people. In March the 'Short Breaks Working Party for Children with Complex Health Needs' merged with the Short Breaks Steering Group to facilitate a joint-up approach to short breaks for all disabled children.

A 'Short Breaks Fayre' for children, young people, parents and carers took place in January 2010 organised by the Short Breaks Steering which showcased a number of activities and short breaks opportunities available to children and young people. Another Fayre is planned for the autumn 2010.

As part of the Aiming High Programme, a Parents Participation Forum, and also a Children's Disability Council have been established. In order to maintain independence, both groups are facilitated by Children's Rights and have clear aims and objectives as groups and provide a powerful resource for the Council and Care Trust to work alongside.

4.0 Have clinicians affected contributed to the development of the proposals?

Paediatricians, clinicians and managers at Torbay Hospital have contributed to the working party process and have had the opportunity to input into the service specification.

5.0 Is any aspect of the proposal contested by the clinicians affected?

Not that we are aware of

6. What is the impact on the current providers of the service?

The service specification has neither been accepted nor rejected by the current provider.

7. Have both the providers and commissioners provided assurances/ support for the proposal?

The commissioners and current provider have worked together as part of a wider working

party to develop the service specification.

8. What was the range of options considered?

The status quo cannot be maintained. It has been essential to reshape the service specification to meet the needs of the Torbay population and to make the service financially fit for the future.

B. Changes in accessibility

1. How will the proposals influence access to services?

Parents and carers will be able to purchase their short breaks using their Fair Access to Carers Breaks direct payments, which will provide families with more flexibility in accessing services.

2. Will the proposal improve the quality of care for service users?

The service will provide holistic family-centred flexible care. It will offer overnight breaks and day care as well as an outreach service.

The model of service delivery will be as non-medically focussed as possible within the parameters of the child and young person's medical and nursing needs.

Staff providing the service will have an appropriate level of knowledge, training and support to enable them to support children and young people with complex needs arising from disability.

The service will offer a range of stimulating and age appropriate activities, including day trips and other social activities, as appropriate to the child and young person's care plan and will engage with other providers to deliver inclusion.

The service provider will liaise closely with other professionals and agencies as part of a 'team around the child' to ensure good communication amongst all professionals involved in the child's care.

3. Will the proposal improve patient choice?

Children and families will have greater choice and control over the short breaks they access. Children with complex health needs will access a wide range of stimulating activities, as appropriate to their personalised Care Plan.

4. Will the proposals enable all users that need to use the service to access it?

All users that currently access the JPU will be able to access the service. The specification has been broadened to include a greater number of children and young people with complex needs arising from disability, enabling them to access day care and outreach services.

5. How will service users be encouraged to access the developed/ changed service?

Through their Fair Access to Carers Breaks assessment and allocation; each child eligible for FACBs will have a designated Lead Professional from the IJACDS who will work with the Child/ Young Person/ Parents/ Carers to facilitate access to short breaks.

6. Do the proposals include transitional arrangements to ensure no loss of access during the period of change?

A transition plan will be developed to ensure that there will be no loss of service for users.

C. Patients affected

1. How many patients and carers are predicted to be affected by the proposals

Approximately 14 children access the existing service at the JPU. A potential further 111 children and young people will have the opportunity to access the new service.

2. Which groups of patients have been identified as likely to be affected by the proposals?

Children with complex needs arising from disability who currently access the John Parkes Unit- approximately 14 children

3. What demographic data has been taken into account?

National prevalence of disability indicates that 7% of all children are disabled and there has been a 2% increase year on year since 1980. However this is in the widest context of the Disability Discrimination Act definition. This rise is due to a number of factors, for example, increased survival of pre-term babies and children following severe trauma or illness, increasing prevalence of impairment amongst children and improved diagnosis. There is also a longer life span for children with severe disabilities including those with complex medical needs (e.g. the need for ongoing ventilation).

Using the national prevalence figures above approximately 1600 children in Torbay can be defined as disabled potentially rising to 1770 in 5 years using the wider definition. 7% of the 1600 are severely disabled, a figure of 114 potentially rising to 14 in 5 years. Due to these relatively small numbers it is difficult to predict the exact number of children and young people who will have a disability or the severity of disability in the future. However we can use patterns of short break access to predict the type of services required and where gaps in service provision exist (Integrated Joint Agency Children's Disability Service, Short Breaks Review, 2008).

4. What input has the LiNK had in the development of the proposals and what have they said?

The LiNK has been represented at all of the Working Party meetings for Short Breaks for Children with Complex Health Needs and has closely monitored the discussions that have taken place and raise issues where concern has been expressed. The LiNK has attended HOSC meetings and also met separately with the parents who use the JPU.

5. Is there evidence that the proposal will lead to improved outcomes for patients?

Children and young people will be able to access stimulating flexible short breaks. A greater number of children will have the opportunity to access services.

D. Impact of the proposal on the wider community

1. Has an equalities impact assessment been undertaken?

No

2. Will the proposal provide an improvement to services within the community?

Families will be able to access greater outreach support in their own home. Not all families wish to access residential provision.

3. Will there be a need for additional travel or changes to travel arrangements for parents and carers?

We don't yet know who will provide the service

4. What is the projected impact of the proposal on waiting times?

N/A

5. What is the potential impact of the proposal (s) on other existing services, for example,

- **Social care services**

The Integrated Joint Agency Children's Disability Service (IJACDS) and Torbay Care Trust would jointly commission the service. The IJACDS leads on the Aiming High for Disabled Children Short Breaks work across the Bay.

- **Housing**

N/A

- **Environmental policies**

N/A

- **Other NHS services**

There could be an impact on GP out-of-hours services

- **Others**

6. Is there likely to be an impact on the local economy? (for example employment, businesses?)

Potentially, it depends on who will provide the service

7. How will the proposal (s) affect health inequalities?

More children will be able to access short breaks, there will be more flexible short break options.

8. How have future demographic predictions been taken into account? (for example how have future patient flows and/ or catchment areas for services been addressed?)

Using the national prevalence figures above approximately 1600 children in Torbay can be defined as disabled potentially rising to 1770 in 5 years using the wider definition. 7% of the 1600 are severely disabled, a figure of 114 potentially rising to 14 in 5 years. Due to these relatively small numbers it is difficult to predict the exact number of children and young people who will have a disability or the severity of disability in the future. However we can use patterns of short break access to predict the type of services required and where gaps in service provision exist (Integrated Joint Agency Children's Disability Service, Short Breaks Review, 2008).

E. Methods of service delivery

1. Does the proposal result in a change in method of service delivery?

The service specification looks for a model of delivery which is flexible offering overnight residential care, overnight out-reach care into families' homes, day care and out-reach day care. It is anticipated that the model of delivery will be as 'non-medical' as possible within the parameters of the children and young people's medical needs. The

The provider will deliver a range of stimulating and age-appropriate activities, including day trips and social activities and will engage with other providers to promote and deliver inclusion.

2. What are the view of the LINK, other patients and parents forums

The LiNK has been represented at the Working Party meetings and the LiNK will be involved throughout the process

3. Does the proposal result in a change in the location of service delivery?

It depends who provides the service

4. Is there a potential impact on domiciliary care services? If so, what?

Potentially- home-based breaks are included in the service specification and domiciliary care providers may wish to provide a service

5. Is there a potential impact on GP or other primary care services? If so, what?

There could be a potential impact on GP out-of-hours services if children are receiving home-based breaks.

6. Is there a potential impact on ambulance service patients? If so, what?

N/A

F Finance/ Value for money

1. Is the proposal sustainable?

We don't know what the proposal will be

2. Is the proposal consistent with the organisation's strategic plan?

We don't know what the proposal will be

3. What is the business case for the proposal?

Not yet known

4. What are the risks and benefits of the options?

Not yet known

5. How do the proposals impact on the existing budget?

Not yet known

6. Is there a potential financial impact on local authority services?

Potentially

7. Is the proposal reliant on additional or external funding? If so are there limitations or time constraints that the Board should be aware of?

Not yet known- it depends on who supplies the service.

G. Next steps: Project plan

Tasks	Who	When	Project Status	Plan
Retest the draft specification with the Short Breaks Steering Group and Children's Disability Council	Rebecca Harty Elizabeth Payne	June 2010	Amber	

Discuss the specification with SDHFT	Sharon Matson Annette Benny	June 2010	Red
Consultation with wider public?	HOSC to advise		
Consider procurement options	Sharon Matson Elizabeth Payne Rebecca Harty	July 2010	Amber
Procurement process	Annette Benny Elizabeth Payne Rebecca Harty	August/September 2010	Red
Implement the service	Provider	April 2011	Red

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Appendix 1.0

SCHEDULE 2 - THE SERVICES- Version 6.0 Rebecca Harty 02/06/10

Schedule 2 Part 1: Service Specification

DRAFT 6.0

Service	Short Breaks Services for Children and Young People
Commissioner Lead	Elizabeth Payne, Operations Manager IJACDS and Rebecca Harty Commissioning Manager, Torbay Care Trust
Provider Lead	*****
Period	

1. Purpose

1.1 Aims

This specification will describe a Service for the provision of overnight, day care and emergency short breaks for children with complex needs arising from disability in Torbay.

The Service will provide a personalised, outcome-focused service for children and young people and a regular break from caring for parents and carers.

The Service will provide:

- Overnight residential short breaks
- Overnight in-reach care into family homes
- day care
- in-reach day care including a sitting service

1.2 Evidence Base

The transformation of short break services is a key component of the Aiming High for Disabled Children (AHDC) change programme. This element seeks to transform the quality, quantity and range of short breaks provision available for children and young people with physical and learning disabilities. The vision behind the programme is for "all families with disabled children to have the support they need to live ordinary family lives, as a matter of course." (DCSF/ DoH 2008).

This specification has been prepared in light of national guidance and local strategic agreements including:

- Carers and Disabled Children Act (2000)
- The National Service Framework for Children Young People & Maternity services (2004)
- The Children Act (2004)
- Every Child Matters - Change for Children programme (2004)
- Our Choice, Our Care, Our Say (2006)

- Darzi review October (2007)
- The Children's Plan (Department of Children, Schools and Families, 2007)
- Aiming High for Disabled Children (2007)
- Valuing People Now (2001 refresh 2007)
- World Class Commissioning. DOH (2008)
- Better Care Better Lives (DOH 2008)
- Healthy Lives, Brighter Futures (2009)
- Transforming Community Services (2009)
- Working together to safeguard children (2010)
- National Framework for Children and Young People's Continuing Care (2010)
- The Operating Framework for the NHS (2010-11)
- Moving on Well (2008)
- Torbay Children and Young People's Plan

1.2.2. The services provided will be subject to inspection by the Care Quality Commission and will be required to meet the following:

- Care Quality Commission Core Standards and performance indicators
- NSF Standards for disabled and ill children
- Relevant NICE guidelines
- Children Act (2004) section 11 and other safeguarding legislation
- PEAT (patient environment assessment tool)
- All service provision should be delivered in an appropriate, safe, child/young people centred environment, which promotes effective care and optimises health outcomes
- Essence of Care –Privacy and dignity
- 'You're Welcome'

1.2.3. Local Standards

- Local Safeguarding procedures
- Local Area Agreement
- Local applicable Primary Care Trust or multi-agency policies and procedures
- Torbay Children and Young People's Plan

1.3 General Overview

The Service will provide holistic, family-centred flexible care for children and young people 0-18. It will offer residential overnight breaks and day care as an outreach care (day and overnight).

The Service has the dual function of providing:

- Enjoyable and developmental experiences for disabled children and young people away from their primary carers
- Regular breaks from caring for parents and carers to enable them to continue to care

The model of service delivery will be as non-medically focussed as possible, within the parameters of the child and young person's medical and nursing needs.

The Service will offer a range of stimulating and age-appropriate activities, including day trips and other social activities, as appropriate to the child and young person's care plan and will engage with other providers to promote and deliver inclusion.

The Service Supplier will liaise as appropriate as part of a 'team around the child' to ensure good communication amongst all the professionals involved in the individual's care.

1.4 Objectives

The Service will:

- Offer access to a range of stimulating activities- providing positive experiences for children by promoting friendships and encouraging social interaction and new experiences
- Provide a regular break for parents and carers from caring, thereby contributing to the long-term stability of child's care by their own family;
- Minimise the need for individual long-term residential placements;
- Provide parents and carers with opportunities to spend time with their other children;
- Enable children and young people to achieve the outcomes stipulated in the child or young person's care plan, regarding independent living skills, socialisation, behaviour management, emotional development, physical development;
- Offer emergency/ crisis breaks
- Ensure clear links and regular information exchange to be made with the named professional (key worker) in child's local community, the child and their family
- Provide children and families with a short break service as close to their home as possible
- Offer a choice of specifically tailored provision supporting personalisation

1.5 Expected Outcomes

Outcomes can be categorised as being child and young person or parent/carer focused in recognition of the dual function of the Service. The outcomes of the Service will be:

- Families feel that the service has supported their family life and that they have been involved in planning service delivery
- Children and young People receive a positive and supportive experience
- Parents and carers feel confident about the service and that it will meet the needs of their child
- Assessed needs of children and young people are met as identified in care plans
- Children and young people's personal and social development is enhanced and social isolation reduced
- There is a reduction in shared care placements due to early intervention and support
- There is a reduction in children being looked after in full time out of county placements
- That all children and young people with complex additional needs are supported and empowered to feel safe and cared for and are enabled to participate in communicating requirements

2. Scope

2.1.0 Service Description

The Service will provide:

- Overnight residential care
- Overnight in-reach care into family homes
- Day care
- In-reach day care including a sitting service

The Service will be provided in accordance with the child or young person's individual person-centred care plan and may include:

- Promotion of independent living skills
- Socialisation
- Behaviour management
- Emotional development
- Physical development
- Management of specific health needs

2.1.1 Promotion of Independence and Independent Living Skills

The Service Supplier will promote independence and choices for the children and young people as appropriate. This will include all areas of personal care, i.e. dressing, what foods to eat and feeding. The Service Supplier will ensure that children and young people are encouraged to choose their menu and to assist in the preparation of food where this is safe and appropriate.

2.1.2 Socialisation

The Service Supplier will ensure that they are able to provide the child or young person with a stimulating and rich experience of extended family life. Activities and entertainment should be provided suitable to the child or young person's interests and needs.

2.1.3 Behaviour Management

The Service Supplier will ensure that they are able to maintain behavioural programmes as agreed in the child or young person's care plan and health assessment. Where appropriate, training and support can be requested. The Service Supplier will maintain records of behavioural issues if required. The Service Supplier will provide clear guidance on the use of restraint.

2.1.4 Emotional Development

The Service Supplier will ensure that they are able to offer emotional support to the child or young person at all times. This will include sensitive support to issues of gender, race and equality. Routines, including bed times and getting up times, should be agreed with parents and carers and generally adhered to when possible.

2.1.5 Physical Development

The Service Supplier will ensure that they are able to maintain the physical well being of the child or young person. Outdoor activities tailored to individual child or young person's needs, that promote physical health and well being, will need to be agreed in the individual's care plan.

2.1.6 The Ongoing Health Needs of the Children and Young People

The Service Supplier will ensure that they are able to offer specific health interventions such as, ongoing and regular treatments, medication, feeding programmes, continence care and behavioural programmes as set out in the child's/ young person's care plan.

The Service delivered will be in accordance with the assessment of needs detailed in the child's/young person's care plan.

The Service Supplier will work actively with the child or young person, Parent/Carers and relevant professional staff to ensure appropriate care for the Child or Young Person which meets the range of the physical, social and emotional needs.

2.2 Accessibility/acceptability

Children and Young People aged 0-18 years who meet the Criteria for Specialist Social Care (Annex 1):

- Moderate and severe learning difficulties, with or without challenging behaviour
- Moderate or severe physical difficulties
- On the Autistic Spectrum
- Moderate or severe sensory difficulties
- Serious illness, including life limiting conditions
- Any combination of the above
- Who are registered with a Torbay GP
- Children with complex needs arising from disability, who are in care, placed by Torbay Children's Services

The services offered by the Service Supplier will be available to children and young people who have received a Fair Access to Carers Breaks assessment and direct payment.

All referrals will be made through the Integrated Joint-Agency Children's Disability Service (IJACDS) to manage and monitor all placements

2.3 Whole System Relationships

The Service Supplier will work collaboratively with the Integrated Joint Agency Children's Disability Service (IJACDS), Children's Community Nursing Team, Child Health Directorate, Children's Services and Torbay Care Trust Children's Services Commissioner.

- The Service Supplier will be identified by the Integrated Joint Agency Children Disability Service (IJACDS) and the child/ young person/ parent/ carer
- The care plan will be defined and influenced by the (IJACDS) and other professionals

- The individual outcomes will be defined and influenced by the child/ young person
- The child/ young person and parent/ carer will also shape the service delivery

2.4 Interdependencies

The Service Supplier will link with all relevant NHS, social care and independent providers in and out of the Local Authority as required ensuring continuity of care for children, young people and their families.

2.5 Sub-contractors

The Service Supplier must notify the Local Authority/ Authorities and Primary Care Trust/s if it intends to use subcontractors when delivery of care cannot be met through the organisation's own service capacity. If nursing agencies are used to augment capacity then the Provider must provide the Local Authority/ Authorities/ Primary Care Trust/s with details of these agencies, and the contractual arrangements.

2.7 Safeguarding Children and Young People and Vulnerable Adults

The Provider must ensure that they meet the quality standards of all the required policies and procedures relating to safeguarding and that staff have undertaken training appropriate for their professional role. All staff working with children and young people will have undertaken an enhanced or appropriate Criminal Records Bureau check and the provider will meet the required duties under Section 11 of the Children's Act. The provider should have an identified lead professional for safeguarding children. The provider will inform the commissioner of any allegations against staff.

For more detailed information on Vetting and barring See Section 7

3. Service Delivery

3.1 Service Model

Short breaks are provided in a setting where an appropriate mix of children and young people with complex needs arising from disability are supported by trained and competent staff.

3.1.1.Environment

The Service Supplier will ensure a safe, homely environment which enables relaxation and enjoyment. The service will provide:

- Furnishings and equipment congenial for children and families
- Access to toys and play equipment

3.1.2.Care

The care offered will aim to meet the social, cultural, spiritual, physical and emotional needs of the child/young person and their family. The team will endeavour to meet the needs of families from all cultural and ethnic backgrounds taking into account the customs, values and spiritual beliefs of the child and his/her family. The confidentiality, privacy and choice of the child/young person will be respected. The team will promote welfare and protection for children/young

people (Children's Act 1989) and may provide advocacy where needed. (New Children Act 2004 and National Service Framework for Children, Young People and Maternity services 2004). Care will be provided in partnership with the child and family in a spirit which acknowledges their right to confidentiality and choice, recognising the child's individual needs, whilst preserving dignity.

Children and Young People using the service should not be mixed inappropriately by type of needs (those with challenging behaviour and those who have complex physical disabilities) or age.

Staff providing the service will have an appropriate level of knowledge, training and support to provide a service for children and young people with complex needs arising from disability and to identify early indicators or difficulty.

4. Referral, Access and Acceptance Criteria

4.1 Geographic coverage/boundaries

The Service will be available for parents/ carers of a child or young person registered with a Torbay GP, who live within the respective boundaries. There will be the opportunity for other local authorities/ PCTs to access services from the provider on a spot-purchase basis

4.2 Location(s) of Service Delivery

To be confirmed

4.3 Days/Hours of operation

Access to the service must be provided at times that are suitable for carers and parents including working parents. The Services described in the specification will vary from individual to individual.

Services should be available:
24 hours/day 7 days per week

The Service must provide for patterns of care that meet families needs during school holidays including longer breaks where required.

The Service Supplier will ensure that a contact point is available at all times when outreach staff are commissioned to work. This telephone number should be made available to the Local Authority and PCT Commissioners in writing and should be “manned” at all times i.e. not an answer phone

The telephone numbers as described above must also be made available to the individual for use in the event of non attendance by the provider's member of staff.

4.4 Referral criteria & sources

4.4.1 This service is for Children and Young People 0-18 who meet the following criteria:

- Moderate and severe learning difficulties, with or without challenging behaviour
- Moderate or severe physical difficulties
- On the Autistic Spectrum
- Moderate or severe sensory difficulties
- Serious illness, including life limiting conditions
- Any combination of the above
- Who are registered with a Torbay GP
- Children with complex needs arising from disability, who are in care, placed by Torbay Children's Services

4.4.2 All referrals will be through the Integrated Joint-Agency Children's Disability Service (IJACDS) to manage and monitor all placements

4.4.3 Residential short breaks will only be provided where there is no suitable alternative for those children and young people with the most complex needs or through parental choice under budgets allocated to families through Fair Access to Carers Breaks

4.4.4 The relevant Lead Professionals within the Children with Disabilities Team will undertake a Fair Access to Carers Breaks, needs-led assessment.

4.4.5 Prior to admission a comprehensive risk assessment must be undertaken on all service users by the Lead Professional

4.4.6 At the point of referral, the Lead Professional from the IJACDS will provide the Service Supplier with:

- Child or Young Person Care Plan;
- Child or Young Person Current review;
- Carers Assessment;
- Child or Young Person Nursing Assessment;
- Child or Young Person Risk Assessment

The Service Supplier should develop a contingency plan for instances such as staff absence which will prevent the usual support staff from attending. It is the responsibility of the Service Supplier to make appropriate replacement arrangements and to work with the child/ young person/ parents/ carers/ Lead Professional to identify acceptable alternative arrangements. The family should not be left without a service.

The use of natural support should be considered within the contingency plan. It is imperative that consistency is maintained of the same staff providing the support. The contingency plan is to be reviewed on a regular basis.

The Service Supplier is required to provide all information to the Child/ Young Person/ Parents/ Carers/ in a format they choose. This may also require audio, DVD, use of images alongside writing, large print format or translation into alternative languages. Evidence of where reasonable adjustments have been made for people will be available to the Commissioner/s on request.

4.5 Exclusion Criteria

- Young people over the age of 18
- Children and Young People without complex needs arising from a disability

4.6 Response time and prioritisation

The provider will aim to respond to urgent referrals within 48 hours. If capacity prevents this then they will liaise with the child and young person's Lead Professional to prioritise while alternative provision (if appropriate) is sought elsewhere.

4.7 Review of Individual Children and Young People

Child or Young Person's Review will be undertaken via:

- Lead Professional's review process
- Service Supplier will be asked to contribute to the Review process by giving clear information in respect of Children and Young people's involvement in the Service

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5. Discharge Criteria & Planning

5.1 The Service may cease in accordance with the care plan after review as outlined in **4.7**. Discharge from the service will only occur by agreement between the Service Supplier, Child and Young Person and their family and Lead Professional with the exception of circumstances in **5.4**

5.2 In the event of a child or young person's transition to adulthood, changes in a child or young person's need or a placement of a child or young person in residential care, the Commissioners will provide a minimum of ten days notice in writing of discharge from the service

5.3 In the event of a child or young person's Parent/Carer choosing to access alternative service provision, the Commissioner/s will provide a minimum of ten days notice in writing of discharge from the service

5.4 Service for an individual child or young person may be ended with immediate effect where the Service Supplier or the Purchaser (Local Authority on behalf of the Child or Young Person) is in serious or persistent default of the terms of the agreement

5.5 Discharges will take place following consultation between the individual, commissioner and service supplier. This will be in accordance with the care plan, and where appropriate, following a review.

5.6 Discharge planning:

- The Service Supplier will ensure that any move on from the service is a positive experience for the child/ young person
- The need or wish to move on will be regularly reviewed and agreed with the child/ young person/ parents/ carers if appropriate and staff from the new service, if appropriate
- The provider will support the development of a transition plan, this will be agreed and will include arrangements for visiting the new service, and a copy provided for the child, young person, parent, carer, if appropriate
- The transition plan will ensure that arrangements can be made for child/ young person to maintain friendships after their move where practicable
- The child/ young person's records for the new service will be updated, agreed with the child/ young person and passed to the new service if appropriate and agreed with the child/ young person

5.7 Transition

Transition- to be completed

6. Self-Care and Patient and Carer Information

The provider will be involved in the review and evaluation of care packages for children

When larger multiagency meetings are needed the provider is expected to be involved. These

meetings will be to review packages of care. The date of the next review will be set and recorded.

Multiagency review of the care plan will include:

- The relevance and appropriateness of current care package
- The effectiveness of care plans
- Any newly identified needs
- Patient satisfaction with the care
- Activities of daily living/social care support
- Medication – how monitored/reviewed
- Risk assessment procedures and crisis/urgent response

7. Quality and Performance Indicators	Quality and Performance Indicator(s)	Threshold	Method of Measurement	Consequence of Breach
Infection Control	Reducing and minimising the risk of serious infection. MRSA bacteraemia and CDiff. Prevention and management of outbreaks.	All notifiable infections to be reported to the PCT within the required timescales by and then investigated. The source of the infection should be identified.	Regular reporting/lab results.	Meetings with PCT/ LA Commissioner s to formulate an agreed action plan to improve performance. Investigation and root cause analysis to be completed.
		Standard Hand Hygiene should be practices. Compliance with the DH Hygiene Code 2006 and registration with the CQC.	Quarterly reporting	
Service User Experience	Children, young people and families report satisfaction with services.	90% satisfaction at a minimum of 50% response rate.	Feedback from users annual survey	“ “ “
Improving Service Users & Carers Experience	Parents or carers are actively involved in planned changes or development of new services.	90% of respondent service users or parents and/or carers agree.		“ “ “
	Parents or	Evaluation of	Provider	

	carers feedback and complaints are listened to and acted upon.	complaints result in service changes that lead to improvements	demonstrates procedure for parents to complain to an independent body ? Quarterly report on complaints.	
Reducing Inequalities	The service is available to all children eligible to access it.	Evidence of clear eligibility criteria and that they have been adhered to.	Analysis of referrals, refusals and activity using NHS numbers. Quarterly report.	“ “ “
Reducing Barriers	The service is flexible and responsive to its users.	24 hour service.	Analysis of referrals, refusals and activity. Quarterly report	“ “ “
	Requirement for translation and/or interpreting services.	Interpreter/sign language services will be available to 100% of patients who require them.	Number of occasions interpreters required and if not provided. Quarterly report	
Improving Productivity	Appropriate skill mix to meet the needs of children with complex needs arising from a disability	100% of children and young people receive appropriately skilled care.	Demonstration of skill set and training programmes in monitoring reports. Quarterly report	“ “ “
Access	Adequate response time and prioritisation.	Provider to respond to all urgent referrals within 48 hours. If capacity prevents this then provider will liaise with referrer to help find alternative provision.	Referral and activity data. Quarterly report	“ “ “
		Consistent equality of access to all Children and Young People meeting the threshold throughout the weeks/year	Referral and activity data Quarterly report	

Personalised Care Planning	All children and young people will have a personalised care plan.	100% of children and Young People have a personalised care plan.	Evidence of outcomes having being met for individual children as per care plans. Audit of care plans. Quarterly report	
	Children and young people are involved in developing their own care plans	90% of respondent service users agree.	Evidence from annual monitoring report . Quarterly report	

Additional Measures for Block Contracts:-				
Staff turnover rates	Ensure service continuity & quality	Staff turnover electronically monitored	Audit	
Sickness levels	Ensure service continuity & quality	Levels of sickness monitored	Audit	
Agency activity	Ensure service continuity & quality			

8.0 Data Requirements

- The monitoring cycle is quarterly and this will include Quarterly review meeting as described in this specification.

In addition, the primary care trust and Local Authority may reasonably request other information in order to comply with its own statutory or other obligations

8. Activity

<i>Activity Performance Indicators</i>	<i>Threshold</i>	<i>Method of measurement</i>	<i>Consequence of breach</i>
Activity plan to forecast levels of activity necessary for the provider to forecast demand	Monthly	Data return	
The plan shall without limitation, specify forecast, monthly levels of activity including: A) Residential overnight B) Residential outreach C) Day care		Monthly data	

D) Day care outreach Including <ul style="list-style-type: none"> • diagnostic groups • gender • age • ethnicity • PCT/LA Details of activities undertaken			
Serious Untoward Events / adverse incidences		<i>Within 24hrs or next working day</i>	
Number of unplanned placement breakdowns by lost placements, placements no longer required, placements re-placed, waiting for new placements		<i>6 Monthly</i>	
Total volume of Service purchased by month		<i>Monthly</i>	
Report on consultation with Parent/Carers and Children and Young People satisfaction with the Service will be produced by the Service Supplier. The format of the report will be agreed by the Service Purchaser and the Service Supplier		<i>Annually</i>	

Activity Plan

The Provider will be required to provide quarterly activity reports which will be aligned with quarterly monitoring meetings.

An Activity Plan is required in relationship to the Service; the parties acknowledge that the activity plan is essential to the effective operation of the services.

9. Continual Service Improvement Plan

The Provider is regulated and inspected by the Care Quality Commission (CQC). The PROVIDER will demonstrate to the CQC that they are meeting the government's national minimum standards (which include child protection) through an annual self-assessment. The CQC will undertake a spot inspection if they consider the provider to be at risk of not meeting the standards.

This does not preclude the ability for the commissioner/S to make un-announced visits as and when required

Governance

9.1 Staff

An appropriate skill mix will be maintained and reviewed in order to deliver a service which meets the population needs.

9.2 Governance

The Service Supplier shall provide the Service in accordance with its obligations under this agreement with all the skill, care and diligence to be expected of a competent Supplier of Services of this type.

9.3 The Service Supplier will be covered by registration under Ofsted and compliant with the National Minimum Standards for Children's Homes.

9.4 The Service Supplier will ensure that the Service is provided within the framework of the "Valuing People Now" White Paper entitled "A New Strategy for Learning Disability for the 21st Century" (2007)

9.5 The Service Supplier shall ensure that sufficient numbers of staff of appropriate ability, skills, knowledge, training or experience, are available so as to competently provide for the safe care of Children and Young people and to meet the care needs and to supervise the proper provision of the Service and to meet the assessed needs of Children and Young People, as detailed in the Child or Young Person's Care Plan and the Nursing Assessment. This will include the paediatric nursing needs, identified in the Care Plans.

9.6 The relevant PCT representative will define the skills needed to provide the Service in accordance with the Nursing Assessment.

9.7 The Service Supplier has the following responsibilities when working with the Child or Young Person's health care needs:

Children in Category A:

The Service Supplier for these children and young people will be required to undertake tasks directly with the child and therefore must meet a set of minimum competencies, to be agreed, with the named nursing representative(s). The named nursing representative(s) will also advise, if required, the provider on the assessment of these competencies and the appropriate training, which would need to be delivered.

Children in Category B:

Service Suppliers for these children and young people must have a relevant qualification in health care or social care or receive specialist training in behaviour management.

Children in Category C:

Health care for these Children and Young People will be delivered through primary health care teams.

- The Service Supplier will ensure that Service Suppliers promote independence in feeding. The Service Supplier will ensure Service Suppliers are able to feed where appropriate whilst being aware of the dangers of choking. Where a Service User needs to be fed by tube, with attendant difficulties, the Service Supplier will ensure that the Carers are qualified to undertake this task. Any dietary problems will be reported immediately to the Care Manager.
- The Service Supplier will ensure that they are able to promote independence and choice in all areas of personal care including dressing, washing and toileting and that the care plan is adhered to in relation to continence regimes and toilet training. The Service Supplier will ensure that the Carers are able to manage stoma care, colostomy and ileostomy bags, catheter care when appropriate training and assessment has been undertaken.

- The Service Supplier will ensure that they are able to monitor and report on all areas of general health with particular care for allergies and skin health. Service Suppliers will maintain physiotherapy programmes where appropriate training has been given. Carers will administer and record medication regimes, ensuring that medications are administered in the appropriate form and quantity at the correct times. Medication requiring invasive administration will only be administered by a qualified carer. PRN, proprietary and alternative medications will only be administered by a qualified carer unless by agreement of the Service Users General Practitioner and parent.
- The Service Supplier will ensure that they are aware of their responsibilities to keep Parents/Carers informed of any issues associated with the day to day care of a child. Service Suppliers will be expected to contribute to regular care reviews and must keep schools informed of any issues concerning the child.

Adherence to all provider policies including Serious Untoward Incident reporting, management of emergencies, Risk Management, Complaints. Diversity, safety notices/alerts, CQC.
(For a list of policies refer to the main body of the contract)

9.8 Untoward incidents

- Reporting of untoward incidents should be in accordance with PCT policy
- Serious incidents should be reported to the health commissioner within 24 hours or the next working day.
- Clear service protocols to be in place to identify:
 - i. Reporting mechanism to commissioners for urgent cases
 - ii. How the issues are identified and tracked
 - iii. How improvements in practice are identified and implemented

9.9 Safeguarding

- All staff must have access to a Named lead for safeguarding children and young people, within the organisation
- All staff must have enhanced CRB checks, checked on an annual basis
- All staff to have regular checking of their registration on annual basis
- All staff with patient contact will access CP supervision on a regular basis (minimum 3 monthly)
- All staff must be in receipt of child protection training and updating, on a minimum 3 yearly basis, at an appropriate level to their role
- All staff must adhere to National legislation with regards to safeguarding and local LSCB policies, including that pertaining to safer recruitment
- Mechanisms for ensuring that allegations towards staff pertaining to safeguarding issues are fully investigated must be in place and adhered to
- Processes should be in place for managing allegations against staff and any incidents or complaints relating to any aspect of safeguarding children
- A clear process to ensure all children who miss a attendance for whom there are safeguarding concerns are flagged with the safeguarding team.
- The provider must have child protection policies and procedures in place that comply with the South West or South Central Child Protection procedures.
- The provider Named Lead for Safeguarding Children and Young People should be a member

of the Local Safeguarding Children Board for the Local Authority in which the provider is situated.

9.10 Record Keeping

The following to be delivered as a minimum:

- Record management policy, which ensures as a minimum adherence to Data protection Act, confidentiality and regular audit of records.
- Client information to be kept electronically
- Care plan completed with risk assessment where appropriate
- All visits/activity must be recorded in a legible, timely and accurate manner
- Only one record to be kept per individual child/young person. Where community working requires an accessible record, this should be filed with the notes when the young person is discharged and the notes should make reference to the additional record and where it is held
- Clear process for moving and tracking records to be in place
- Clear process of working towards the development of joint records

9.11 Workforce

- All trained staff are registered with the appropriate Professional body with membership and registration audited regularly to ensure compliance
- Non professional staff must undertake training to ensure they have a minimum set of competencies to undertake their role.
- All staff must have CRB checks
- Staff should be provided with adequate support and supervision, specifically for Child Protection
- Staff should have access to a process which enables them to raise, in confidence, concerns over any aspect of service delivery that could effect the quality of patient care
- Staff should have undertaken training for Lone Working, if applicable
- Mandatory training including CPR, manual handling, infection control, child protection must be undertaken and delivered in accordance with provider policies
- Support and train students to ensure future workforce and capacity.
- All staff should be skilled in adult and paediatric resuscitation
- **There is to be no occasion where a person without clean enhanced CRB disclosure is allowed to work on the service in contact with children and young persons.**

9.12 Vetting and Barring

- **From 12 October 2009 additional “regulated activities” have been brought into force under the Vetting and Barring Scheme (VBS). This new regulation has significantly extended the scope of activities and workplaces covered by barring. It is now an offence for any barred person to work in regulated activities, and for any employer to employ someone he knows to be barred, either paid or voluntary.**
- **Under the vetting and barring scheme Employers and volunteer service providers that deal with children and vulnerable adults must always check a person’s Independent Safeguarding Authority (ISA) status before employing them. Employers cannot employ staff and have them in post – even supervised – before they know the outcome of the ISA check.**
- **From July 2010, anyone recruited to work on or around the services under this service specification must first have their ISA status checked before they commence work. They cannot work with children and vulnerable adults even supervised before you know the**

outcome of their ISA check. This also applies to any staff that maintains records in the office; such as office/administration or clerical staff and the proprietor of the business, all of who will have access to service user's files. There will be no exceptions to this.

- The service provider will also need to ensure that existing employees are ISA-registered. First you should ask those whose existing Criminal Records Bureau (CRB) checks are the oldest to apply for ISA registration. Next you should ask anybody else who has been CRB checked to apply for an ISA.

Detailed guidance on the timing of the ISA vetting service is phased. However checking the registered status of employees will become mandatory from November 2010. Further details about the scheme is available from the ISA website at: <http://www.isa-gov.org.uk/>

10. Prices & Costs

10.1 Price

Basis of Contract	Unit of Measurement	Price	Thresholds	Expected Annual Contract Value
Block Arrangement/Cost and Volume Arrangement/National Tariff/Non-Tariff Price*		£		£
2009 Quality Payment				
Total		£		£

*delete as appropriate

10.2 Annual Contract Value by Commissioner

Total Cost of Service	Co-ordinating Commissioner Total	Associate Commissioner Total	Associate Commissioner Total	Associate Commissioner Total	Total Annual Expected Cost
£	£	£	£	£	£

Annex One

Criteria for Specialist Social Care

Category A

- Child with life threatening/limiting disability that is both severe and enduring including palliative care and hospital discharge:
- Child with severe or profound learning disability, moderate severe or profound physical sensory or multiple disabilities e.g. multiple additional care needs resulting in high dependency such as requiring 24 hour supervision/ assistance (including ventilation), child unable to access facilities necessary for welfare due to disability
- Disabled child with high level of challenging behaviour arising from the disability exhibited in a range of settings
- Parent unable to provide level of physical, emotional care or supervision required due to disability
- Child looked after due to disability
- Young person 16-18 looked after by Torbay for 13 weeks after 14th birthday due to disability

Category B

- Child with life threatening/limiting illness that is not defined as an enduring disability e.g. cancer, cystic fibrosis, child in hospital for 12 weeks (including hospital discharge)
- Child affected by HIV
- Carer of a disabled child
- Child with moderate disabilities with a high level of additional care needs-day and experiencing considerable difficulty in accessing facilities necessary for welfare due to disability
- Child presenting with challenging behaviour due to a disability
- Parent/ care experiencing considerable difficulty in providing physical, emotional care, supervision or communication required due to a child's disability
- Sibling of a child with severe disability where needs arise from the impact of disability

Category C

- Child with a moderate disability who needs assistance in promoting independence and inclusion in life performance areas such as self care, play or school activities
- Child with significant health issues who may require hospitalisation
- Child presenting with challenging behaviour requiring additional support in some settings

Annex Two

Service Delivery Levels Framework: Suggested numbers of Torbay Children who may access the service, based on reported figures to DCSF.

Guidance Criteria	Overnight Residential	Overnight Outreach	Day Care Residential	Day Care Outreach
C	X	X	70	70
B	41	41	41	41
A	14	14	14	14

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Appendix 2

Draft Aiming High Menu of Services available for children in Torbay (March 2010) (Prices etc correct as at 04.03.2010 IJACDS)

Name of Provider	Age Range	Costs
Family 2 Family	0-18	£29-76/ night
Contract Care	TBC	TBC
Action for Children/ Foster Care Associates	?	£136/ night
Child Development Centre Nursery	0-5's	?
Watcombe Nursery	3 months-5 years	£31/ day
Kings and Queens Nursery	3 months – 7yrs 11 mths	£32 per day
The Nest Nursery	0- 4 years	£32 per day
Tom Thumb Nursery	6 months-5 years	?
Roselands Community Nursery and Playschool	3 months-5 years	?
Krafty Kids After School	3-11years, 11months	£5/ session
Furzeham Out of School Club	?	£11/ hour
Childminders (Registered)	Contact Childminder	£4.50-£9.00/hr
Torbay Playscheme	5-17 years	£68.50-£130 per day dependent on level of support required
Torbay Saturday Club	5-17 years	£68.50-£130 per day dependent on level of support required
Sensory Group	5-17 years	£180/ session
Acorn Centre Holiday Kidz Club	?	£15/hour
Kool Club (Totnes)	14-18 years	£85/ session
Kool Club (Paignton)	14-18 years	£85/ session
Robins	4-20 years	£274- £504 per night dependent on level of support required
John Parkes Unit		£800 episode
Childrens Hospice South West	0-25	?
Torbay Opportunity Group	?	?
Dame Hannah Rogers School	?	?
Exeter Royal Academy	?	£772 per night

Deaf Education		
West of England School	4-24 years	£242/ night
Regents Park	8-18 years	£3175/ week
Oaklands Park School	3-19 years	£180/ night
One 2 One Crisis Intervention	?	£20-24/hour
Small House Homes	?	£480/ day
Burrow Down / Horizons	16- adulthood	£47-£127
Parikia	16 years +	£3174/ week
Frontiers ? day services	?	£27 per hr
CEDA day centre	?	£7/hour
Adventure Play in the Bay	?	?
R-Nite	?	?
Youth Service	?	?
Befrienders	9 -17 yrs	£8.15 - £10.50/ hour
Sitting Service	0-10 yrs	?

Transport Various costs depending on length of journey / whether wheelchair access is required etc
Escort costs an additional £6.47 per hour

Domestic care / Personal Care

<u>Name</u>	<u>Personal / Domestic</u>	<u>Cost</u>
Caretakers SW Ltd	Personal	£15 per hr
Help @ hand Support services	Domestic	£15 per hr
Medico Nursing & Homecare	Personal	£14-15 pr hr

Title:	AIMING HIGH FOR DISABLED CHILDREN – SHORT BREAKS		
	LOCAL AREA IMPLEMENTATION PLAN OVERVIEW		
Report to:	Children's Services Stakeholders		
Prepared By:	Julia Cox	Contributors:	Rebecca Harty; Elizabeth Payne
Directorate/Department:	Integrated Joint Agency Children's Disability Service		
Date Prepared:	4 May 2010	Purpose:	For Information
<p>SUMMARY OF REPORT</p> <p>In order to work towards meeting the Full Service Offer for the Aiming High for Disabled Children Short Breaks programme by March 2011, Torbay are required to submit detailed Local Area Implementation Plans (LAIMP) to the Dept. for Children, Schools and Families (now Dept of Education)/ Dept. of Health on a quarterly and annual basis.</p> <p>This report briefly summarises the LAIMP report that was submitted to the DCSF/DoH for the year 2009/2010.</p> <p>LOCAL AREA STATISTICS</p> <p>Overview: Since 07/08, Torbay has realised an increase of 110% in the total number of children receiving any type of short break. In 07/08 the actual figure was 115, rising to 135 in 08/09 and subsequently to 242 in 09/10 (fig i). This is due to (a) an increase in provision and (b) continuing improvement in data collection for specialist, targeted and universal services outside of the Integrated Joint Agency Children's Disability Service. Furthermore, it is anticipated that these figures will continue to increase in 10/11 due to additional investment in services and improved data collection.</p> <p>Overnight Breaks: John Parkes Unit provision currently under review; commissioning exercise to procure additional bednights at Robins residential unit has been completed; two new family based providers now in-situ (spot contract). Overnight breaks have increased from 49 children in 08/09 to 54 in 09/10 (see fig ii).</p> <p>Individual Day Care: Number of families receiving Direct Payments during 09/10 has increased by 54% on 08/09 annual data. This upward trend is expected to continue (see fig iii)</p> <p>Group Based Services: Specialist provision has increased from 08/09 by 92% (see fig iv). This is partly due to data received from Children's Centre's and Early Support Keyworkers. Non-specialist provision continues to be an area for improvement for data collection and the majority of the current figures are all based on approximate estimations (fig v).</p>			

FINANCE

Torbay has been successful in meeting the DCSF requirements for the 09/10 Short Breaks programme, and therefore additional funding for 2010/11 has been secured, as outlined below.

10/11 Revenue: £401,500 from DCSF. (TCT contribution to be confirmed).

10/11 Capital: £146,000 from DCSF.

Revenue grant funding being used for some of the following (breakdown available in full LAIMP report):

- Short Breaks Transformation Officer
- Aiming High for Disabled Children Information & Communication Officer (in response to an "Information Gap" highlighted by parents and carers)
- Data support (temporary worker in-situ Q2, Q3 & Q4 to develop data/finance spreadsheets)
- Short Breaks Fayre/Event 15th & 16th Jan 2010. Good engagement from providers – Another to be held in autumn 2010, jointly with Early Years Service.
- An additional Inclusion Officer to increase number of children being supported through the Inclusion Service, tasked with rolling out the Budget Holding Lead Professional Model as a Pilot project for Torbay.
- Day Services have received funding in order to provide bespoke training to Short Breaks workforce and have trained approx 150+ people from Jan 2010 to date.
- New Children and Young Peoples Council (Disability Council) established – facilitated by Children's Society.
- Pump priming new providers (e.g. Torbay Kool Club being re-started by Life Works to provide a Youth Club for 14-18 years olds with a Learning Disability)
- Extra packages of care and Direct Payments above and beyond current provision.

Capital grant funding being used for some of the following:

Completed/In progress:

- Mayfield School Playground
- Occombe Farm kitchen, changing facility and raised flowerbeds
- Warren Barn heating system upgrade
- Specialised equipment to enable carers breaks (e.g. bed/hoist in carers home)
- Oldway Primary School swimming pool
- Torquay Museum
- Opportunity Group (water bed for Sensory Room)

Other potential projects subject to Aiming High for Disabled Children Short Breaks Steering Group approval:

- Transport (minibus)
- Beaches Improvements
- Seashore Centre project
- Adaptation to Carers Home
- All terrain wheelchairs

NB: Capital projects are subject to alteration.

It has been recommended by DCSF that all Local Authorities have a Service Level Agreement in place with providers using Capital Grant Funding to ensure that they meet required expectations in line with the Full Service Offer. Torbay to action this.

KEY ACHIEVEMENTS REPORTED TO DCSF FOR 09/10

1. With regards to the NI54 Indicator (which is to assess parents' experiences of services provided to disabled children) Torbay Council and Torbay Care Trust jointly scored 57 in 2008/09 and this has increased to 62 in 2009/10. Torbay has been commended on these results, the highest increase in the South West Region.
2. Torbay's Short Breaks Fayre was deemed a success with positive feedback from providers/exhibitors (40+) and parents and carers, children and young people. To be followed up with another Event in Autumn 2010.
3. Newly Commissioned Family Based Short Breaks providers in place and ready to start to take referrals for children and young people.
4. Temporary Data Officer in post since Aug 09 - improving and developing data collection and financial reporting methods
5. Aiming High for Disabled Children Information and Communication Project Officer now in post - working with parents/carers, children and young people as well as providers and other colleagues to improve knowledge, awareness and information around all services. This was highlighted as a gap by parents/carers during consultation.
6. New Inclusion Worker started in post Jan 2010. By April 2010 it is anticipated that over 156 staff from a wide variety of agencies/services who work with children in Torbay will have received bespoke training re disabilities/inclusion. This is expected to increase further by March 2011, with organisations being offered 'accreditation/kite marks' as part of an exciting new Inclusion Project.
7. New "Kool Club" (youth club for young people 14-18 with ASD/behaviour which challenges) – opened on 15th May 2010
8. Local Special School Playground project completed (via AHDC Capital Funding) and was open over the summer holidays in 2009 and was reportedly well used. Further work needed to promote this during 2010.
9. Local Organic Farm project to build a fully accessible kitchen, raised flower beds and a Changing Places toilet facility has been funded via Aiming High Capital and Occupational Therapist from the Integrated Children's Disability Service has been involved in planning and design, ensuring a truly inclusive and accessible facility
10. Further engagement with youth and voluntary sector.
11. Parent Participation Forum now fully up and running very successfully and engagement with all of children's services is becoming more apparent. Leaflets available from Short Breaks Transformation Officer.
12. Children and Young People's Forum (Disability Council) now successfully up and running and well attended - some of these young people have received training from The Children's Society and have been/will be involved in interviews for new posts in children's services; writing of Torbay Children and Young People's Plan, writing a section on the My Bay website and "kite marking" universal services for Inclusive practice and access via their "Mystery Clubbing" project.
13. Two local swimming pools are both working on plans to improve their access and inclusivity jointly with the new Short Breaks Occupational Therapist who is being funded to work on these projects via Aiming High for Disabled Children.
14. Extra funding for a holiday Sensory group granted via AHDC Steering Group
15. Torquay museum have had a bid for capital funding agreed – joint piece of work with Occupational Therapy input.
16. Increased number of Direct Payments to families, promoting choice and providing bespoke and outcome focussed packages of care/short breaks
17. Torbay Council Aiming High website page established

RECOMMENDATIONS

- Continued strategic engagement required from within Children's Services for 10/11 within specialist, targeted and universal services - in order to ensure transformational change in Short Break provision for children and young people with disabilities in Torbay.
- Continued improvement in data collection and dissemination methodology across all of Children's Services to ensure both improved reporting to central government and effective, planned, targeted and high quality commissioning of services for children with disabilities.
- Workforce development commitments from all services working with young people with disabilities – specialised, targeted and universal.
- Overall Aiming High for Disabled Children Short Breaks Project to be assessed with regards to sustainability in light of change of Government and potential budgetary restraints post March 2011.

RISK

Torbay has recently been deemed as requiring low support for 2010/11 from the DCSF Regional Advisor on this programme. However, there is a clear requirement for further work with regards the sustainability of the programme post 2011 as well as strategic sign up and engagement within Torbay Children's Services Transformation in order for the Full Service Offer to be met.

Appendices

Fig (i)

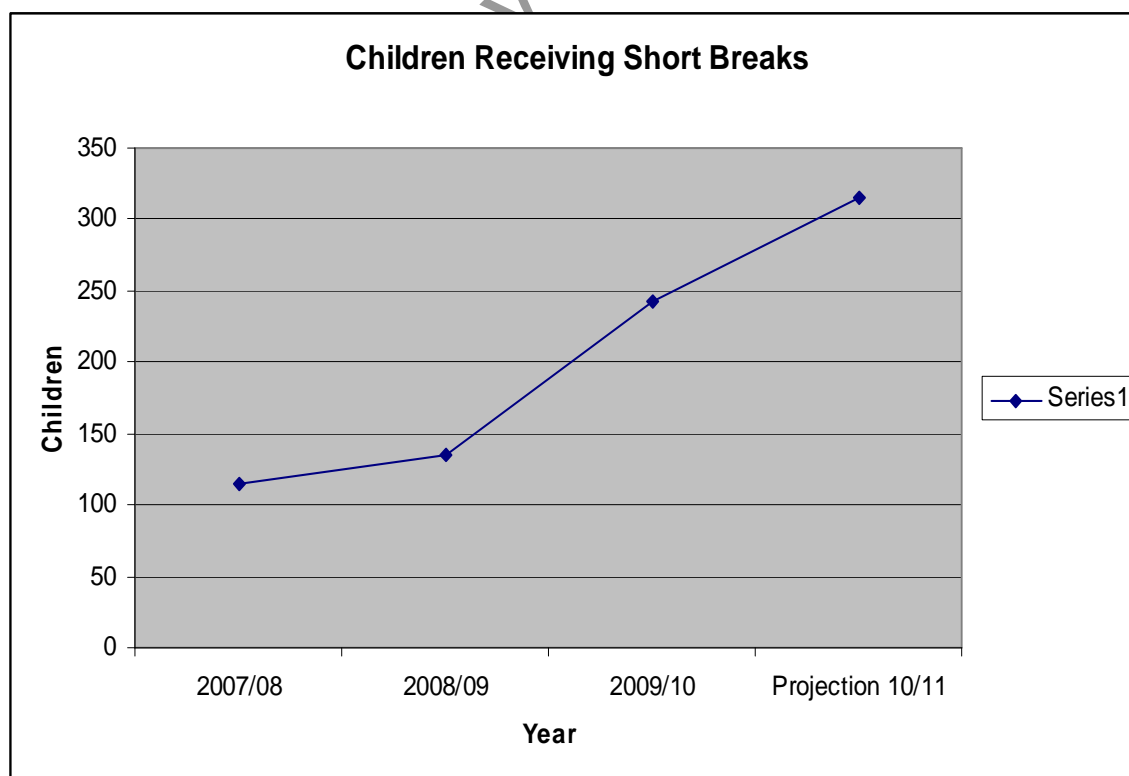


Fig (ii)

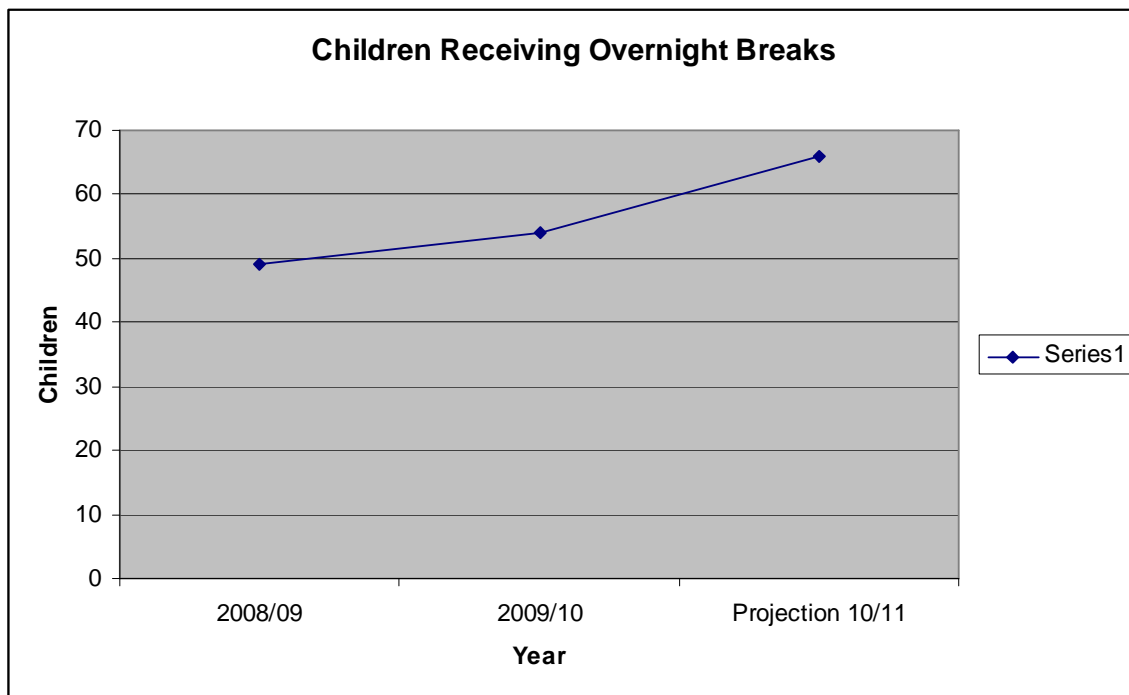


Fig (iii)

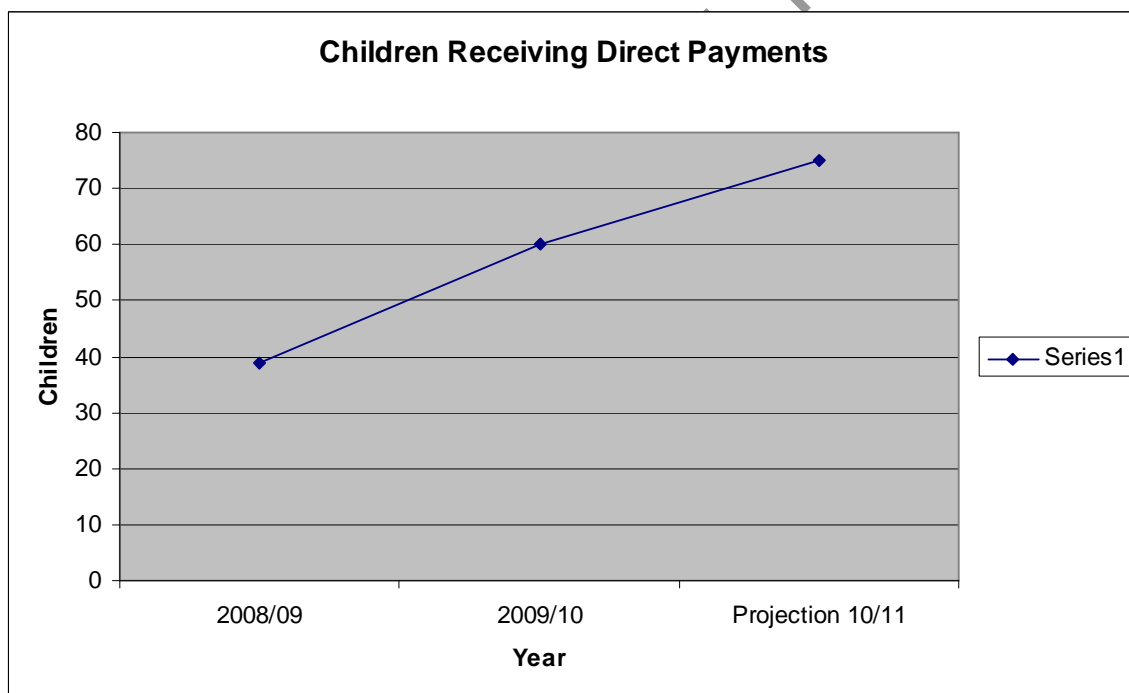


Fig (iv)

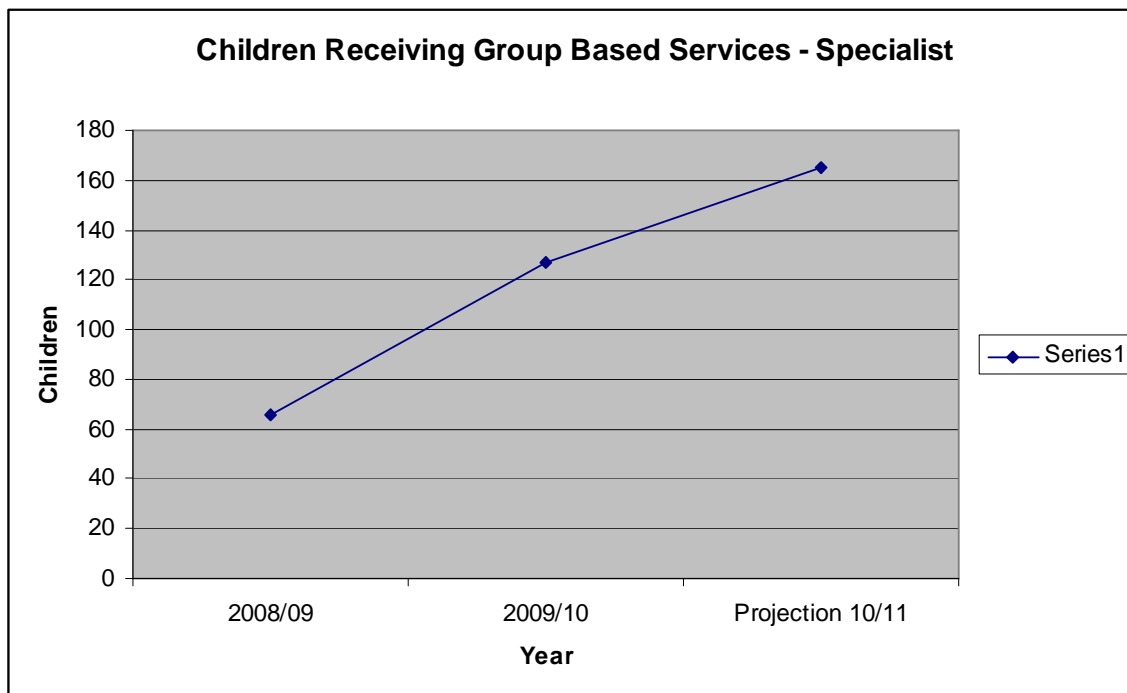
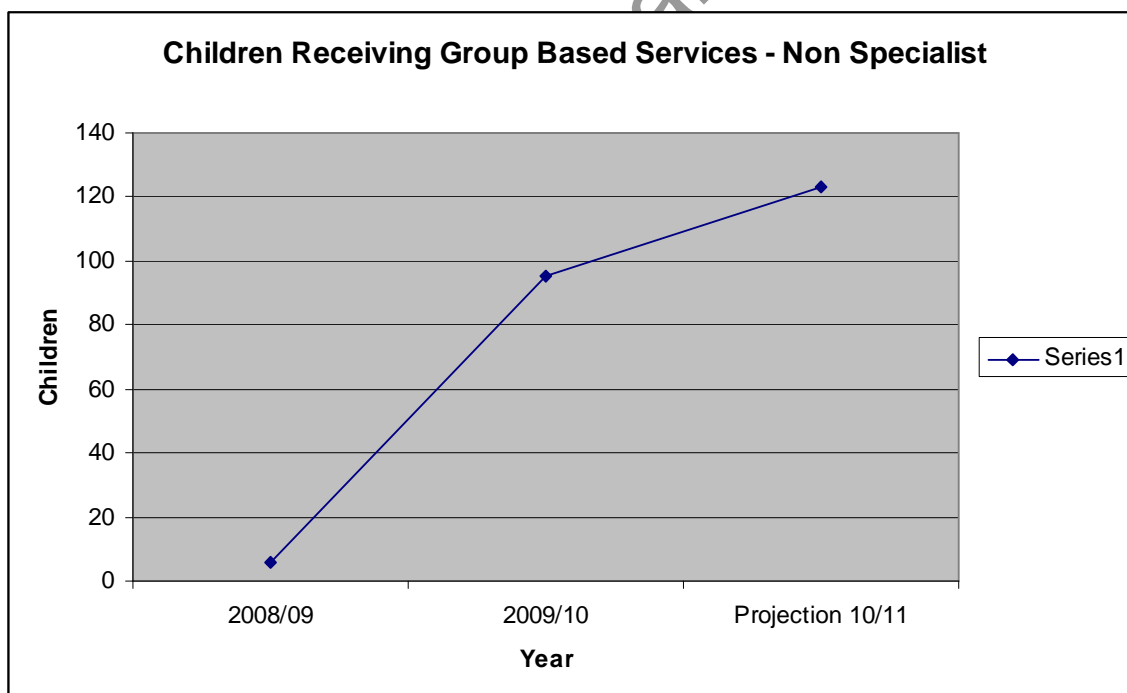


Fig (v)



Appendix 4

1.0 Findings from the Working Party

What the working party have said they value and want in terms of short breaks care:

- Families want to be able to use overnight residential care
- Current users of the JPU are very satisfied with the provision there:
 - Provides a break that we need plus the medical care
 - Security in knowing that they are safe because of the medics on hand
 - Support from staff is amazing- accessible and friendly, I trust them with my child
 - Continuity of staff
 - Short notice emergency respite- flexible- can help when there is a crisis
 - Lifeline to enable me to get on with my life
 - Second family- family atmosphere
 - Facilities- sensory room
 - Easy physical access
 - Can do medical assessment at JPU rather than on the ward
 - Specialist medical care
 - If you don't have JPU you'd be taking away someone's choice
 - Children other than complex children might want to use the JPU
- Not all complex children have their needs met at the JPU- overnight ventilated children cannot be accommodated at the JPU
- It is important for children to have a good time whilst their receiving respite care:
 - There should be 'good quality' interactive activities on offer- planned around the child or young person
 - Activities should be age appropriate
 - Staff should be trained to play with the children
 - Children should be able to get some fresh air- e.g. trips out to the beach or zoo
 - There should be big sensory toys available and possibly hydrotherapy
 - Opportunities to access activities that other children access
 - Needs to be able to keep my child safe
 - Provide school holiday and weekend cover
- Respite care needs to be affordable- especially if parents and carers are going to use direct payments
- Some families may need palliative care provision
- Care needs to support young people who are transiting into adulthood- assist with independence
- Social care and health need to work together in an integrated way

The short breaks working party has now merged with the Short Breaks Steering Group structure to ensure joined-up respite care and short breaks in the Bay.

2.0 Understanding demand

In order to understand demand for overnight residential services, former users of the JPU were contacted to ask why they no longer use the unit. It was hoped that their response would provide clues as to how the Unit could develop for the future:

- X was becoming very distressed when X was being transported to JPU. X was also self-harming. X is now receiving home –based respite –which X loves.
- X was bored! X is a complex young person with medical needs but also requires social interaction with other children –who like playing on X boxes and computers. X asked to stop going to JPU. X is starting home- based respite with a family, whereby both X 's medical and social needs can be met.
- X is now having home-based respite. X is due to have a complex operation. Whilst X had respite in JPU X kept contracting infections. The Consultant was not happy for the operation to go ahead as the risk of cross infection was too high. X is now receiving home based respite. The infections have reduced and the surgery is going ahead. Also, X is an only child and loves the interaction with the carer's children.
- X has home-based respite through a direct payment. Feedback from mum re JPU was that X would often return home after respite looking unhappy, also physically the effects of X not perhaps being moved around as much as X should have been were evident and X was often very stiff for a few days. This was often dependant on the staff that were on duty, and also as X is not so demanding I believe at times X did not always get the stimulation / attention needed.
- X now has respite at Robins, mum made a formal complaint regarding respite at JPU and stated that X was left in bed for long periods of time during the day, lack of staff and lack of stimulation and social opportunities.

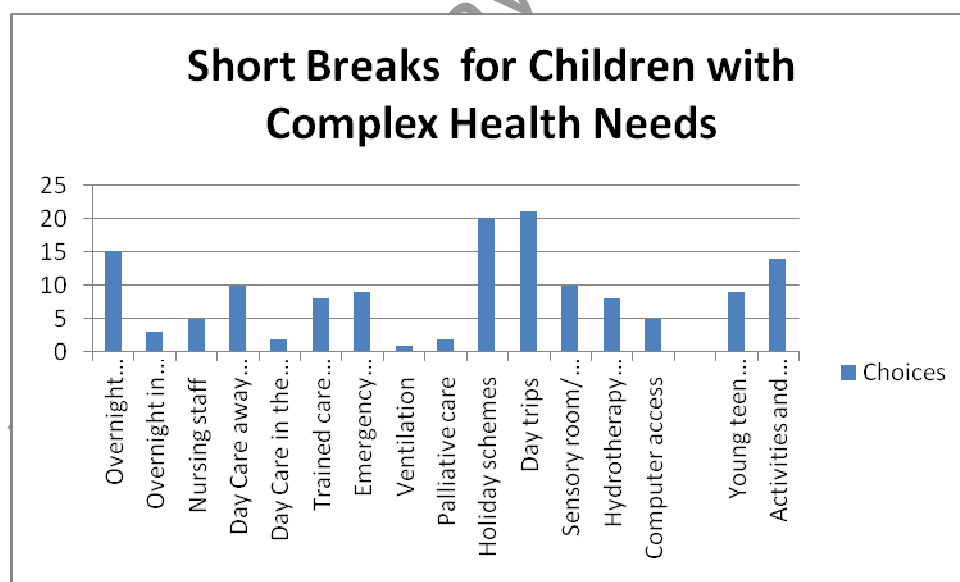
3.0 Outcomes of the market research exercise: Short Breaks- supporting Children and Young People with Complex Health Needs

A leaflet was produced and feedback from 30 users was captured (Jan-May 2010) (see Appendix 1 for feedback and leaflet). In order to gain a wider view, in April 2010 the Parents Participation Forum sent out the leaflet with their own mailings to capture a feedback from a greater number of parents and carers.

Question 1: We have worked with parents and carers to identify a range of exciting opportunities for the use of the John Parkes Unit. We would like to know whether you would use any of the services listed:

Overnight stay away from the home	15
Overnight stay in the home	3

Nursing staff	5
Day Care away from the home	10
Day Care in the home	2
Trained care staff	8
Emergency respite	9
Ventilation	1
Palliative care	2
Holiday schemes	20
Day trips	21
Sensory room/ sensory toys	10
Hydrotherapy access	8
Computer access	5
Young teen facilities	9
Activities and play workers	14



Question 2: These services could be bought with your direct payments. Would you change the way that you currently use your direct payments to buy any of these services if they were at or provided from the JPU?

If yes, why?

1.	We're familiar with the Unit, we've used the Child Development Centre
2.	Yes if JPU did provide more day care as it is close to home. My child isn't medically complex enough to qualify for JPU at the moment
3.	I would be concerned about the attention my child would get there
4.	As my child gets older they need more interaction than just one carer
5.	My child is 12 with Downs Syndrome and behavioural problem. I would use the unit if it was open to more children. From what I've read in the papers it is unfair that so much money is spent on medically complex children there must be a more cost effective way of running the Unit.
6.	My child has learning difficulties and behavioural problems it would be good if there were supportive groups and networks from the JPU as there are for the under 5's- you get ideas from other parents.
7.	Yes but I would expect my budget to reflect my son's attendance at JPU
8.	Friendly, safe trained care. Trusted.
9.	I've heard of direct payments, but I'm unsure of what it is, can you explain this?
10.	Need help getting direct payments- can you help?
11.	We get money for a sitting service but sometimes feel this isn't always best for my son
12.	If the quality of care and environment was better quality than my current provider- local
13.	I trust JPU and have built a relationship with staff there. Do not use direct payments at present

If no, why not?

1.	No- prefer care in own home
2.	No- most facilities are already accessed at school
3.	No- would prefer to use local, home-based activities
4.	Would need to be able to provide a service for the learning disabled not just those who need medical care
5.	We need a purpose built respite centre (at Mayfield) save on transport. Wrong location- hospital. The unit is too medical for respite provision should be more weighted to the equivalent to the 'holiday' for the young person offering new experiences lead by qualified play therapists- outings etc etc. More fun less medical, too expensive to be justifiable.

6.	I used to use JPU for my boys but was very dissatisfied and found provision elsewhere (did without for two years). I do not think respite should be provided by a hospital environment. If the children are ill / cared for by nurses respite does not need a heavy medical input. This makes the provision very expensive. Trained carers can adequately provide when children are ill- parents do it all the time. JPU needs to provide more outings/ experiences/ play/ social experiences etc with the hospital environment
7.	Quite happy with my present arrangement (befriender)
8.	Any respite is from family to family at Parkfield House
9.	The wrong venue- respite needs to be a social/ holiday event- not a medical one (unless they are unwell) then they are on Louisa Cary

Question 3: Further comments?

1.	Exploration of use of JPU for educational purposes when local authority takes responsibility for education from April 2010? Current issue with post-16 provision for some groups of young people-further issues will be developing due to raising of the participation age.
2.	Would like to see it (JPU) remain open.
3.	For John Parkes to remain open for children with complex medical needs and for extra financial allowance to be given through fair access to carers breaks.
4.	I believe Torbay should grasp the nettle and build at Mayfield a real respite provision (saving on transport costs) using the school provision all year. There is a real need it is going to cost!
5.	Now X and X get excited at their visits to respite- they were not enthusiastic to go to JPU and returned withdrawn
6.	JPU needs refurbishing to match facilities offered by Robins or Mayfield. Staff would need training in care of older children with SLD
7.	I think it would be a great idea for JPU to offer additional services and would definitely use these services if they were available
8.	Would like to see JPU developed further to meet all needs. All parents and children treated equally with no discrimination against ventilated children.