

NORTH YORKSHIRE COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

9 MAY 2014

UPDATE ON CHILDREN AND YOUNG PEOPLE'S ISSUES

1.0 PURPOSE OF REPORT

To provide a joint update on developments relating to children and young people including

- progression of a strategy for the emotional health and well-being of children and young people
- update on the joint strategy for children and young people with autism
- commissioning of the Healthy Child Programme 5-19
- ensuring the health of Looked After Children is promoted
- progress on the implementation of the Children and Families Bill
- joint working to establish Integrated Assessment, Decision Making and Transitions pathways together with the use of Personal Budgets
- services for Speech and Language Therapy
- establishment of a Joint External Placement Panel to approve out of Authority externally provided placements

All of these key workstreams are undertaken within the context of our wider Children's Trust and Safeguarding Children's Board responsibilities. We have active new leadership of the Safeguarding Board in Professor Nick Frost who is also an active member of the Children's Trust Board. As a result we will ensure as we finalise the new Children and Young People's Plan for the county that key safeguarding priorities and the development issues identified in this report are appropriately included.

2.0 DEVELOPMENT OF AN EMOTIONAL HEALTH AND WELL-BEING STRATEGY

Under the direction of the Children's Trust and its working group (the CAMHS Partnership Group), four work strands were agreed to facilitate the development of an effective Emotional and Mental Health Strategy. The work strands were as follows: -

- a) A comprehensive needs assessment, including provision and demand mapping to incorporate all local authority services for children and young people, to identify areas for improvement against the pathways.
- b) A CYPS statement of commitment ('offer') mapped against the development of specific referral / service pathways.
- c) A review of how the local authority and partners promote positive emotional and mental health, in terms of awareness raising, training, guidance and delivery of in-house services.
- d) The development of the CAMHS service specification as part of the specialist CAMHS commissioning process.

The outputs from the above work strands have directly informed the development of the draft strategy.

The strategy sets the vision for all children and young people in North Yorkshire to enjoy good emotional and mental health. The government Mental Health Strategy (No Health without Mental Health), sets out six shared mental health outcomes for children, young people, working age adults and older people. The Children's Trust has agreed that the national strategy outcomes are formally adopted as the outcome measures for the North Yorkshire Children and Young Peoples' Emotional and Mental Health Strategy. The six outcome measures are as follows: -

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

The strategy is currently subject to consultation across the Children's Trust and CAMHs Partnership. A final version of the strategy will be circulated in April.

3.0 STRATEGY FOR MEETING THE NEEDS OF CHILDREN AND YOUNG PEOPLE WITH AUTISM IN NORTH YORKSHIRE

3.1 The Strategy for meeting the needs of children and young people with autism was approved by Executive Members on 9th October 2012..

3.2 Since this time the local authority has increased both the breadth and number of parent training programmes across the county to improve support for families, health colleagues support the delivery of some of these programmes. A jointly developed parent information pack is available and shared with families during the assessment and diagnostic process.

Some families report long waiting times for assessment and diagnosis due in large to families requesting assessment exceeding the prevalence figure services were commissioned upon (1%). The PCU are currently negotiating waiting list initiatives and increased capacity with all diagnostic services with the exception of Craven which is not part of the PCU. It is very encouraging that individual CCGs are themselves recognising the importance of the work and have recently prioritised investment aimed at improving the consistency of assessment and support arrangements.

3.3 There has also been an increased amount of training available for frontline workers to include Early Years practitioners, school staff, the wider CYPS team and health colleagues.

3.4 Specific working groups linked to key priority strands for development and support, as identified during the strategy's consultation process are now established and key actions for each group have been agreed. Working groups include those for Early Years, Post 16, girls with autism and PDA, curriculum, physical and sensory needs, family support and support for young people with autism and mental health needs. Termly highlight reports are available which include more extensive detail on progress made to meet the objectives within the strategy.

3.5 Whilst the Health and wellbeing Board considered an Interim Adult Autism Strategy at its April meeting the ambition exists to develop a single strategy for meeting the needs of children, young people and adults with autism. We aim for this to be developed for 2015.

4.0 HEALTHY CHILD PROGRAMME

- 4.1 Good progress is being made on the commissioning of the contracted element of the 5-19 Healthy Child Programme. The timetable is on schedule and the engagement and information exchange phase has been completed. The project team is established and the scoping of the service specification has commenced. Procurement gateway decisions will be made by HAS executive and CYPS CYPLT in April and May respectively.

Information has been gathered from 319 individual stakeholders via questionnaires, individual conversations, group meetings and workshops and included children, young people, parents, and a wide range of other partners. The full report of the engagement is available should Board members wish to see it.

- 4.2 The most frequently mentioned areas of concern and identified gaps were:

- The importance and increasing demand for help with issues related to emotional wellbeing and mental health
- Lack of provision for young people aged 16 and over
- Insufficient focus on the needs of children and young people who are at higher risk of poor health outcomes and those least likely to seek help with regards to their health
- Lack of clarity and publicity about what the service provides
- Inconsistency of practice in the type and standard of the services being offered in different geographical areas and settings
- Lack of advice and practical help after children have been weighed and measured as part of the National Child Measurement Programme
- The importance of having effective screening and health checks to identify problems that may be impacting on the child's development

- 4.3 There is a challenge in establishing a seamless 0-19 Healthy Child Programme in the context of responsibility for the 0-5 HCP programme coming later (October 2015). The principles underpinning the specification for the 5-19 HCP will be applied to the commissioning of the 0-5 HCP. The goal of having an integrated 0-19 HCP for North Yorkshire can still be realised but within a longer timeframe than anticipated and developed as part of an incremental process.

- 4.4 The commissioning process for the 5-19 HCP has inevitably highlighted some gaps in provision which are not within the scope of a HCP. Whilst the exercise has been beneficial in helping to articulate what a prevention/public health focused HCP should look like it has created additional tensions when areas of concern are identified that fall outside the HCP remit. This is particularly relevant when considering children and young people with tier 3 levels of need including those with complex health conditions or disabilities, those with severe learning difficulties, children subject to safeguarding procedures and young offenders. Where these ambiguities are being uncovered further discussions are being had with the respective commissioners or service areas to clarify who has responsibility for which element of care.

It is clear that one of the priorities has to be increasing the capacity at tier 2 to support young people with emotional and mental health needs.

The proposal is to increase the capacity of the nurse led targeted element of the HCP service to provide interventions for children (from 9 years old) and young people with higher level tier 2 levels of emotional and mental health

needs. This will require some redirection of budget and/or additional funding (c. £150K) in order to bring interventions in earlier and ties in with the North Yorkshire Emotional and Mental Health Strategy. The CYPS Leadership Team, at its meeting on 6 March, supported this proposal in principle but the views of Integrated Commissioning Board colleagues would be welcomed on possible sources of funding for this additional element over and above the core work of the HCP contract.

4.5 There is no easy answer to the question as to how best to provide a service for children and young people who live outside of North Yorkshire but who may receive education on a daily or residential basis in the county. The project group are addressing this and will ensure that there is clarity prior to finalising the specification for the contract. Legal advice will be sought to ensure that whatever is proposed does not contravene any discrimination legislation or contracting rules.

4.6 The proposed delivery model will be as follows:

- The structure of the HCP team will be coterminous with the Prevention Service locality boundaries and where practicable teams will be co-located. There will be a team working in each locality that can deliver an equitable HCP core offer. The HCP will be seen as part of the prevention service, share the same systems for obtaining consent, case allocation and management, data collection and recording and information sharing and will add capacity to the wider Prevention team to meet the needs of children and young people requiring additional support.
- The HCP workforce will include the necessary skill mix to be able to deliver the range of services to meet the requirements of the HCP. This will include a balance between qualified nurses, some of who will hold public health/school nurse qualifications and other non-nurse qualified practitioners. Working as part of a multi-disciplinary team HCP nurses would also provide advice to colleagues in the management of cases where there are health related concerns.
- There will be a differentiated service for Special Schools based on the needs of the pupils. The HCP team will need to jointly plan with the specialist nurses (commissioned by CCGs) the support being provided to children and young people within Special Schools.
- Additional resource will be allocated to enable more targeted and sustained interventions for young people who are at risk of poorer health outcomes.
- The HCP team will conduct annual reviews for all LAC up to the age of 19.
- A differentiated service will be provided to schools where there are a high number of Service children to ensure that these children are not placed at a disadvantage due to their rapid movements between schools.
- The HCP would contribute to the professional development of all the wider children and young people's workforce by contributing to a health related training programme.

Whilst it will be up to the prospective providers to define the delivery model that they believe is the most appropriate to meet the service specification the project group are considering the best way to procure the service(s). The current plan is to procure by lots so allowing for providers with different skills and expertise to tender for those lots for which they are most suited.

Members are asked to note the detailed work undertaken and the proposed integrated model of delivery of a 5-19 service within the context of a 0-19 HCP.

5.0 HEALTH OF LOOKED AFTER CHILDREN (LAC)

- 5.1 Children's services and health are committed to ensuring that those children who are looked after by the local authority receive timely health, dental and optician tests. Both agencies recognise the importance of ensuring that looked after children must have an annual health assessment and twice yearly dental checks as well as having regular eye tests. It is of course recognised that often the children we look after have had their health needs neglected for a period of time and it is critical that such health needs are promoted.
- 5.2 Over the last 12 months significant progress has been made with monthly meetings taking place between health and Children's Services in order to action plan and track progress. More recent understanding of the issues that have impacted on performance have been understood and recognised by both agencies and immediate action taken to address these issues has been taken. An information sharing agreement has been agreed by health and social care which now enables health professionals to input data direct to -ICS (the ICT case recording system used by children's social care teams) regarding recording when assessments have taken place and in relation to immunisation data. Additionally our Performance and Outcomes Team are in contact with the health colleagues twice a week to advise of new admissions to care so that health can also prepare for the health assessment needing to be arranged in a timely way.
- 5.3 Progress regarding improved performance appeared slow during 2012 and during a meeting in November it became clear that there was not only a recording issue by both agencies but the health assessments were not taking place in a timely way because the consents from parents was not being sought by children's social care staff at the point the child was became "looked after". A further action plan was developed which has seen staff retrained on LCS and performance reports were redistributed where there were recording issues to enable performance to be improved.
- 5.4 There is significant investment by children's services and health into driving forward the need for timely initial health assessments and review health assessments. Quarter 3 data has shown that 77.8% of eligible looked after children (291 out of 374) had received their annual assessment within the required timescale. This is notable improvement from the 2012/2013 outturn of 68.3% (237 out of 347). 75.9% (284 of 374) of looked after children had received their dental check within the required timescale.
- 5.5 There is a further audit planned by health in relation to ensuing lac receive an IHA within 20 days of becoming looked after and senior management continue to drive the messages to staff of the importance of this being undertaken as without this assessment adoption planning is significantly impacted upon.
- 5.6 There remains the ongoing concern that post 16 looked after children do not have access to health assessments and there has been a recent issue in the Scarborough area in relation to the health assessments. A meeting is to take place with health colleagues shortly to address this issue.
- 5.7 **Ongoing monitoring will continue until we are satisfied that the assessments are being completed and are done within the necessary timescale. This work including assessments post 16 has been prioritised in the developing specification for the HCP.**

6.0 CHILDREN AND FAMILIES BILL: SPECIAL EDUCATIONAL NEEDS

6.1 This section of the report describes progress to date with implementation of the various strands of the above Bill which relate to children and young people with special educational needs.

6.2 Background

The Bill has now received Royal assent and will be implemented in stages from September 2014. It will be cross-referenced with the Care Bill about disabilities that is following it through Parliament.

The key elements of Part 3 of the Bill are greater influence and control for parents; integrated assessment and decision making; the joint commissioning of health and care services for children with Education, Health and Care Plans (EHCPs), and improvements in preparing for adulthood.

The Integrated Commissioning Board has prioritised six areas for integration over the next 2 years, three of which are directly related to the new SEN duties.

North Yorkshire has been a local and regional SEND Pathfinder Champion for which additional funding has been provided by the DfE. The purpose of the Pathfinder work has been to trial elements of the proposed changes; to report progress back to the DfE and to support other local authorities in the region by sharing learning and experience.

6.3 Implications for CCGs and NHS Trusts

Health is at the centre of the Bill in recognition of the fact that many children with SEN depend on health services. The Bill requires relevant parties including Clinical Commissioning Groups (CCGs) and NHS Trusts in the area to co-operate with the local authority in the exercise of its functions.

There will be a duty on CCGs to secure health provisions specified in EHCPs for children and young adults with SEN, including specialist health services such as physiotherapy and speech and language therapy, whether or not they are provided under the NHS. It will be a statutory duty for Health commissioners to work with local authorities to jointly plan and commission for children with SEN.

Each CCG should have a designated health officer for children with special educational needs. The responsibilities of this role will include coordinating the role of health in the statutory assessment process, working strategically across health and the local authority and ensuring that local health services inform the local authority of children who they think may have a special educational need.

The mandate from the Government to the NHS commissioning Board, published April 2014 to 2015, identifies the need for a significant improvement in supporting disabled children and young people with special educational needs_or disabilities. It states that

“NHS England’s objective is to ensure that they have access to the services identified in their agreed care plan, and that parents of children who could benefit have the

option of a personal budget based on a single assessment across health, social care and education.”



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Although this is a national issue, in a county with multiple CCG arrangements the challenges are multiplied. Whilst the CCGs and the PCU are now better sighted on the new duties, we are now at implementation phase. A briefing paper from health colleagues, for providers and local practitioners outlining their responsibilities and how they are addressing them, would be welcomed.

It is intended to undertake an evaluation of progress in implementation using a DfE tool. This will also help health partners in assessing their preparedness to deliver the duties placed on them under the Children and Families Bill/Act and under the Disabled Children's Charter, to which the Health and Well-Being Board is fully committed.

6.4 Greater engagement with parents and families

The Local Offer places families and young people at the heart of developing local services and encompasses all children who need support, not just those with an EHCP. For parents to make informed choices, they need good clear information. The Local Offer will set out clearly what support is available locally across health, education and social care, on-line, and in clear language, along with information about how to access advice, and to raise complaints.

A working draft with public visibility has been available on-line since the end of September 2013. Consideration is being given to other media for making the information available to those who do not have internet access, and a communications plan is now in its final draft. A young people's version of the Local Offer has been produced, using appropriate symbol software, and this has been included within the Youth Service's website. A parents' and professionals' version is available on the council's website and continues to be developed as part of a much bigger county-wide Community Directory.

A group of Special Educational Needs Co-ordinators, early years' managers and SEN staff in colleges have been involved in writing Local Offer summary advice for settings, schools and colleges and this information has been shared through special needs networks. A detailed guidance document has been provided for all educational settings, with similar guidance produced for health, care and voluntary sector settings. Parents and young people have also been closely involved with advising on these developments.

Following recent discussions with Health partners, progress has been made and a programme of work has been agreed for the inclusion of detailed Health service information within the Local Offer. This information is now being collated and formatted, with publication scheduled for spring 2014. The inclusion of more detailed information will enhance the picture of Health services across the county and explain how Health and local authority services interact.

Discussions with voluntary sector partners have also resulted in an agreed approach for the population of voluntary and community sector provision in the Local Offer. The inclusion of this information will be completed by June 2014 and will significantly enhance the scope of services described within the Local Offer.

Most of the work to develop the Local Offer has been based with CYPS and it is important that future activity includes a greater involvement from HAS. This should be formalised through the maintenance arrangements for the Local Offer, and should be assisted by the proposed arrangements for an Integrated Transitions Service between the two Directorates and Health.

Work will continue with corporate colleagues to link the Local Offer to the new NYCC website and the launch of the council's Community Directory and e-Marketplace.

Engagement with parents' and young people's groups has been of great value in helping the local authority develop the Local Offer and this participative approach will continue. Feedback from recent meetings with parents and young people in January, and from the two-day SEN conference in February, will ensure that on-going developments are directly informed by engagement activity. It is vital to ensure that these groups contribute to the development of a meaningful feedback and review mechanism, in order to make sure that the views of service users remain central to the management and delivery of the Local Offer. We will continue to work with voluntary sector partners to support and encourage this dialogue.

Good progress has been made and we are on target. Mott McDonald, the national support organisation for the Pathfinder on behalf of the DfE have included our draft in their national good practice guide for local authorities, and North Yorkshire's Local Offer is also due to feature in the next edition of the 'LGA First' magazine. The approach undertaken in North Yorkshire has also been cited as an example of good practice in a recent House of Lords debate on the SEN reform programme (7th January 2014).

6.5 Information and Advice, Disagreement Resolution, and Mediation

Local authorities will have a duty to provide information and advice to parents and young people directly about matters relating to their special educational needs. Local authorities must also arrange for disagreement resolution services to be available to parents and young people. The service must be independent of the local authority. Local authorities will be expected to make available an independent mediation service free of charge to parents and young people over 16 who have a right of appeal to the SEN Tribunal. The Bill does not require local authorities to provide a Parent Partnership Service, as such.

Following discussions through NYPACT the local authority is undertaking engagement sessions across the county to discuss with groups of parents how best to provide SEN information and advice and whether this should be through the existing service. The Council for Disabled Children will also be funding Independent Supporters, initially for two years, to assist parents to manage new systems and processes and it will be important to pool resources and expertise.

The voluntary sector is engaged in the discussions and is keen to see the development of a forward looking approach which takes account of the need for stability and continuity during a time of considerable change.

6.6 Personal Budgets And Direct Payments

Parents of children with an Education, Health and Care Plan (EHCP), or a young person will be able to ask the local authority to give them their own 'personal budget'. This is the amount of money the council has to pay for the help they need with their education and social care. The young person or their parent could ask for some or all of this money as a 'direct payment' to spend on the additional support they need in order to achieve the outcomes outlined in their EHCP or they could agree how the council will spend it on helping them.

There is a 2020 North Yorkshire project to create an Integrated Direct Payments Service, building on that already in place for adults with assessed social care needs and children with disabilities. This will be extended to include all children and young people with an EHC Plan from September 2014, and the roll out of NHS personal health budgets from April 2014. Agreed consistent direct payment processes and procedures and a single direct payment support service would create a streamlined and simplified process for service users and professionals to navigate.

Work is underway with CYPS to develop a new resource allocation system for children and young people with EHC Plans which will enable the identification of personal education budgets and direct payments. Further guidance is awaited from the DfE.

6.7 Integrated Assessment and Decision Making

Where a child's needs cannot be met by existing resources, the local authority will be required to conduct a formal co-ordinated assessment of education, health and care needs using existing relevant assessments, sharing information and sitting down with the family to draft the EHCP together.

The DfE has very recently decided that the 'conversion' of statements to EHCPs can be phased over a two to three year period from September 2014. The local authority currently maintains approximately 1800 statements of SEN and section 139a assessments for school leavers with a statement. Of these, approximately 600 include care provision. A significant number also include health provision.

We have engaged with parents and other agencies and have developed a single all-age, person centred, outcome focussed plan for children, young people and young adults from 0-25 years, and the necessary processes to accompany it.

Further work is required to ensure that HAS and Health fully understand and are signed up to playing their part in the new assessment and planning processes. There is an understanding at management and commissioner level and this will need to be translated into engagement by practitioners in individual casework. Approximately 180 children and young people are currently going through the new process to develop an EHC Plan or to convert an existing Statement to an EHC Plan. From the start of the summer term all new requests will follow the new process and this will require further training of Health practitioners.

6.8 Joint Commissioning of Care and Health Services for those with an EHCP

Integrated commissioning is seen as the best way to ensure that optimum use is made of resources, and that they support collaborative working to meet the wide range of children's needs. It offers partners an opportunity to re-design local systems

to operate more effectively, both to improve the experiences of users of the services and to make the best possible use of local resources.

The first services to be considered for joint commissioning are those which support speech, language and communication needs. The CCGs have agreed to jointly fund work to undertake the commissioning following a procurement exercise in the spring.

The joint commissioning work relating to speech, language and communication will be progressed.

The development of an Integrated Transitions Service across CYPS, HAS and Health will greatly assist in the planning and commissioning of appropriate pathways and provision for young adults with disabilities.

6.9 Preparing for Adulthood

For the first time, young people with special educational needs and disabilities aged 16 - 25, who are no longer in school, will be subject to the same legislation for assessment and planning for their future as children 0-16. The Code of Practice will apply to FE providers.

The Local Offer will set out the support available to assist young people in the transition to adulthood with more choice and control over their own lives and will include information relating to a variety of routes to employment, housing and accommodation and participation in society through leisure activities, friends and relationships.

Over the last two years we have supported some young people to stay in their local communities rather than attend independent specialist colleges, usually outside North Yorkshire. Each young person has a personalised learning pathway that might include some college time, some preparation for work skills, work experience, personal and social skills training, independent travel training, basic education and leisure time.

The numbers of young people opting for this has increased from 5 in 2011/12, to 25 in 2013/14 and will further increase in 2014/15. Each programme is bespoke, the outcomes are good, it is less costly than out-of-authority placements and it is being promoted as a national exemplar of good practice by the DfE.

The establishment of a 16-25 Integrated Transitions Service, is fundamental to achieving further significant progress in improving transition to adulthood. We seek the support of and engagement of health partners in that development.

7.0 ESTABLISHMENT OF A JOINT EXTERNAL PLACEMENT PANEL FOR ALL OUT OF AUTHORITY (EXTERNALLY PURCHASED) PLACEMENTS

7.1 Work has been carried out to map the expenditure and processes around the commissioning of out of authority independent and non-maintained school including residential school placements for children and young people aged 0 to 25. This includes the contribution made by each agency (education, health and care) towards the cost of these placements.

For children aged pre 18 £4,933,300 has been spent in the 2013-14 financial year. Of this 50% is from the High Needs Block of the Dedicated Schools Grant (£2,489,010), 45% from Children's Social Care (£2,196,754) and 5% from health (£247,536). For young people aged 18 to 25 some £2,434,838 has been spent of which the High Needs Block of the Dedicated Schools Grant accounted for 86% of the total costs (£2,103,376), Health and Adult Services 8% of the total costs (£186,740) and Health 6% of the total costs (£144,770). Previous reports have highlighted the significant year on year savings that have been made to the cost of post 18 out of authority placements as a result of the development of local personalised learning pathways.

- 7.2 Currently two panels provide a platform from which complex cases can be discussed. This includes referrals for out of authority (externally purchased) placements within both an education and social care context. These Panels are the Entry to Care Panel managed through Children's Social Care and the Alternative Provision Panel managed through the SEND Service (0-25). These Panels have a broad commissioning remit and cater for different age ranges. The Entry to Care Panel commissions care placements for children aged 0-18 using Local Authority budgets whereas the Alternative Provision Panel commissions educational placements for children and young people aged 0-25 using mainly the Dedicated Schools Grant (DSG) budget. The purpose of these Panels is to commission the most appropriate placement in order to meet the individual needs of the child or young person. In addition, a Continuing Care Panel for LAC made up of LA officers from the Disabled Children's Service and representatives from health also meet on an infrequent basis in order to discuss Continuing Healthcare Funding for LAC with complex health needs.
- 7.3 Funding pressures, the recent decline in the long term placement stability of Looked After Children and our commitment to provide services for children and young people with complex education, health and care needs within their local communities, mean it is increasingly necessary to adopt a more co-ordinated and joint approach to the allocation and management of resources. The establishment of a Joint External Placement Panel (EPP) will significantly help to address these issues.
- 7.4 Given the broad remit of the two existing placement panels, and because of the requirement to ensure cases proceeding to the EPP are kept to a minimum, it is proposed that the Entry to Care and Alternative Provision Panels are maintained but their Terms of Reference are strengthened with a renewed emphasis placed upon the requirement of these Panels to source *creative solutions* which, wherever possible, maximise the capacity of mainstream and specialist services within the child or young person's local community, without recourse for an independent (externally purchased) placement being made.

From April 2014 it is proposed that where the Entry to Care or Alternative Provision Panel are unable to identify integrated, creative solutions *at a local level* and all options have been fully exhausted and explored, all requests for out of authority (externally purchased) provision are referred to the EPP. This Panel will be made up of senior representatives from education, health and care and will consider requests for all out of authority (externally purchased) placements in independent and non-maintained provision for children and young people aged birth to 25. Requests for placement will not be considered by the EPP if the case

has not been subject to prior discussion and review at the Entry to Care or Alternative Provision Panel, as appropriate. The Integrated Commissioning Board have been asked to ensure appropriate health representation at such a forum.

7.5 Because of the very small number of cases currently considered, it is proposed that North Yorkshire's Continuing Care Panel for LAC is disestablished and all discussions regarding continuing health care funding for LAC with complex health needs and for whom an out of authority (externally purchased) placement may be required are brought to the EPP for consideration.

8.0 RECOMMENDATIONS

8.1 That the joint progress against the children and young people's agenda be noted.

PETER DWYER: CORPORATE DIRECTOR CHILDREN AND YOUNG PEOPLE
JANET PROBERT: DIRECTOR - PARTNERSHIP COMMISSIONING UNIT