Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

14-25 Navigation Team Operational Framework

July 2021

1. INTRODUCTION

The 14-25 Navigation Team is a joint adult and children's team which will respond to the needs of disabled children and young persons aged between 14-25 years during their transition from children to adulthood. The 14-25 Navigation Team is overseen by Adult Service's.

The focus of the 14-25 Navigation Team is to lead on transition planning for all children who require statutory adult care services when they reach 18. They will co-work children's cases to help young people to prepare for adulthood and adult services. The criteria of the 14-25 Navigation Team includes: children and young people with learning disabilities, physical disabilities, sensory support, mental health, autism and acquired brain injury.

The team reflects the requirements of the 2014 Care Act, 2014 Children's and Families Act 2014 and Special Educational Needs (SEN) 2014 reforms so that young people and their families receive appropriate support to plan for adulthood with the care, health, and education services they need. The 14-25 Navigation Team will ensure effective joint working between Children and Young People's Services (CYPS) and Adult Care Services. The ethos of the team is to:

- Avoid unnecessary delays and duplication.
- Deliver appropriate care and support plans.
- Develop a sustainable pathway into adulthood.
- Embed shared understanding between CYPS and Adult Care Services.
- Provide continuity between CYPS and Adult Care Services.
- Provide appropriate and cost-effective services for the long-term future.
- Highlight gaps in commissioned services for young people and assist strategic planning.

The primary focus of the team will be to continue the work of the Children with Disabilities Service (0-18 years team), including children cared for by the Local Authority. We will comply with the Education, Health and Care Plan (EHC Plan) for children and young people with special educational needs, and the use of personal budgets so that they have more control over the type of support and services they need. The navigation can include health, social care or education needs or a number of these needs.

The Children with Disabilities 0-18 team will lead initially on the transition plan from aged 14 (Year 9 review) with support from the 14-25 Navigation Team. Any time after their 14th birthday the child/young person with an evolving transition plan will move into Adult Services who work with commissioning colleagues to ensure the right services are in place within the right legal framework.

Practitioners from both Children's Services and the14-25 Navigation Team will be a part of the care team arrangements around the young person and their family until the young person reaches 18 years of age which will support this co-ordinated approach. The Statutory responsibility for children remains with Children Service's until the child reaches 18 years.

Services will work together within a multi-agency care team model with the young person's childcare social worker acting as the lead professional until the young person reaches 18.

The work across the two teams will be integrated to ensure that young people and their families have an experience of one co-ordinated assessment process and one care plan which incorporates the work and the thinking of the integrated care team arrangement.

2. PRINCIPLES

This team will operate according to the following principles:

- Improved health and well-being
- Improved quality of life.
- People making a positive contribution.
- Improved choice and control
- Promoting freedom from discrimination
- Promoting economic well-being
- Promoting personal dignity
- Strength based approach to care and support

3. CORE FUNCTIONS

- Advice and information.
- Sign posting to other preventative and universal services.
- Comprehensive assessment of needs, monitor, review, and risk assessment.
- Commissioning Services to meet eligible social care needs.
- Liaising with Education and Health in line with SEN requirements.
- Undertake core legal work e.g. Care Act, Mental Health Act, Mental Capacity Act and consider the need for Deprivation of Liberty Standards or the Court of Protection.
- Consider the needs of carers.
- Consider the eligibility for health service or funding.

See Appendix 1 - functions of the 14-25 Navigation Team

4. COLLABORATIVE AND MULTI-AGENCY WORKING

Collaborative and multi-agency working is a core requirement. Due to the complex nature of children and young people with disabilities, the team work closely with partners such as Children and Adolescent Mental Health Services (CAMHS), SEN Advisors and Education Services, Mental Health Services and CYPS to share knowledge and expertise to plan and deliver appropriate services.

5. TEAM MODEL AND STRUCTURE

Team Manager
Assistant Team Manager
7 x Social Workers
1 x Social Work Assistant

Social workers complete assessments of social care needs in line with the Assessment Procedure and the Care Act 2014. They develop outcome-based care and support plans where someone is eligible for services and organise services to meet outcomes. The Navigation Team will carry a combined caseload of co-working cases and cases they are solely responsible for until they are passed to adult services prior to their 25th birthday.

The Social Work Assistant in the 14-25 Navigation Team carries a case load and reviews cases in line with the Assessment Procedure and Care Act 2014.

Administration

The team is supported by 1.5 Business Support staff who are managed by the Business Support Service.

Duty System

The team has a duty system to ensure that urgent matters and ongoing enquiries can be responded to.

Flexible Working Practices

The team complies with Durham County Council's (DCC) flexible working practices including hybrid working mobile working and using supporting technology. The Team are currently based within the Durham Leadership Centre, Spennymoor.

6. CRITERIA FOR THE 14-25 NAVIGATION TEAM

The criteria of the team includes children and young people aged 14-25 years old with learning disabilities, physical disabilities, sensory support, mental health, autism and acquired brain injury.

Learning disability

Children and young people who have a diagnosed learning disability, which may include the presence of mental illness and significant functional difficulties. This includes physical and/or sensory support needs and complex medical conditions and present with significant functional difficulties. Where there is no formal diagnosis of a learning disability the 14-25 Navigation Team may carry out an initial screening which will involve a functional analysis of the young person's learning disability.

Learning disability includes the presence of:

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with

- A reduced ability to cope independently (impaired social functioning) which started before adulthood, with a lasting effect on development. Examples of functional difficulties would relate to the young person's learning disability e.g. unable to read, write or have the potential to live independently.

Physical disability and sensory support

This includes children and young people who have a care and support needs as a result of:

- A physical condition for example: muscular dystrophies, spina bifida, cerebral palsy, acquired brain injury . Physical disability may occur independently or may be associated with other disabilities such as a learning disability of sensory loss.
- Sensory support needs - deaf, blind, partially sighted and hearing loss.

Severe and enduring mental Illness and autism

Children and young people who have severe mental illness with a high degree of complexity and support needs. This means children and young people with multiple and persistent mental health needs that impact upon their functioning in areas such as home, education and community life and there is a requirement for statutory support in adulthood:

- A diagnosis of autism spectrum disorder with a reduced ability to cope independently and who will require statutory service intervention in adulthood.
- A child or young person who has been admitted to a mental health in-patient ward.
- A child or young person who has been detained under The Mental Health Act and subject to Section 117 (MHA 1983).
- Children and young people with complex mental health needs who are looked after by the local authority both in County Durham and in out of county specialist residential placements.

Eligibility criteria

There are separate criteria depending on the age of the child and young person:

- Under 18 years
  Durham Children's Service Tri.x Procedure Manual including Durham's Resource Library
- Over 18 years
  Individuals over the age of 18 years must be assessed in accordance with the national eligibility criteria outlined in the Care Act 2014.

7. REFERRAL PATHWAY

Referrals to the 14-25 Navigation Team from Children's Social Care Teams

Referrals can be made from the child's 14th birthday via Team Manager to Team Manager discussion. Team Manager / Assistant Team Manager from the 14-25 Navigation Team will consider the need for screening assessment following referral to determine the need for intervention / eligibility for service.

The purpose of the 14-25 Navigation Team is to transfer the children's social care provision into adult services provision. New referrals for young people under 18 years of age are assessed by Children's Services and referred to the 14-25 Navigation Team if the need for statutory support into adulthood is identified. If it is clear that a

child will not need adult support services in the long term the Navigation Team can act as a point of advice and support for children's workers requiring advice on the Mental Health Act or Mental Capacity Act. There may be cases where the referral may be co-worked with CAMH's and moved into adult mental health services without a need for LA children service involvement.

Care Leavers
From the age of 14 if the criteria for the14-25 Navigation Team is met, the Looked After Children's Team should make a referral to the 14-25 Navigation Team for involvement in the young person's pathway plan. Where the young person is believed to have a learning disability the 14-25 Navigation Team may carry out an initial screening which will involve a functional analysis of the young person's learning disability.

Referrals to the 14-25 Navigation Team from Adult Social Care Teams
The 14-25 Navigation Team will consider whether they are better placed to support a young person into adult provision rather than the Learning Disability Access Team or Adult Locality Teams. This will be done through discussion with the relevant Team Managers.

Referrals from CAMHS to Adult Mental Health Services (where Children's social care are not involved)
Adult Mental Health Services will refer to the 14-25 Navigation Team, who will consider whether they are better placed to support a young person into Adult provision. This will be done through discussion with the relevant Team managers. However, the case will be co-worked with an Adult Mental Health Worker.

Responding to referrals
The Navigation Team will respond to referrals within 2 working days. Although the assessment process may be over a number of months / year depending on the child's age.

Allocation by Team Manager or Assistant Team Manager
The Team Manager or Assistant Team Manager will allocate referrals to the appropriate practitioner according to presenting needs.

The referring team will ensure that
- Consent has been obtained from parent (if under 18).
- Consent obtained from individual (if applicable).

Resolution of Disputes
Where there is a dispute between teams about eligibility for the 14-25 Navigation Team or regarding the level of service required that cannot be resolved by Team Managers, relevant senior managers may be required to make a decision and these cases will be escalated as appropriate.

8. CASE TRANSFERS FROM THE 14-25 NAVIGATION TEAM TO ADULT SERVICES

Young people moving into DCC Adult Care Services
Appropriate cases may be transferred before the young person / adult reaches 25 years if the work of the 14-25 Navigation team is complete. In order to transfer there needs to be an up to date review, care plan/risk management plan and all provisions within the electronic care record are accurate, charging to the young person has been considered/in place and funding streams clearly identified within the case file.

For example: An adult who has a learning disability and lives in supported living accommodation, where the care and support plan is working well, meeting needs, managing risks and appears to be stable. The young person / adult's case could be transferred to review officers in Integrated Learning Disability Services following agreement between the relevant managers.

Young people moving into Adult Mental Health Services
The 14-25 Navigation Team will support Children Service's in the transition of young people to TEWV Adult Mental Health Services by the young person's 18th birthday. The 14-25 Navigation Team will remain involved until transition needs are complete. Responsibility of care co-ordination is led by TEWV Adult Mental Health Services from the age of 18 years old therefore no transfer is required due to co-working status.

See checklist for case transfers – Appendix 2

9. CASE CLOSURES

Cases can only be closed with the agreement of the Team Manager / Assistant Team Manager. The case worker must complete a case closure report. The management decision should be evidenced in the case notes and supervision records. Closure details should be recorded on the Adult Care database and Paris.

10. CARERS ASSESSMENTS

Carer's needs will be assessed by Children's Services until the young person becomes 18. Carers needs will be reviewed by the 14-25 Navigation Team at the point of the young person becoming 18 in line with the Care Act assessment. A carers assessment will be offered.

The Care Act 2014 states that the Local Authority has a duty to assess a carer's own needs for support, regardless of whether the cared-for has eligible needs. Practitioners who undertake assessments must ensure that the carer's needs are assessed in line with the following guidance. A carer will be entitled to an assessment regardless of the amount or type of care they provide, their financial means or the level of need for support. Carers can have an assessment whether or not the person they care for has had an assessment of their needs, or if the cared for is not eligible for support.

There are three ways in which a carers assessment can be undertaken:

- Non statutory initial assessment undertaken by Durham County Carers Support.
- Individual statutory carer assessment.
- Combined statutory assessment with the service user and carer.

Durham County Carers Support

Durham County Carers Support (will normally be the first point of contact for an initial non statutory carer's assessment for adults. This can be done via a self-referral, the practitioner, or another agency. This service is designed to meet the carers' needs in a preventative way and reduce or delay the carer's needs increasing in the future, resulting in statutory intervention.

Statutory Carer's Assessment

A statutory assessment would be carried out where:

- The outcome of the Durham County Carers Support initial assessment identifies the need for a statutory carer's assessment or
- Where the carer requests a statutory carer's assessment.
- Where there are contentious issues or complexities a separate carer's assessment must be offered and the workers consider completing these within services rather than deferring to Durham County Carers Support to complete the assessments. Separate carers assessments can be referred to Durham County Carers Support if appropriate.

Combined assessment

A carer and service user's assessment can be combined as long as the individuals agree. The combined assessment is often referred to as a joint assessment. The combined assessment will be completed by the 14-25 Navigation Team as part of the service user's transition assessment. The combined assessment is often referred to as a joint assessment.

Carers Assessment Procedure

11. ICT SYSTEMS AND RECORD KEEPING

Adult Care and CYPS record on different systems. CYPS record on Liquid Logic and Adult Care record on the Azeus. The 14-25 Navigation Team maintain records on Liquid Logic when the young person is under 18 for those cases being manged by the Navigation Team during the interim period. (16 and 17 year olds – legacy cases in which the team are working with from the period prior to the team changing its remit to a navigation team). All other work will be recorded on Azeus and those cases post 18 year old.

The Navigation Team follow the recording standards of Adult Care Services and CYPS, including dataflow arrangements for what must be entered onto Liquid Logic and by who, finances and provisions. The Navigation Teams assessments and care plans can be uploaded on to Liquid Logic once downloaded from Azeus or recommendations made by the Navigation Team can be included in the children's care plan by the children's worker. However the Navigation Team will be working on Azeus and any relevant information will be shared with the relevant Children's worker to upload onto Liquid Logic.

12. PERFORMANCE MANAGEMENT

A joint performance framework management framework will outline which performance indicators this team will be subject to, this will enable a focus on key areas of activity across both teams and capture both Adult Care and CYPS reporting requirements. This will include:

- Caseloads
- Assessment Timeliness.
- Care Plans
- Reviews
- Carers Assessments
- Visits to children and young people.
- 16-17 year olds with a transitions plan.
- Staff supervision.
- Staff absences
- Commissioning and financial trends

This will be reported to the Governance Board for Disabled Children on a quarterly basis.

13. INFORMATION SHARING

The 14-25 Navigation Team will adhere to the multi-agency Information Sharing Agreement which is located on the Durham Safeguarding Adults Board website.

Good practice guidance for professionals - Durham Safeguarding Adults (safeguardingdurhamadults.info)

14. REGULATORY REQUIREMENTS

The team reflects the requirements of the Care Act 2014, Children's and Families Act 2014 and Special Educational Needs (SEN) Regulations 2014 so that young people and their families receive appropriate support to plan for adulthood with the social care, health, and education services they need.

Key Points

Care Act 2014:

- National eligibility criteria.
- Carers eligibility criteria.
- Meeting outcomes for service users and carers.
- Statutory principle of wellbeing.
- Responsibilities for early intervention and prevention.
- Legal duties around personal budgets.
- Duties regarding arranging independent advocacy.
- Provision of information and advice, including independent financial advice.
- Statutory framework for protecting adults from neglect and abuse.

- Duty to assess young people and their carer's in advance of transition from Children to Adult Services, where the young person is likely to need care and support as an adult.

Care Act Statutory Guidance

Care Act 2014

Children's and Families Act 2014 -
Children and Young People Aged 0-25 with Special Educational Needs and Disabilities:

- Extending the Special Educational Needs (SEN) system from birth to 25 and giving children, young people and their parents greater control and choice in decision-making.
- Replacing statements of special educational needs and learning difficulty assessments with birth to 25 Education, Health and Care Plans.
- Offering families personal budgets. Young people and parents of children who have Education, Health and Care Plans have the right to request a Personal Budget, which may contain elements of education, social care, and health funding.
- Creating a duty for joint commissioning which requires local authorities and health bodies to work in partnership when arranging provision for children and young people with Special Educational Needs.
- Requiring local authorities to involve children, young people, and parents in reviewing and developing provision for those with Special Educational Needs and to publish a local offer of services.
- Extending the entitlement to an assessment to all young carers under the age of 18 regardless of who they care for or the type and frequency of this care.
- Giving Parent Carers the right to a stand-alone assessment.

Children and Young People Aged 0-25 with Special Educational Needs and Disabilities

Children and Families Act 2014

The Special Educational Needs and Disability Regulations 2014

- A co-ordinated education, health and care (EHC) assessment for children and young people with special educational needs between the ages of 0–25 years.
- The option of a personal budget for children with an education, health and care plan (EHCP).
- A duty on the local authority to publish a Local Offer about all services that support children and young people with SEN and their families.

A child or young person has special educational needs/ and or disability if they have a learning difficulty or disability that calls for special educational provision to be made for them. A child or a young person has a learning difficulty or disability if they:

- Have a significantly greater difficulty in learning than the majority of others of the same age; or

- Have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

Special Educational Needs and/or Disability (SEND) in Durham
SEND code of practice: 0 to 25 years
Mental Health Act
Mental Capacity Act
DOLS/LPS

15. SAFEGUARDING

Child protection

Child protection procedures are available on the Durham Safeguarding Children's Partnership website: Durham Safeguarding Children Partnership Procedures Manual

- Child protection procedures are currently under review.
- Child protection or safeguarding matters which arise in the 14-25 Navigation Team will be the responsibility of the Team Manager 0-18 years in respect of children and young persons under 18 years. Any investigations will be led by 0-18 years Team Manager. In the absence of the 0-18 years Team Manager, responsibility will escalate to CYPS senior management.

Adult protection

Adult protection procedures are available on Durham Safeguarding Adults Board website: County Durham Safeguarding Adults Inter Agency Partnership

- Adult protection procedures are currently under review.
- Social Care Direct receive all adult safeguarding referrals and decide how to deal with the concern based on the information received. This may include members of the14-25 Navigation Team undertaking Section 42 enquiries or enquiries being made by Adult Protection Officers.

All Adult Care staff should respond to safeguarding and adult protection concerns in accordance with the adult protection procedures.

16. LOOKED AFTER CHILDREN

Within DCC, young people who are fully looked after by the Local Authority, are overseen by the Looked After Team within Children and Young People Services. Young people who are Looked After are subject to Leaving Care at 18 years old. Local Authorities have duties to provide support to looked after children under the Children Act 1989, Children (Leaving Care) Act 2000. The Children and Social Work Act 2017 requires Local Authorities to provide personal advisors to care leavers up until they reach the age of 25.

Care leavers must remain open to Young People's Services and remain an open case on Liquid Logic.

Care leavers pathway
The Young People's Service support young people throughout their transition to adulthood and up to the age of 21 (or 24 if they are continuing in education). A pathway plan must be in place by the time a young person reaches the age of 16 and 3 months. DCC start this plan at the age of 15 and a half for most young. A pathway plan can continue past the child's 18th birthday and at the point of which their looked after care status is discharged. The pathway plan must be reviewed regularly (minimum every 6 months).

Care Leavers remain active on the Adult Care database for transition to adulthood in line with the Care Act.

Involvement of the 14-25 Navigation Team – Care Leavers

The 14-25 Navigation Team should provide advice and guidance regarding services and support to meet the needs of the young person's disability. Any input from the 14-25 Navigation Team should be documented within the young person's pathway plan. The budget for any commissioned service will remain with Children and Young Peoples Services until the young person reaches 18.

** **If the 14-25 Navigation Team discharge responsibility prior to the young person's 25th birthday, the 14-25 Navigation Team must notify Children's Services that the care leaver will require input as still need support from Young Peoples Services. Support will then be provided to the Care Leaver by a Young Persons Advisor.** **

Post 18 planning and support
At the age of 18 the young person will no longer be looked after as defined in legislation. As a "care leaver" the young person will have a pathway plan that will be overseen by a social worker within the Leaving Care Team**.** If for any reason the Navigation Team does not think adult services are required in the long run and plan to close the case this must be kept open to the Care Leaver services on the electronic care record systems.

Local Authorities have a duty under the Children and Families Act 2014 to consider Staying Put Arrangements for young people leaving care. Staying Put Arrangements are funded through a Staying Put Grant held by Children and Young People's Services and therefore would not be funded by Adult Care.

Post 18 the 14-25 Navigation Team support the young person's pathway plan through joint reviews and service planning for adulthood.

The Young People's Service and the14-25 Navigation Team will have continued involvement with the young person's Education and Health Care Plan (EHCP) to help plan for adult service provision post education. When it is identified through the EHCP that education will cease the 14-25 Navigation Team will support the Young People's Service in identifying appropriate adult service provision. Once the young person's education has ended and they have an established care package from Adult Services they will be transferred to Adult Services in line with their eligible needs.

17. MENTAL HEALTH

Under 18

Specialist Mental health services for under 18 year olds are provided by TEWV Child and Adolescent Mental Health Services (CAMHS). Some children with mental health needs may be within the Local Authority looked after system and referrals can be made to the 14-25 Navigation Team. This will assist in planning accommodation needs and support needs as the young person turns 18 years old.
CAMHS refer the young person to Adult Mental Health Services from their 17th birthday. A duplicate referral should also be made by CAMHS to the 14-25 Navigation Team at this point to enable joint working by services. This could be earlier if the case is extremely complex and requires the development of services to meet need.

Where the young person is receiving education in a specialist provision the 14-25 Navigation Team will lead on supporting the Education Health Care Plan process and complete the commissioning arrangement from Children's Services to Adult Services.

18 and over

Adult Mental Health Services are responsible for care co-ordination of social care and health needs outside of transition, including Care Programme Approach procedures. For service users 18 years and over, referrals can be made directly to TEWV Adult Mental Health Services if appropriate.

Community mental health teams for children and younger people in County Durham and Darlington

Mental Health in County Durham and Darlington

Requests for Mental Health Act Assessments from Approved Mental Health Professionals (AMHP) will be made via Social Care Direct or the Emergency Duty Team.

18. THERAPY SERVICES

The 14-25 Navigation Team can access therapy services pre and post 18 years old without the case needing to be transferred to an adult team at that point. Therapy services are available via Tees Esk and Wear Valley Trust, County Durham and Darlington Foundation Trust, North Tees and Hartlepool Foundation Trust and Durham County Council.

0-19

Therapy	Provided by
Occupational therapy, physiotherapy	County Durham and Darlington Foundation Trust
Speech and language therapy	Provided in County Durham by North Tees and Hartlepool Foundation Trust

Over 18

Physical disability and sensory support: occupational therapy, physiotherapy, speech and language therapy	County Durham and Darlington Foundation Trust
Adult Learning Disability Services include occupational therapy, physiotherapy, speech and language therapy	Tees Esk and Wear Valley Trust
Occupational therapy	Durham County Council

Further information:
Appendix 3 - Adult Integrated Learning Disability Services
Appendix 4 - Occupational therapy services: TEWV and DCC

19. CONTINUING HEALTH CARE (CHC) CHC - 14-17 years

14-17 years old – continuing health care is overseen by North of England Commissioning Support (NECS) and have responsibility to do this on behalf of the Clinical Commissioning Group (CCG). Social workers undertake a CHC check list if the person appears eligible for CHC. Where appropriate social workers make a referral to NECS for completion of a Decision Support Tool (DST).

CHC nurses provide clinical expertise and support and determine whether criteria is met for CHC/ NHS funding in respect any health elements of the care and support for service users under 18 years. They will also advise on the appropriate services required to meet the child/young person's needs.

CHC - 18 years and over
All professionals have a legal duty to identify those users and patients who need to be referred for full consideration of Continuing Health Care. The social worker will use the checklist. Following completion of "yes" checklist, referrals must be made to the CCG CHC Team for completion of a DST.

Appropriate cases will be referred to the Joint Decision Making and Validation Forum for ratification or further discussion.

Continuing Healthcare
National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care

20. SECTION 117 MENTAL HEALTH ACT

Where the service user / patient is subject to Section 117, they must not be discharged from hospital until an After-Care Plan has been devised. This will clarify those needs which fall under Section 117 arrangements (specific to the person's mental health) and those needs which fall outside of Section 117 e.g. Continuing Health Care.
Inter-agency section 117 Mental Health Act 1983 - Tees Esk and Wear Valleys NHS Foundation Trust (tewv.nhs.uk)

21. FINANCES

The new financial arrangements for the 14-25 Navigation Team began on 06.04.21. Prior to that date interim arrangements including budget codes were in place.

Prior to Budget Panel
Commissioning are involved at Commissioning Advisory Group (CAG) stage, and discussions take place between the Navigation Service Team Manager and Commissioning Managers for Children's Services and Adult Services in the management of cases, identifying gaps in services prior to going to panel. Cases known to Children's Commissioning should be flagged with Adult Commissioning when the young person is 16.

Joint Decision Making and Validation Forum
The Joint Decision Making and Validation Forum (JVDMF) process must be used for 14-25 year old service users for packages of care that are going to have long term commitments to adult services. This includes care packages that are joint funded, fully funded by health and those fully funded by DCC.

Care packages over £36,000 must be presented to the Joint Decision Making and Validation Forum for scrutiny and approval prior to packages being implemented. Where, and only in exceptional circumstances (e.g. emergency/ crisis placements) prior panel approval is not possible, the case information must be taken for consideration to the next available panel and prior approval sought via the Strategic Manager, Learning Disabilities, Mental Health and Substance Misuse.

All cases reported to the JVDMF will be recorded via a central panel log by the panel administrator identifying client, provision, start dates, costs and sources of funding. The membership of the panel will include adults, children social care and health. The 14-25 Navigation Team will have delegated authority to work with commissioning colleagues to develop packages of care and get funding agreements in place but will ensure an audit trail will include sharing proposed packages of care with relevant Team Managers ultimately responsible for the budget.

The Joint Decision Making and Validation Forum also allows early consultation with the Commissioning Advisory Group to identifying voids and services that would be suitable for children transitioning to Adult Services.

Feeding back outcome of the Joint Decision Making and Validation Forum
The Navigations Team will co-work with Children's Services and feedback the outcome of discussions. The Adult Finance Principal Accountant sits on the Joint Decision Making Forum and will provide information back to the Children's Finance Principal Accountant for all under 18 year old cases.

The Joint Decision Making and Validation Forum has representation from Finance, who oversee and link in with the Head of Services for Adult Services and Children's Services for cases over £150k.

Recording of Decision of the Joint Decision Making and Validation Forum
Cases would be recorded through the Azeus in electronic format. Children's Services do not record panel cases through Liquid Logic, therefore Panel paperwork to be logged onto Liquid Logic by the relevant Children's Services worker.

Delegated powers
The delegated powers for strategic managers, team managers and assistants are set out in the Adult and Health Services Scheme of Delegation. Under delegated powers, team managers can authorise new care packages and agree and changes to existing care packages up to the value of £36,000 from the Adult Care budgets. Records of any such authorisations must be kept (including reductions in previous package costs) and Finance informed at budgetary control meetings. Details of these cases should be added to the Joint Decision Making and Validation Forum agenda for information and discussion with Clinical Commissioning Group colleagues where health funding is requested.

The guidance covers:

- Personnel issues.
- Finance issues e.g. approval of high cost care packages.
- Procurement issues.
- Care services e.g. approval of Guardianship Orders under Section 7 of the MHA 1983 as amended by the MHA 2007.

22. COMMISSIONING FRAMEWORK FOR SERVICE USERS AGED 14-25

The future needs of the young people coming through from children's provision to adult provision will require improved projection of cost and need. The Navigation Team will play a critical role in highlighting and flagging cases to finance and commissioning on cases coming through, especially when there is a deficit of service provision. This is work in progress and continuing to evolve with some services now taking an all age life course approach, other services able to commence sooner than age 18 and some working beyond 18. A bespoke approach is used where possible to support individuals and commissioning of new services to meet needs.

- **Domiciliary care** can be provided for all ages.
- **Parent / carer support** - this is a service that can be provided to parent / carers throughout the full age range of children and young people. The service is aware of key transition points and work closely with the Commissioning Service on these.
- **Short Breaks** - for parent / carers who are assessed as needing a short break from caring during the day there is a framework of providers who work with children and young people aged 5-25 providing community in-reach and outreach services.
- **Day Care** - young people who require day care can access a range of day providers from the age 16. This framework is used as an alternative to education for those who are leaving school / college or having a reduction in their educational support.
- **Over-night respite** - The majority of over-night respite is provided either up to the age of 18 or commences at the end of 18 within residential type of establishments. At the present time one provider commences support from age 16 and

Commissioning Services continue to work with providers on this area and approach to support transitions.

- **Bespoke arrangements** - in order to support transitions, Commissioning Services work with the individual and their case worker to understand their needs and if there are no suitable options work together on solutions and how to develop bespoke arrangements.
- **Accommodation options** - this is an area of development for young people requiring accommodation options that could commence sooner than 18. Further work is required on understanding how accommodation options can support transitions, particularly young people with behaviours that challenge services.

23. COMMISSIONING ADVISORY GROUP (CAG)

- Advice on the processes and systems for agreeing services and funding.
- Advice on the current vacancies in existing supported housing provision, residential provision, or other service options.
- Ensuring the principles of adult care transformation are adhered to.
- Exploring a range of service options available to promote choice for service users and families within the recommended indicative budget.
- Advice on correct procurement, tender procedure, and different contractual arrangements.
- Promoting best value and cost-effective means of meeting need and achieving outcomes.
- Identifying gaps / issues relating to unmet need to inform commissioning.
- Attendance at the Commissioning Advisory Group is required when practitioners need advice regarding suitable services in cases which are complex and involve high cost.

The Commissioning Advisory Group will not:

- Act as a formal approval process for funding.
- Remove formal responsibilities for care coordination or commissioning
- Replace other decision-making processes (e.g. Sec 117 planning, Continuing Health Care agreements, contractual processes).
- Deal with urgent cases – these should go through line management for approval and Commissioning Service for advice.
- Discuss proposed packages costing less that £5K per year.
- Discuss changes to existing packages which cost no more than current provision subject to discussion with line manager and commissioning service.

24. COMPLAINTS

Complaints about social care service for children and young people under the age of 18 years old are dealt with under the Children's Complaints Procedure:
Children's Complaints Procedure
Complaints and Representations (proceduresonline.com)

Complaints relating to the social care services provided to young adults aged 18-25 are dealt with under the Adult Social Care Statutory Complaints Procedure:
Adult Social Care (Statutory) Complaints Procedure

Information regarding each of these separate complaint's procedures can be found on the Durham County Council website under the heading "Services with a different complaint process" via the following link:

http://www.durham.gov.uk/complaints

RELATED DOCUMENTS

Adult Care procedures:
Operations Manual Care Management

Children's Services procedures:
Durham Children's Service Procedure Manual

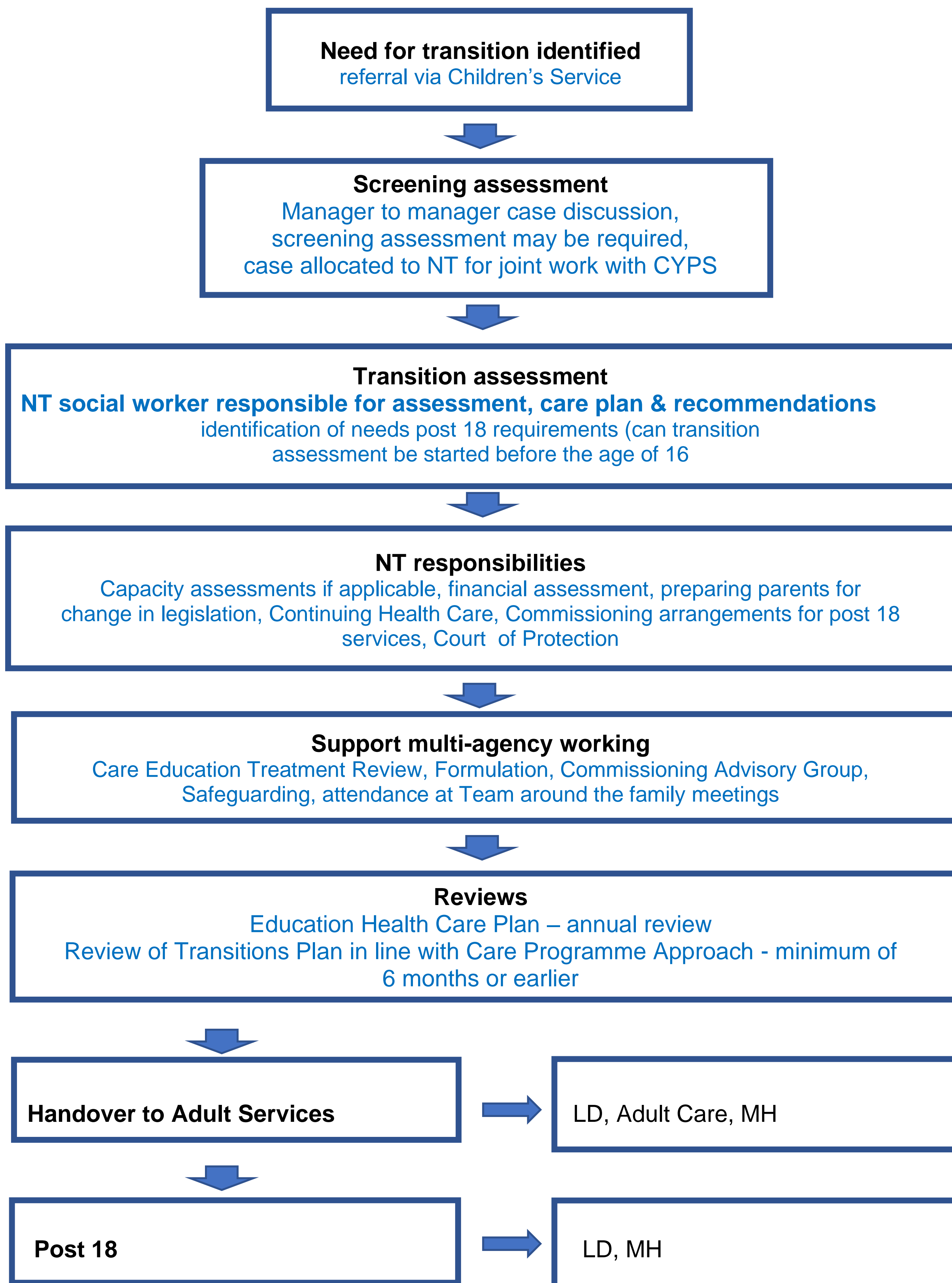
Care leavers:
Care leavers

Direct payments:
Direct Payments Manual

Complaints:
Complaints and Representations (proceduresonline.com)
Adult Social Care Complaints Policy
http://www.durham.gov.uk/complaints

Appendix 1

Function of Navigation Team



Appendix 2

Checklist of things that needs to be done prior to a young person turning 18 years old and subsequently being passed to Adult Services

Item	
Assessment completed and up to date	☐
Care Plan Completed	☐
Financial Assessment for Services post 18 years old completed	☐
Screening for CHC post 18 years old completed	☐
Recent Family Network meeting/discussion has been held and a TAF meeting held	☐
Risk management plan completed where appropriate and up to date	☐
Alert added to Azeus where appropriate	☐
Case notes are up to date	☐
Financial assessment completed	☐
The young person has been screened for health funding (especially if the package is over £100k per annum)	☐
Has a carers assessment been considered where applicable: • Referral made to Durham County Carers Service • Combined assessment with service user and carer • Statutory carers assessment • No informal carer	☐ ☐ ☐ ☐ ☐
Agreement by Team Manager that case to be passed to Adult Services	☐
Service user and family are aware that the case is to be passed to Adult Services	☐
Agencies involved are aware that the case is to be passed to Adult Services	☐
Service user/ family and agencies involved have the contact details for the new team	☐

Appendix 3

Integrated Learning Disability Services

Community Nursing

Community nurses are Registered Nurses (RNLD). They carry out health assessments, including specialist assessments linked to Clinical Care Pathways developed by TEWV, which inform a health care plan for an individual. They organise services; monitor medication; provide training for rescue medication; carry out CPA for service users placed in County Durham by other Local Authorities; participate in TEWV nurse on call out of hours arrangements. Health support workers work alongside community nurses to support service users with their health care needs.

Occupational Therapy

Occupational therapists and assistants work with individuals whose ability to cope with daily activities is affected by physical, sensory, psychological, or social difficulties. OT services are involved in assessment and intervention in personal and domestic activities; safe management of physical needs; accessing community facilities.

Physiotherapy

Physiotherapist support people to maintain their physical health, to manage pain, movement, and mobility. Physiotherapists carry out specialist assessment, diagnosis and along with their support staff provide interventions and carer training in 24-hour posture care; management of long-term conditions including respiratory conditions; specific treatment sessions; health promotion; support individuals with health facilitation /access issues.

Psychiatry

Assessment and diagnosis and management of various disorders relating to mental health, including behaviour issues; screening for associated conditions and referral to appropriate service interventions; liaison and consultation including Mental Health Act assessments and emergency out of hours on call service.

Psychology

Clinical and counselling psychologists provide psychological assessments of adults with learning disabilities; psychological advice, guidance, and consultation to other professionals, contributing directly to the service user's formulation, diagnosis, and treatment plans.

Social Work

Social workers and social work assistants: complete assessments of social care needs in line with the Care Management Assessment Procedure and Care Act 2014; develop outcome-based care and support plans where someone is eligible for services; organise services to meet outcomes.

Speech and language therapy
Speech and language therapy work with adults with learning disabilities who have communication difficulties and dysphagia (eating and drinking difficulties). Speech and language therapists (SLT's) assess, diagnose, recommend, plan, and provide intervention with SLT assistants including providing training to carers; establishing communication methods; establish safe eating and drinking skills and methods.

The Specialist Health Team
The Specialist Health Team is not managed within the integrated team structure but is co-located within the locality teams. The team provides specialist interventions within four functions: Positive Behavioural Support, Assertive Outreach and Crisis, Intensive Home Support and Health Facilitation. They do this through education, training, advice, and support across learning disability services for people who meet the referral criteria. The primary outcomes for the team are to meet the individualised physical and mental health needs including emotional and behavioural needs.

The team work to minimise the likelihood of placement breakdown and prevent loss of community presence and social inclusion. They work collaboratively with community and inpatient services with the aim of preventing inpatient admission; and supporting rapid and effective discharge when an admission cannot be avoided.

Specialist Health Team Durham and Darlington Adult Learning Disability Services

Appendix 4

OCCUPATIONAL THERAPY

Under 18's

Occupational therapy services for under 18 year olds are provided by County Durham and Darlington Foundation Trust. Support and services include:

- Helping children and young people to carry out the things they need or want to do in areas of self-care, schoolwork, and play.
- Visiting children and young people within a variety of settings, including nurseries, schools, special schools, and their home.
- Assessment for specialist equipment.

Children's Occupational Therapy Services

Over 18 years

Occupational therapy services are provided by Durham County Council and Tees Esk and Wear Valleys Trust.

Tees Esk and Wear Valleys Trust Occupational Therapy

Specialist learning disability occupational therapists and assistants employed by TEWV are based in the Integrated Learning Disability teams. Support provided may include:

- Assess and recommend equipment, for example hoists, bath seats, feeding and drinking equipment, seating.
- Advice regarding any environmental changes which will increase independence.
- Skills training
- Information and advice regarding appropriate activities.

Occupational Therapy

Durham County Council Occupational Therapy Service

The Occupational Therapy Service work with adults with physical disabilities to complete functional assessments to enable them to be more independent. This may include:

- Advising of techniques or ways to complete certain tasks.
- Referrals to specialist rehabilitation services.
- Looking at equipment to help with completion of tasks around the home.
- Assessing for minor adaptations to the home e.g. grab rails, handrails.
- Assessing for major adaptations to the home e.g. ramps, stairlifts, or adapted showering or bathing facilities
- Assessing for moving and handling equipment.
- Advice and information on other services.