Joint Health, Social Care and Education Transitions Strategy 2019-2022

Leicester City Council

NHS Leicester City Clinical Commissioning Group

About the strategy

This Joint Health, Social Care and Education Transitions Strategy has been written to help ensure that the staff working to support young people as they transition into adulthood are clear about the work which needs to be done to make sure young people have a good experience as they leave children's services and become adults. The strategy also provides information for young people, their parents/carers and any other people supporting young people (e.g. school staff) to understand what is being done in Leicester City to support young people as they transition into adulthood. Alongside the full strategy document, summaries targeted at a 'non-professional audience' are available.

The Joint Health, Social Care and Education Transitions Strategy outlines what our ambitions and aims are for making improvements to our support during the period of transition, details what we know about the young people who might need support when they transition and provides an overview of actions which need to be taken in order to improve the lives of young people and their families as they undergo transition to adulthood. The strategy will help make sure that all the important teams which support young people work well together. This is a working document and will adapt and change over its lifespan to reflect improvements and changes which have been made and any changes in the national and local picture. The strategy will be reviewed and updated by the Transitions Board on an annual basis.

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Introduction

For young people who receive support from children's health and social care services these services often end when they turn 18 and they become 'adults' (though some services continue until age 25). Some of these young people will then go on to receive support from adult health and social care services, but these are often different to the services young people had received before. Some young people will not receive adult services at all. This period of change as a young person enters adulthood is known as '**transition**'.

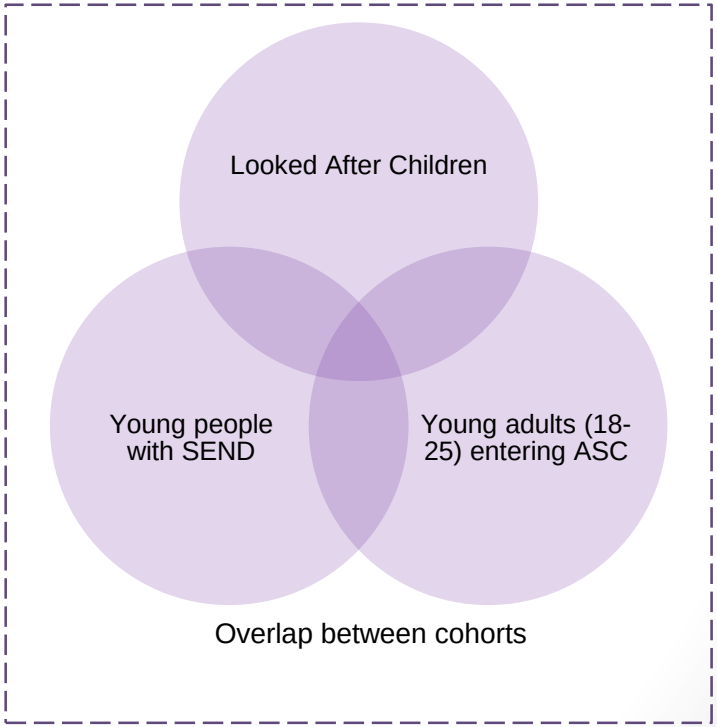
During the period of '**transition**' a young person will begin to get ready for leaving children's services and becoming an adult. There are four key areas which a young person should prepare for, these are:

- Education and/or employment
- Independent living
- Friends, relationships and community
- Good health

Health and care professionals in Leicester agree that it is important to support young people with additional needs as they 'transition' into adulthood. Three cohorts of young people have been identified as particularly likely to need support. These cohorts are:

- Young people who are looked after by the council
- Young people with Special Educational Needs and/or Disabilities (SEND)
- Young adults (18-25) with care needs who will receive support from Adult Social Care

Though three clear cohorts have been identified, it is recognised that there are overlaps between these groups (see diagram), for example a young person might be looked after and have a disability, and work will be mindful of this.



Ambition and aims

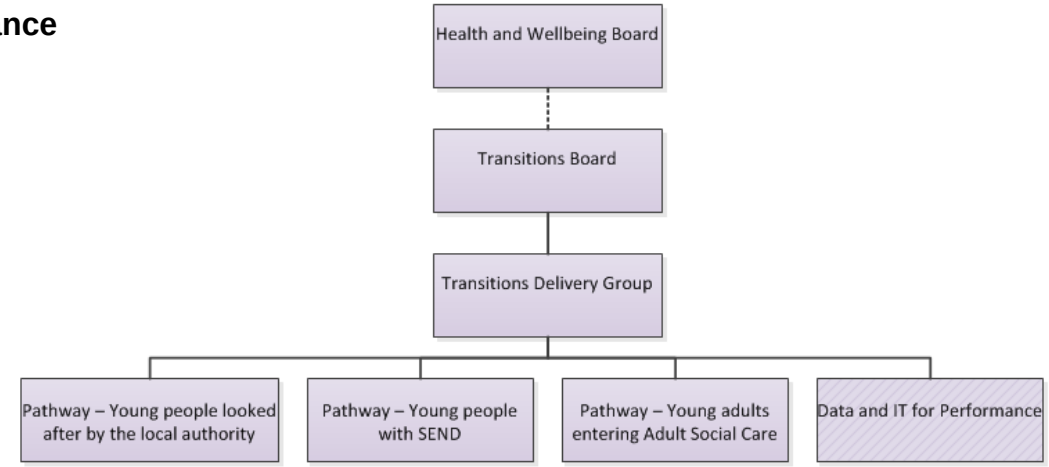
To support the ambition that 'young people with additional care and support needs are supported to be independent in adult life and achieve positive outcomes in terms of employment; independent living; friends, relationships & community; and good health' three key aims have been identified:

Integrated service	Young people with additional needs are supported by key agencies working in partnership. A robust framework for partnership working and information sharing ensures that relevant care and health partners understand their roles in the transition process and effectively use joint planning.
Effective planning	Young people with additional needs are at the centre of a transition planning process which starts at age 14 at the latest and allows for effective forward planning. This allows for services and budgets to be planned for the projected support needs of young people moving into adulthood.
Informed choices	Young people with additional needs are given the support, encouragement and tools to make choices and take control of their lives. Their families and support networks have access to information and advice to ensure that all decision making is informed.

Note that in this context 'young people' can refer to people up to age 25 (who consider themselves to be and are considered to be adults)

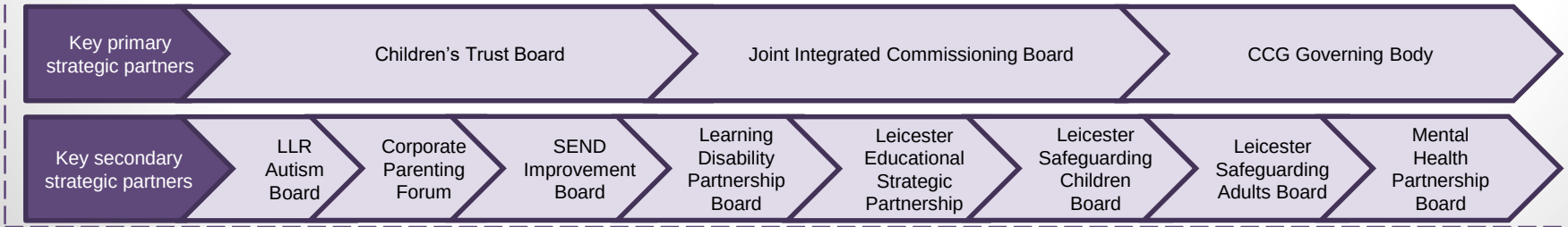
Governance

Transitions Governance



To support the delivery of actions outlined in the Joint Health, Social Care and Education Transitions Strategy and the underpinning delivery plan, three working groups will bring together relevant partners to address aspects of the transitions pathway relevant to each of the three identified cohorts. Additionally, a further working group will develop processes and procedures in the use of information and IT to a) support the transition of children and young people to adult services, and b) establish a performance framework that enables monitoring and quality assurance of the processes and supports the understanding of the impact of services individually and collectively to improve outcomes for service users. These work streams will be overseen by the Transitions Delivery Group, which brings together representatives from social care, education and health, and has responsibility for ensuring that work between the working groups is joined up and for monitoring risks and issues. The Transitions Delivery Group is accountable to the Transitions Board, the role of which is to provide scrutiny and challenge to the Transitions Delivery Group and offer assurance, while also ensuring that service user experience is the driver for improvements. The Transitions Board is to be accountable to the Health and Wellbeing Board. Additionally, the Transitions Board has a number of strategic partners across Leicester and more widely and will report in as appropriate.

Strategic Partners



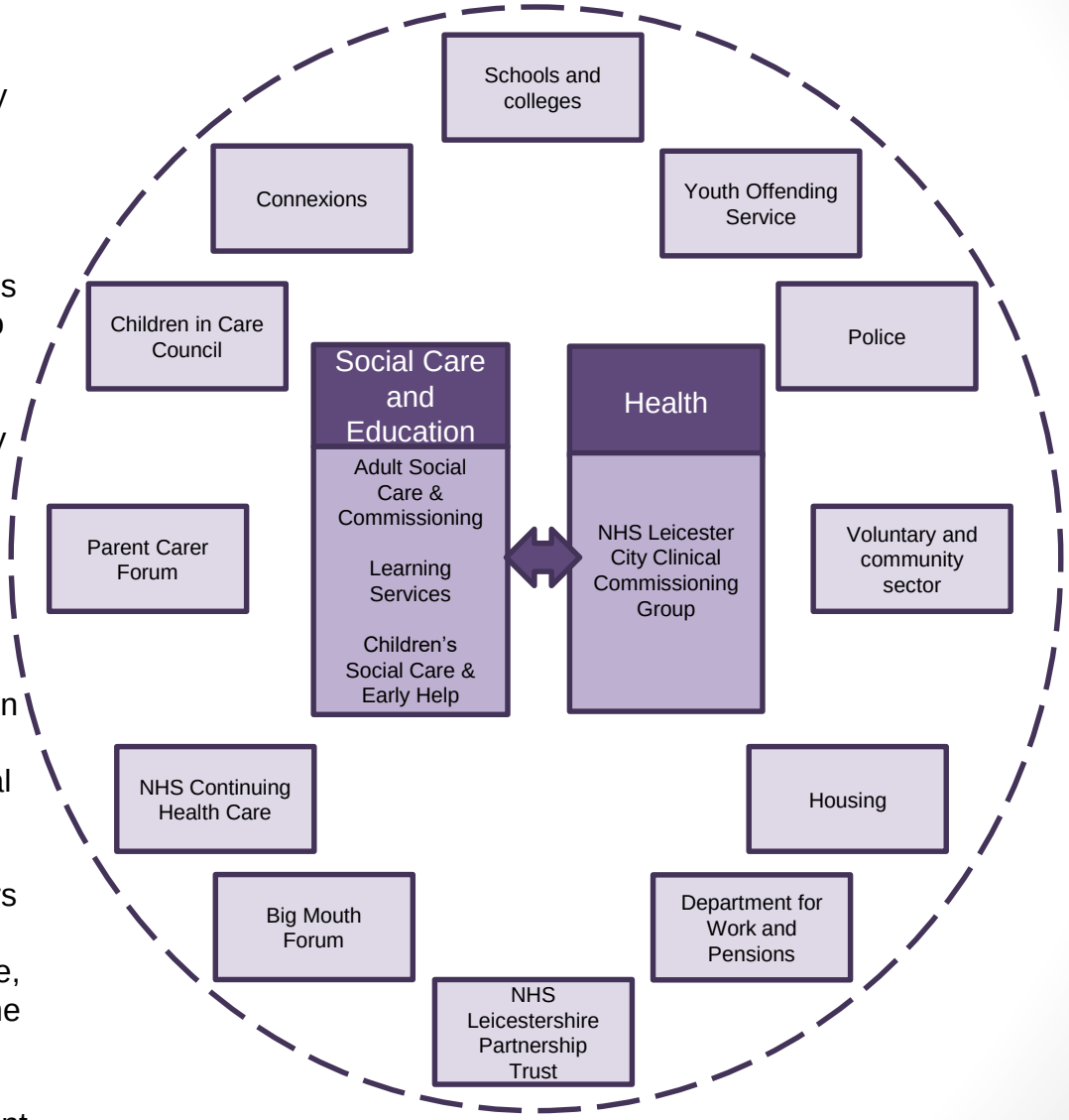
Partners

The governance and oversight of Leicester's Joint Health, Social Care and Education Transitions Strategy recognises that the delivery of our offer is not the responsibility of a single agency but is owned by all partners that work with children, young people and families.

To support the ambitions and aims laid out in this strategy a number of partners will be required to work in partnership. We ask that partners:

- Contribute towards achieving the aims,
- Accept challenges to their own service delivery practice by taking into consideration wider partnership needs,
- Work with mutual trust and combine expertise,
- Instil culture and practice of joint working.

While it is imperative that focus is given to the development of an effective relationship between the Social Care and Education department at Leicester City Council and Leicester City Clinical Commissioning Group, there are a number of other partners who will need to engage with the work in order to enable success. These partners include, but are not limited to, schools and colleges, the Youth Offending Service, the police, the voluntary and community sector, housing, the Department for Work and Pensions, the Big Mouth Forum, Leicestershire Partnership Trust (NHS), Continuing Health Care (NHS), the Parent Carer Forum, the Children in Care Council and Connexions.



Cohort 1: Looked After Children

Statutory responsibilities

Every 16 or 17 year old who has been looked after by a local authority for a period of 13 weeks or more since the age of 14 becomes entitled to leaving care provision and the local authority must make this support available until a care leaver turns 25. The support provided should focus on preparing the young person for life, ensuring they have the skills to support themselves and ultimately thrive. From age 16 looked after children should have a 'Pathway Plan' which outlines the services and support to be provided to help them reach their goals and achieve independence. The Pathway Plan should also ensure that arrangements are in place to enable children leaving care to continue to obtain the healthcare they need. To support this, the planning process should include a health perspective; the LAC Nursing Service should attend the pathway planning meetings and provide a summary of the child's health information which is obtained during regular review health assessments.

The local authority must also ensure that care leavers can access a personal advisor until they turn 25. The personal advisor is responsible for ensuring the young person is provided with the correct level of support. The personal advisor should provide advice, coordinate the provision of services and keep in touch with the young person.

Local picture

In Leicester there is an upward trend in the number of looked after children and this is rising more rapidly than comparable authorities. At the end of May 2018 there were 689 looked after children. The most prevalent reason for children being taken into care is neglect and abuse. Ofsted have recognised the complexity of the looked after children cohort, citing complexities such as mental health needs, risk of sexual exploitation, being in custody and recently becoming parents.

The LAC Nursing Service (NHS Leicestershire Partnership Trust) provides support to looked after children in Leicester until age 18. The service has identified a number of specific vulnerable groups including: young people at risk of child sexual exploitation, those in semi-supported living, unaccompanied asylum seeker children and high risk young people (including those misusing drugs and alcohol and those who are pregnant).

Key drivers

Ofsted (2017): "Joint transition planning to adult services between the 16-plus team, the disabled children's service and the transition team requires improvement. Managers across teams acknowledge that the process starts too late for some care leavers, often in their mid-17th year, giving them little time to prepare for and explore options about their future needs and aspirations".

Key local policies/strategies	Leaving Care Strategy	Commissioning Strategy	Corporate Parenting Strategy	Homelessness Strategy

Key national legislation/guidance	Children Act 1989	Children (Leaving Care) Act 2000	Care Leavers (England) Regulations 2010	Children and Families Act 2014	Promoting the health and wellbeing of LAC 2015	Children and Social Work Act 2017

Cohort 2: Young people with SEND

Statutory responsibilities

The local area has to identify and assess the special educational needs of children and young people. If a young person is assessed as requiring more support than their school can give them then a local authority must give them an Education, Health and Care (EHC) plan. This plan should identify the young person's educational, health and social needs and set out the additional support needed to meet their needs. A local area may continue to maintain an EHC plan until the end of the school year during which a young person turns 25 and must not stop an EHCP just because a young person is aged 19 or over.

Local picture

Young people with SEND may need extra support and adjustments to meet a particular need. 14.8% of the school population in Leicester has specialist education need and there are currently approximately 1800 young people aged 0-25 with EHC plans. Of those young people with statutory plans (EHC plans) approximately 50% are educated in specialist provision. In recent years there are increasing numbers of young people with a primary need of Autistic Spectrum Disorder; Social, Emotional & Mental Health; or Speech, Language and Communication Needs.

Key drivers

Ofsted (2017): Preparation into adulthood for some care leavers and disabled children is not happening early enough, so they cannot prepare for their future learning or employment opportunities until very late. There is a need to ensure that the transition arrangements from children's social care to adult services for young disabled children who have additional needs are both timely and effective.

Ofsted (2018): There is a lack of joint commissioning of services to support young peoples' health needs post-19. As a result, there are delays in the identification of young people's needs when they reach adulthood.

ASCOF (2017): Compared to other local authorities, Leicester City has a very low number of young people with learning disabilities in paid employment.

Peer review of SEND services: Reviewers commented that special schools report concerns over the local area's ability to effectively prepare young people with SEND for adulthood.

Self-Evaluation Framework: Leicester City Council's Self Evaluation recognises the need to improve transition arrangements between children and adult services as a key area for development.

Key local policies/strategies	SEND Strategy	SEND Self Evaluation Framework

Key national legislation/guidance	Children's Act 1989	National Health Service Act 2006	Equality Act 2010	Health & Social Care Act 2012	Children & Families Act 2014	Care Act 2014	Code of Practice 2015

Cohort 3: Adult services

Statutory responsibilities

If a child is likely to have social care needs when they turn 18 the local authority should complete an assessment of their needs. On the basis of this assessment, local authorities must suggest whether the young person is likely to have eligible needs for support from adult social care and advise on what can be done to meet eligible needs/what can be done to prevent or delay the development of additional needs. The local authority must continue to provide a young person with children's services until they reach a conclusion about their situation as an adult so that there is no gap in provision.

There are clear criteria set out in the Care Act (2014) which determine whether a young person is eligible for adult social care. Just because a young person has received support from children's services this does not mean they will be eligible for adult social care. A person is deemed to have eligible needs if they meet all of the following: i) they have care and support needs as a result of a physical or a mental condition, ii) because of those needs they cannot achieve two or more of the outcomes specified, iii) as a result there is a significant impact on their wellbeing.

People with complex primary health needs may be eligible for Continuing Care funding where needs cannot be met by specialist or universal services alone. Continuing Care is organised differently for children and young people than for adults so upon turning 18 young people have to be reassessed under the adult framework. This can impact the amount of funding that health will contribute, which in turn impacts the level of support families can expect from Adult Social Care.

Local picture

On average the transitions team currently assesses just over 40 young people per year, of whom approximately 80% are found to be eligible for support. The majority of young people who access adult social care through the transitions team have a primary support reason of learning disability. Not all young adults (18-30) make contact with adult social care through the transitions team; approximately 375 young people receive assessments from adult social care per year. Of these people just over 75% are found to be eligible for support. While learning disability remains the primary support reason for the majority of cases, mental health support and physical support are much more prevalent for young people who do not access the transitions team and are later referred to adult social care.

Key drivers

Making improvements to transitions is referred to explicitly in the Adult Social Care strategic priorities, noting that "We [Adult Social Care] will continue the work with children's social care, education (SEN) and health partners to improve our support for young people and their families in transition into adulthood".

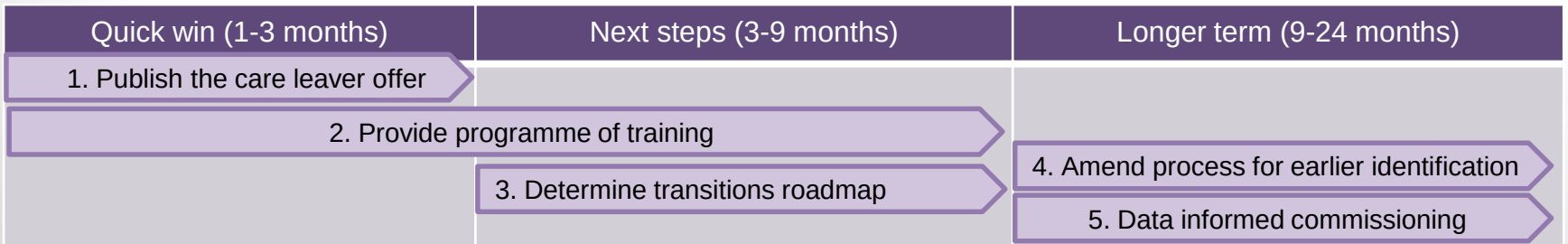
Key local policies/strategies	Accommodation Strategy	Learning Disability Strategy	Mental Health Strategy	Autism Strategy	Carers Strategy
Key national legislation/guidance	Care Act 2014	NICE Guidelines	Transforming Care	Mental Health Act 1983	Mental Capacity Act 2005

Key priorities (Page 1 of 3)

On the basis of what we know about each cohort, a number of key priorities have been identified which will help achieve the ambition and aims outlined in the strategy, these priorities are outlined in summary below and continued on pages 10 and 11. In order to demonstrate the relevance and significance of each action in the context of the strategy, the high level outline explicitly links each action with the aims it supports. This high level summary is underpinned by a detailed delivery plan which breaks down each priority into the supporting actions and identifies the person responsible, the deadline, necessary resources, critical messages and a quality measure for each action.

Aims	Integrated service	Effective planning	Informed choices

Cohort	Action	Link to aims		
Young people looked after by the local authority	1. Publish an accessible and comprehensive care leaver offer for children looked after and care leavers signposting young people and their support networks to key resources and information sources which will enable them to prepare for adulthood and independent living.			✔
	2. Provide a programme of training and development for staff working with looked after children and care leavers to ensure that there is a reciprocal understanding of policy and practice in the Looked After Children and Transitions service areas.	✔	✔	✔
	3. Determine a 'roadmap' which clearly outlines the key processes in the period of transition from age 14, identifies the ages and stages at which these happen and notes the key roles and responsibilities for all those supporting the process.	✔	✔	
	4. Review the pathway planning process to support earlier identification of young people at risk of poor outcomes in adulthood.		✔	
	5. Collate and use data about looked after children and care leavers in order to effectively inform future commissioning.		✔	



Key priorities (Page 2 of 3)

Aims	Integrated service	Effective planning	Informed choices

Cohort	Action	Link to aims		
Young people with SEND	6. Determine a set of clear and concise definitions relating to need, eligibility and other key elements of the transitions process in order to underpin a common understanding of transitions processes and support planning between social care, education and health for young people with SEND.	✔	✔	
	7. Delineate the transitions process as it is at the moment for young people with SEND to ensure there is clarity on the existing process and to shape a baseline on which improvements can be made.		✔	✔
	8. Establish a regular programme of meetings between all professionals supporting young people with SEND (aged 14-25) to encourage information and intelligence sharing and facilitate discussion of cases in order to develop knowledge and understanding between relevant service areas.	✔	✔	✔
	9. Develop a system to inform the Transitions team of young people with SEND who they should be aware of and are likely to need involvement with in the future in order to inform planning and commissioning of adult social care.	✔	✔	
	10. Create individual 'road maps' centred on a young person's particular needs which outline all possible routes/outcomes for a young person from age 14, with reference to the probability of following each route so that young people and their support networks understand what the future might look like.		✔	✔

Quick win (1-3 months)	Next steps (3-9 months)	Longer term (9-24 months)
6. Determine set of definitions	7. Outline transitions process 'as is'	9. Gather intelligence for commissioning
	8. Information sharing and case discussions	10. Create individualised road maps

Key priorities (Page 3 of 3)

Aims	Integrated service	Effective planning	Informed choices

Cohort	Action		Link to aims		
Young adults entering adult services	11.	Engage with schools, colleges, parents, carers and young people in a timely and appropriate manner to ensure they have realistic expectations for independence and adulthood (relating particularly to finance and relationships).		✔	✔
	12.	Communicate the legal landscape changes which occur once a young person turns 18 to schools, colleges, parents, carers and young people and make clear the implications this might have for young people's care.		✔	✔
	13.	Complete an in-depth analysis of a sample of transitions case studies to identify good practice and any improvements required during the transitions process.		✔	
	14.	Map and publicise a pathway which outlines access for young people to Adult Social Care support services and makes clear what is available from each service.		✔	✔
	15.	Support effective joint working between Adult Social Care, Children's Services, health practitioners and staff in education settings.	✔	✔	
	16.	Support young carers in line with the carers strategy as appropriate.			
	17.	Outline a clear pathway for the transitions referral process set against a timeline.	✔	✔	✔
	18.	Streamline IT systems to support the better use of data to inform future commissioning and the work of the Transitions team.		✔	

Quick win (1-3 months)	Next steps (3-9 months)	Longer term (9-24 months)
11. Engagement – independence and adulthood		
12. Engagement – legal changes		17. Improved pathway for transitions referrals
13. Analysis to identify good practice and improvements required		18. Streamline IT
	14. Outline support services	
	15. Support effective joint working	
	16. Support the carers strategy	

Useful links

National legislation and guidance
→ Care Act 2014
→ Children (Leaving Care) Act 2000
→ Children Act 1989
→ Children and Families Act 2014
→ Children and Social Work Act 2017
→ Equality Act 2010
→ Heath and Social Care Act 2012
→ Homelessness Act 2002
→ Homelessness Reduction Act 2017
→ Mental Capacity Act 2005
→ Mental Health Act 1983
→ National Health Service Act 2006
→ NICE Guidelines: Transition from children's to adults' services
→ SEND code of practice: 0 to 25 years
→ The Care Leavers (England) Regulations 2010
→ Transforming Care for people with learning disabilities

Local strategies and policies
→ Autism Strategy 2014 - 2019
→ Corporate Parenting Strategy 2014 - 2016
→ Homelessness Strategy 2018-2023
→ Learning Disabilities Strategy 2015 - 2019
→ Leicester City Council Adult Social Care strategic purposes and priorities
→ Leicester's strategy for supporting children and young people with Special Educational Needs and Disabilities (SEND) 2017-2022
→ Mental Health Strategy 2015 - 2019
→ SEND Self Evaluation April 2018

Ofsted feedback
→ Ofsted report – Inspection of services for children in need of help and protection, children looked after and care leavers July 2017
→ Ofsted report – LA SEND inspection report April 2018

Transitions Delivery Plan 2019-2022

Action step *What needs to be done?*	**Responsible person** *Who should take action to complete this step?*	**Indicative timescale** *When should this step be completed?*	**Necessary resources** *What do you need in order to complete this step?*	**Critical messages** *Are there any potential challenges that may impede completion? How will you overcome them?*	**Quality measure** *What will good look like?*	**Status** *Where are we now?*
Cohort one: Young people looked after by the local authority						
1. Publish an accessible and comprehensive care leaver offer for children looked after and care leavers signposting young people and their support networks to key resources and information sources which will enable them to prepare for adulthood and independent living.						
1.1. Produce content for the care leaver offer, to include information sourced from relevant partner agencies (e.g. voluntary sector organisations)	Head of Service (Looked After Children)	Months 1-3	Corporate support to update webpage 16+ Manager Local Offer & Preparing for Adulthood Project Officer Service Manager (Looked After Children)	Where corporate support is required to update the webpages the work is then dependent on the availability and capacity of that team which could result in delays. It will be essential to flag this work with the relevant corporate team as soon as possible to ensure it is part of their work plan.	Content is accessible and easy read A glossary of terms is included to ensure clarity on terminology and phrases Where relevant, existing resources are used as the basis of information and developed appropriately	Not yet started
1.2. Promote the care leaver offer to staff, looked after children and care leavers to ensure they are aware of how to access it	16+ Team Manager	Months 1-3			Informal testing of a random sample of staff proves they are aware of how to access the care leaver offer and are	Not yet started

Action step *What needs to be done?*	**Responsible person** *Who should take action to complete this step?*	**Indicative timescale** *When should this step be completed?*	**Necessary resources** *What do you need in order to complete this step?*	**Critical messages** *Are there any potential challenges that may impede completion? How will you overcome them?*	**Quality measure** *What will good look like?*	**Status** *Where are we now?*
					promoting this to service users	
1.3. Develop appropriate tools to analyse success the of the care leaver offer, to include webpage analytics and feedback from users	Young People's Participation and Engagement Officer	Months 1-3		Dependency on go live of the care leaver offer (timescale of six months after go live)	Tools inform review of care leaver offer after six months Mix of qualitative and quantitative analysis	Not yet started
2. Provide a programme of training and development for staff working with looked after children and care leavers to ensure that there is a reciprocal understanding of policy and practice in the Looked After Children and Transitions service areas.						
2.1. Identify key members of staff across the Looked After Children Service and Transitions Team to act as champions/points of contact for queries about particular policies/practice/legislation and lead training sessions where required	Service manager (Looked After Children)	Months 1-9	Learning and Development Manager (Children's Services)	Staff absence or instances of staff leaving the organisation could undermine the sustainability of the approach and so there will need to be succession planning built in to ensure there are always appropriate champions in place	A list of champions is published and promoted All queries are targeted to the relevant champion	Not yet started
2.2. Make use of existing 'lunch and learn' sessions and schedule sessions to focus on topics relevant to the transitions process	Learning and Development Manager (Children's Services)	Months 1-9	Administration/ business support	Link with actions 15.1/15.2	Priority groups in the children's workforce are identified and their participation monitored to ensure that key groups	Not yet started

Action step *What needs to be done?*	**Responsible person** *Who should take action to complete this step?*	**Indicative timescale** *When should this step be completed?*	**Necessary resources** *What do you need in order to complete this step?*	**Critical messages** *Are there any potential challenges that may impede completion? How will you overcome them?*	**Quality measure** *What will good look like?*	**Status** *Where are we now?*
					attend At least two transitions focused sessions are held by 28 December 2018	
2.3. Review the effectiveness of the workforce development package after six months and make improvements where necessary	Learning and Development Manager (Children's Services)	Months 1-9	Feedback from staff Retesting of the workforce development survey initially completed January 2018	Link with actions 15.1/15.2 Dependency on date of first 'lunch and learn' session (timescale of six months after first)	Workforce development survey metrics are retested and demonstrate a raised awareness of transitions Feedback collected at the end of sessions demonstrates an increased understanding of key transitions issues Fewer inappropriate referrals are made to Adult Social Care	Not yet started
3. Determine a 'roadmap' which clearly outlines the key processes in the period of transition from age 14, identifies the ages and stages at which these happen and notes the key roles and responsibilities for all those supporting the process.						
3.1. Identify the key agencies who might be involved with looked after children from age 14, outline their core work with	Service Manager (Looked After Children)	Months 3-9	Business support to organise the workshop	Will need to ensure that the right members of staff are round the table in	Workshop event held with relevant staff resulting in clear outline of key agencies	Not yet started

Action step *What needs to be done?*	**Responsible person** *Who should take action to complete this step?*	**Indicative timescale** *When should this step be completed?*	**Necessary resources** *What do you need in order to complete this step?*	**Critical messages** *Are there any potential challenges that may impede completion? How will you overcome them?*	**Quality measure** *What will good look like?*	**Status** *Where are we now?*
these young people and map this against a timeline			Room suitable for workshop Workshop facilitator	order to make sure that a complete and comprehensive overview is produced		
3.2. Determine any gaps in support in the current provision for looked after children/care leavers and identify how this might be overcome through signposting and information/advice/guidance	Service Manager (Looked After Children)	Months 3-9	Business support to organise the workshop Room suitable for workshop Workshop facilitator	Will need to ensure that the right members of staff are round the table in order to make sure that a complete and comprehensive overview is produced	Workshop event held with relevant staff resulting in complete gap analysis	Not yet started
3.3. Produce a revised roadmap to address gaps identified in the gap analysis of the existing transitions process for looked after children/care leavers	Service Manager (Looked After Children)	Months 3-9	Complete 'as is' understanding (action 3.1) Complete gap analysis (action 3.2)		The gaps identified in the gap analysis are appropriately addressed Roles and responsibilities are clearly defined Signs of Safety approach is reflected	
3.4. Review and update policy to reflect the key processes in the period of transition on the basis of the revised roadmap	Service Manager (Looked After Children)	Months 3-9	Senior Project Manager to update policy on Triex		Policy clearly reflects any amendments to the transitions roadmap	Not yet started

Action step *What needs to be done?*	**Responsible person** *Who should take action to complete this step?*	**Indicative timescale** *When should this step be completed?*	**Necessary resources** *What do you need in order to complete this step?*	**Critical messages** *Are there any potential challenges that may impede completion? How will you overcome them?*	**Quality measure** *What will good look like?*	**Status** *Where are we now?*
3.5. Publicise and communicate the finalised roadmap outlining the transitions process for looked after children/care leavers	Service Manager (Looked After Children)	Months 3-9			All staff, young people and their support networks are aware of key stages in the transitions process Feedback from young people suggests they have appropriate expectations for their transition to adulthood	Not yet started
4. Review the pathway planning process to support earlier identification of young people at risk of poor outcomes in adulthood.						
4.1. Produce case studies of care leavers, tracing their journey from the point at which they were first known to children's services to the present (to include any involvement with adult social care)	Service Manager (Looked After Children)	Months 9-36	Partnerships, Planning and Performance team		Detailed case studies are produced which contain relevant detail from education, health and social care Case studies reflect a range of needs and outcomes to reflect breath and range of experiences Case studies highlight any cases where young people who should have been picked up earlier	Not yet started

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					and Adult Social Care notified	
4.2. Agree risk factors to help identify those young people looked after by the local authority at risk of poor outcomes in adulthood	Service Manager (Looked After Children)	Months 9-36	16+ team Case studies produced (action 4.1)	Any attempts to identify and agree risk factors must not undermine the continuing effort to identify risk as the complexity of need will make it difficult to identify everything	Consensus reached between 16+ team and other relevant service areas to identify a set of risk factors Consideration is given to how these risk factors can be monitored and translated into action	Not yet started
4.3. Scope possibility of establishing a Care Leaver Partnership Panel for complex cases	Service Manager (Looked After Children)	Months 9-36		There are a number of existing meetings and boards already so consideration will need to be given of whether existing mechanisms could be used for this purpose	Feasibility and value of creating a Care Leaver Partnership Panel is assessed and if deemed to be possible/robust, a scope/outline of how this can be achieved is developed	Not yet started
5. Collate and use data about looked after children and care leavers in order to effectively inform future commissioning.						
5.1. Agree performance measures for the monitoring of care leavers seeking transitions support	Service Manager (Looked After Children)	Months 9-36	Link with audit programme Partnerships, Planning and Performance		Monthly reporting on performance data based on agreed performance measures Performance data linked	Not yet started

Action step *What needs to be done?*	**Responsible person** *Who should take action to complete this step?*	**Indicative timescale** *When should this step be completed?*	**Necessary resources** *What do you need in order to complete this step?*	**Critical messages** *Are there any potential challenges that may impede completion? How will you overcome them?*	**Quality measure** *What will good look like?*	**Status** *Where are we now?*
			team		with Adult Social Care and SEND Appropriate reporting lines for feeding back on performance measures are agreed to ensure accountability is clear	
5.2. Develop an approach for using performance measures to inform intelligence about the future commissioning needs	Service Manager (Looked After Children)	Months 9-36	Set of performance measures (5.1)	This activity will need to be mindful of the existing transitions process for looked after children and care leavers and therefore it will be essential that action 3.3 is completed first	The findings inform the content of commissioning strategy and approaches	Not yet started

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Cohort two: Young people with Special Educational Needs and/or Disabilities (SEND)						
6. Determine a set of clear and concise definitions relating to need, eligibility and other key elements of the transitions process in order to underpin a common understanding of transitions processes and support planning between social care, education and health for young people with SEND.						
6.1. Produce a glossary of key terms/concepts to be shared between social care, education and health colleagues	Head of Service (SEND) in liaison with Head of Service (Learning Disabilities) and an appropriate representative from Health (Leicester City Clinical Commissioning Group)	Months 1-3	Input from all relevant agencies	For definitions to be agreed it will be necessary for contributors to recognise their differing thresholds and definitions. Resolution will be sought through the Transitions Board who will have the ultimate decision making power.	A clear, concise glossary of terms is produced and shared with all relevant agencies.	Not yet started
7. Delineate the transitions process as it is at the moment for young people with SEND to ensure there is clarity on the existing process and to shape a baseline on which improvements can be made.						
7.1. Produce case studies of ten young people with SEND who are known to adult social care, tracing their journey from the point at which they were first known to SEND services to the present	Head of Service (SEND) in liaison with Head of Service (Learning Disabilities) and Designated Clinical Officer (Leicestershire Partnership Trust)	Months 3-9	SEND Project Officer support Need names from Adult Social Care (or access to Adult Liquidlogic)	Link to action 7.2 (which identifies case studies by tracing forwards from SEND services)	Ten detailed case studies are produced which contain relevant detail from education, health and social care Case studies reflect a range of primary needs	Not yet started

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			Initial case study work from Data and IT work stream		Case studies highlight any cases where young people who should have been picked up earlier and Adult Social Care notified	
7.2. Produce case studies of ten young people aged over 25 with SEND with cases now closed to the SEND service, tracing their journey from the point at which they were first known to SEND services to the present	Head of Service (SEND) in liaison with Head of Service (Learning Disabilities) and Designated Clinical Officer (Leicestershire Partnership Trust)	Months 3-9	SEND Project Officer support Initial case study work from Data and IT work stream Access to information held in Adult Social Care Liquidlogic	Link to action 7.1 (which identifies case studies by tracing backwards from Adult Social Care)	Ten detailed case studies are produced which contain relevant detail from education, health and social care Case studies reflect a range of primary needs Case studies highlight any cases where young people who should have been picked up earlier and Adult Social Care notified	Not yet started
7.3. Examine case studies to identify the key points in a young person's pathway and produce of a timeline which maps the key roles and responsibilities of services	Head of Service (SEND) in liaison with Head of Service (Learning Disabilities) and Designated Clinical Officer (Leicestershire	Months 3-9	SEND Project Officer support Case studies produced through actions 7.1 and	Dependency on action 7.1 and action 7.2	The key roles & responsibilities of relevant services are summarised clearly and there is clarity of who does what, when	Not yet started

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supporting young people with SEND	Partnership Trust)		7.2		'Triggers' for a service's involvement are highlighted (i.e. why and when they become involved)	
8. Establish a regular programme of meetings between all professionals supporting young people with SEND (aged 14-25) to encourage information and intelligence sharing and facilitate discussion of cases in order to develop knowledge and understanding between relevant service areas.						
8.1. Establish a schedule of termly meetings to be attended by professionals supporting young people with SEND	Head of Service (SEND) in liaison with Head of Service (Learning Disabilities) and Designated Clinical Officer (Leicestershire Partnership Trust)	Months 3-9	Venue (potentially Collegiate House or New Parks House) Meeting to be chaired on rotating basis by SEND Team Manager/ Senior Educational Psychologist/ Transitions Team Manager/ Designated Clinical Officer (Leicestershire Partnership Trust)	Unless the meetings are viewed as important by attendees they are likely to have low levels of engagement and therefore be unsuccessful. The Heads of Service for SEND and Learning Disabilities will need to have responsibility for highlighting the importance of the meetings and making staff accountable for	Meetings occur on a termly basis and minutes are produced to record discussion Few apologies are given and where they are, appropriate delegates attend Attendees perceive the meetings to be important	Not yet started

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				attending.		
8.2. Review the effectiveness of the sessions and highlight issues addressed to the Transitions Board	Head of Service (SEND) to prepare regular report for Transitions Board	Months 3-9	Feedback from meetings	Importance of meeting will be enhanced by it being on Transitions Board agenda as a standing item.	Report should include: • Number of children and young people discussed • Attendance at the meeting • Transition issues addressed	Not yet started
9. Develop a system to inform the Transitions team of young people with SEND who they should be aware of and are likely to need involvement with in the future in order to inform planning and commissioning of adult social care.						
9.1. Implement recommendations made by the Pathway, Performance and Planning work stream to make changes to Educational, Health and Care Plan (EHCP) annual review meetings and Personal Education Plan (PEP) meetings to raise issue of transitions to allow for earlier identification of young people with SEND who are likely to require involvement with adult social care	Head of Service (SEND) in liaison with Head of Service (Learning Disabilities) and Designated Clinical Officer (Leicestershire Partnership Trust)	Months 9-36	Proposals from Pathway, Performance and Planning work stream	Will need engagement from schools	Adult Social Care do not receive any referrals for young people with EHCPs which they weren't aware of before	Not yet started

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9.2. Develop a system to flag cases on Liquidlogic which the Transitions team should be aware of as the young person is likely to require adult social care services	Head of Service (SEND)	Months 9-36	Liquidlogic development team Access to Liquidlogic, ONE and EDRMS for all relevant staff		Information sharing protocols in place between all involved agencies to ensure relevant information is shared in a timely manner Adult Social Care do not receive any referrals for young people with EHCPs which they weren't aware of before DST is lined up for completion at the point of the young person turning 18	Not yet started
9.3. Develop approach for early identification of those young people receiving therapy services to ensure therapy is completed prior a young person turning 18	Lead Commissioner Children and Families Leicester City Clinical Commissioning Group	Months 3-9	Therapy Provision/Need in Education Health and Care Plans Pre/Post 16: A Review of Need ToR		Therapy is provided and completed prior to a young person's 18th birthday	Not yet started
10. Create individual 'road maps' centred on a young person's particular needs which outline all possible routes/outcomes for a young person from age 14, with reference to the probability of following each route so that young people and their support networks understand what the future might look like.						

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10.1. Scope all possible routes to produce a master document from which individual roadmaps are to be based	Head of Service (SEND) in liaison with Head of Service (Learning Disabilities) and Designated Clinical Officer (Leicestershire Partnership Trust)	Months 9-36	Access to case study information (actions 7.1, 7.2, 7.3)		The document is reviewed and updated at least every three months to ensure that the content is relevant	Not yet started
10.2. Introduce individual roadmaps for young people with SEND when they turn 14 (based on options in master, but with specific relevance for young person)	Head of Service (SEND) in liaison with Head of Service (Learning Disabilities) and Designated Clinical Officer (Leicestershire Partnership Trust)	Months 9-36			Roadmaps are person centred and easy to read and understand Expert opinion is drawn on to calculate approximate probabilities of various journeys and outcomes There is a whole family approach which ensures that everyone's needs are taken into account, ensuring carers are best able to support young people	Not yet started

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Cohort three: Young people with care needs eligible for support from Adult Social Care						
11. Engage with schools, colleges, parents, carers and young people in a timely and appropriate manner to ensure they have realistic expectations for independence and adulthood (relating particularly to finance and relationships).						
11.1. Produce an accessible, easy read summary document which outlines key information on topics such as benefits, financial implications for the household budget, charging, carer's assessments, post college changes, marriage and independence (e.g. leaving home, going on holiday, starting supported work, carers becoming unable to care anymore)	Transitions Team Leader	Months 1-6	Input from corporate communications team regarding easy read format Good practice examples of summaries produced by other organisations Details from carers outlining key information required	(This work will be completed alongside that outlined in action 12.1)	A document written in plain English which clearly and simply details information is published	Not yet started
11.2. Establish a schedule for key staff from adult social care to visit schools and colleges on an annual basis to provide advice and information on independence and adulthood	Transitions Team Leader	Months 1-6	Admin support	(This work will be completed alongside that outlined in action 12.2)	Sessions are well attended by relevant representatives Evaluation shows that schools and colleges are better informed about	Not yet started

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					independence and adulthood outcomes Aligned with SENCO network to ensure message continues to be delivered in schools	
12. Communicate the legal landscape changes which occur once a young person turns 18 to schools, colleges, parents, carers and young people and make clear the implications this might have for young people's care.						
12.1. Produce an accessible, easy read summary document which outlines key legal landscape changes once a young person turns 18 to be shared with schools, colleges, parents, carers and young people (e.g. parental responsibility, deputyship, lasting power of attorney, mental capacity, safeguarding)	Transitions Team Leader	Months 1-6	Input from legal department regarding legal information Input from corporate communications team regarding easy read format Details from carers outlining key information required	(This work will be completed alongside that outlined in action 11.1)	A document written in plain English which clearly and simply details information is published Carers understand that parental responsibility changes and they do not have the same responsibilities as they did prior to the young person's 18th birthday	Not yet started
12.2. Establish a schedule for key staff from Adult Social Care to visit schools and colleges on an annual basis	Transitions Team Leader	Months 1-6	Input from legal department regarding legal information	(This work will be completed alongside that outlined in action 11.2)	Sessions are well attended by relevant representatives	Not yet started

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to provide advice and information on legal landscape changes			Admin support Good practice examples of summaries produced by other organisations		Evaluation shows that schools and colleges are better informed about changes in law once a young person turns 18 Aligned with SENCO network to ensure message continues to be delivered in schools	
13. Complete an in-depth analysis of a sample of transitions case studies to identify good practice and any improvements required during the transitions process.						
13.1. Review cases which were seen as inappropriate referrals but which later came through Adult Social Care in order to determine whether earlier intervention might have prevented their need for support later on	Head of Service (Learning Disabilities)	Months 1-9	Performance Officer to draw reports as required Head of Service (Contact and Response)	This will be dependent on accessing information from social care systems – will need to ensure that officers have appropriate access to these systems	Four case studies reviewed per quarter (i.e. 12 per year) Thematic analysis of case studies is carried out to identify key themes and concerns	Not yet started
13.2. Critically discuss case studies between Children's Services and Adult Social Care staff to enable the showcasing of good practice example and identification of need for	Head of Service (Learning Disabilities), Head of Service (Looked After Children), Head of Service (SEND)	Months 1-9	Performance Officer to draw reports as required Administrative support		Four case studies reviewed in detail per quarter Discussions include both relevant operational and strategic staff	Not yet started

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improvement						
14. Map and publicise a pathway which outlines access for young people to Adult Social Care support services and makes clear what is available from each service.						
14.1. Create resources clearly outlining the support available from Supported Living service and how it can be accessed	Team Leader (Supported Living)	Months 3-9	Transitions Team Leader		All resources are easy read and accessible Eligibility is made clear Shared with schools, colleges, parents, carers, young people and Children's Services staff	Not yet started
14.2. Create resources clearly outlining the support available from the Enablement service and how it can be accessed	Head of Service (Enablement)	Months 3-9	Transitions Team Leader		All resources are easy read and accessible Eligibility is made clear Shared with schools, colleges, parents, carers, young people and Children's Services staff	Not yet started
14.3. Scope a programme of peer support networks, identifying service users accessing Supported Living/Enablement service or who are in employment to share information with	Head of Service (Learning Disabilities)	Months 3-9	Service users	Without engagement from service users this programme would fail; therefore the staff scoping the programme will need to ensure that	Establish an understanding of whether there would be buy in from service users to support a peer support network	Not yet started

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other young people before they turn 18				service users are effectively engaged and enable to participate	Outline a model of what the support network might look like	
15. Support effective joint working between Adult Social Care, Children's Services, health practitioners and staff in education settings.						
15.1. Establish a quarterly schedule of lunch and learn sessions centred on specific themes (e.g. case discussions, legislation, service area insights) for practitioners from across Children's and Adult Social Care, health and education settings	Principal Social Workers/ Learning and Development Managers	Months 3-9	Heads of Service to determine and prioritise themes	Will need to align with Looked After Children service existing processes in order to avoid duplication - link with actions 2.2 and 2.3	Sessions are well attended Meetings focus on topics such as case discussions, legislation and service area focus	Not yet started
15.2. Review the effectiveness of the lunch and learn sessions (attendance; representation; outcomes) after six months and make improvements as required	Principal Social Workers/ Learning and Development Managers	Months 3-9		Will need to align with Looked After Children service existing processes in order to avoid duplication - link with actions 2.2 and 2.3	At least 75% attendance from invited staff Representatives from Adult Social Care, Children's Services, Health and Education settings attend Retesting of questions from workforce development survey to	Not yet started

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					show improvement in understanding	
15.3. Use the existing Professional Standards and Governance Board and First Line Supervisors Forum to showcase good practice	Adult Social Care Principal Social Worker and Transitions Team Leader	Months 3-9	Case studies produced		Good practice appears as a regular agenda item and discussion is engaged with	Not yet started
16. Support young carers in line with the carers strategy as appropriate						
16.1. Ensure that the needs of young carers are taken into account in the planning and assessment process	Transitions Team Leader	Months 3-36	Carers Strategy Advice and support from Lead Commissioner with responsibility for Carers Strategy	Exact actions to be determined by the Carers Strategy	All partners can evidence that the needs of young carers are taken into account during the planning and assessment process and measure the impact of this	Not yet started
17. Outline a clear pathway for the transitions referral process set against a timeline.						
17.1. Develop a process that makes use of existing Education Health and Care Plan (EHCP) and Personal Education Plan (PEP) review meetings to ensure that discussions about the transitions process are	Head of Service (Learning Disabilities), Head of Service (Looked After Children), Head of Service (SEND)	Months 9-36	Pathway plan drafted by the 'Pathway, Performance and Planning' work group	Changes required to forms may need to be processed through Liquidlogic which could affect timescales. It will be important to make sure the Liquidlogic	Young people with a potential need for transitions support are identified at the earliest opportunity Staff engage with the process and EHCP and	Not yet started

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occurring in a timely manner, from age 14 onwards				Development Team is aware of any changes and that the system has the capacity to adapt as required.	PEP meetings are well attended Liquidlogic has capacity to record attendance at these meetings and reports can be run to monitor this activity Health colleagues are engaged with as part of this process to ensure that there is a more cohesive approach to planning transitions, particularly around Continuing Care funding	
17.2. Develop a transitions assessment to be used prior to age 17 that can help identify those that are likely to meet Adult Social Care eligibility and to help sign post and support referrals that are unlikely to be eligible	Transitions Team Leader	Months 9-36	Liquidlogic Development Team Project management support		Young people with a potential need for transitions support are identified at the earliest opportunity	Not yet started
17.3. Determine a clear approach for how to manage young	Head of Service (Learning Disabilities)	Months 9-36	Head of Service (Looked After	The focus will be on ensuring awareness	There is effective monitoring of the young	Not yet started

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people currently placed outside of Leicester City (e.g. for education or health provision, in foster care, in the criminal justice system)			Children) Transforming Care Partnership lead Service Manager (Youth Offending Service)	of those young people whose circumstances mean they are at risk of 'falling through the net'. In attempts to do so staff must take a broad approach and mindful of a range of possible situations	people who are placed out of Leicester City and their needs are tracked and factored into operational and commissioning activity (both short and longer terms)	
18. Streamline IT systems to support the better use of data to inform future commissioning and the work of the Transitions team.						
18.1. Review, and where necessary amend, a report pulling background information from CapitaOne to ensure the Transitions team are receiving key background information about young people at the point of referral	Data and IT work stream chair	Months 9-36	Liquidlogic Development Team	If changes are required to the Liquidlogic report then this will need to be requested through the Liquidlogic User Group (LLUG) and prioritised accordingly. If changes are required, LLUG must be notified	The data quality is high and the report provides all necessary background information required by the Transitions team The Transitions team consistently use the report to aid their work	Not yet started
18.2. Scope possibilities for developing a method to help identify the future	Data and IT work stream chair	Months 9-36	Case studies	Initial review of case studies suggests that the complexity	Feasibility of creating a predictive model assessed and if deemed	Not yet started

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needs of service users and to predict the numbers of young people who may require transitions support				of needs may make it difficult to apply a predictive approach	to be possible/robust, a scope/outline of how this can be achieved is developed	