



Department
of Health

Dame Christine Lenehan
The Council for Disabled Children
8 Wakley Street,
London
EC1V 7QE

6 November 2017

Dear Dame Christine,

As the responsible Minister for children's health and learning disabilities in the Department of Health, I wanted to respond to your report ***These are our children***.

Your report makes for hard reading in places. We cannot improve the current system by pretending that it is working well for everyone. When we fail a child, the consequences extend beyond their childhood, and the impact is felt on a much wider scale than the immediate family or circle of friends and carers. It is also evident that, in failing to deliver the right care and support for children, we end up failing to be cost-effective: leading to 'substantial cost to the taxpayer for some very poor outcomes.'

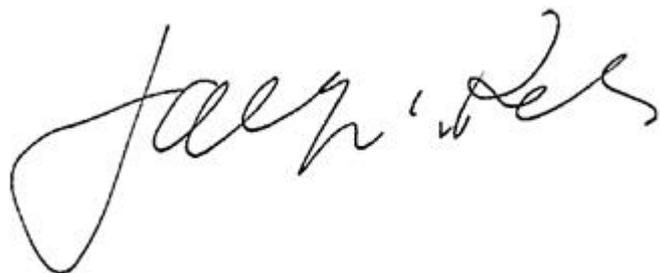
It is clear that changes cannot happen without a broad commitment to make progress working in collaboration across a number of organisations. Subject to detailed consideration of the practicalities and costs, I agree with all your recommendations. Work is underway on this agenda and annexed is a table of action already undertaken, or planned, corresponding to each of the review's recommendations.

The Department of Health will provide oversight of the implementation of actions to deliver the recommendations working through existing programmes of work wherever possible to avoid creating new and different governance arrangements. I intend to write to the chief organisations for whom actions have been identified, to draw their attention to your recommendations and encourage close working to deliver them. I would also suggest that in early 2018, we undertake a review of progress made.

Finally, I would be glad to meet with you at a convenient time, to discuss your report, our response, and how we can develop the systems that will support improvement for children and young people with complex needs. This would also be an opportunity for

you to discuss with me '*Good Intentions, Good Enough?*', your review into residential special schools and colleges and recommendations for the Department of Health.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Jackie Doyle-Price'. The signature is fluid and cursive, with a large loop at the beginning and a trailing flourish at the end.

JACKIE DOYLE-PRICE

Parliamentary Under Secretary of State (Care and Mental Health)

Your recommendations	Our actions
<p>1. Children’s rights</p> <p>That our children deserve to have their rights promoted, their voices heard and develop to their full potential as per our obligations under the United Nations Convention on the Rights of the Child.</p>	<p>The Department of Health will use the forthcoming Green Paper on children’s mental health as an opportunity to ensure that we do more to achieve parity of esteem between children’s mental and physical health.</p> <p>NHS England, the Department of Health and Public Health England will ensure that children’s rights are recognised in future reviews of the NHS Constitution and the <i>You’re Welcome</i> Standards.</p> <p>I would also expect that the cumulative effect of actions in response to this review, and your review of residential special schools would be to encourage services to acknowledge and respect the right of children to a childhood, but all partners will be encouraged to be vigilant in identifying opportunities to support this.</p> <p>The NHS Youth Forum have specifically explored Consent, Confidentiality and Feedback issues and have developed information that is ‘by young person for young people’. These resources are available in an Easy read version to ensure accessibility https://www.england.nhs.uk/wp-content/uploads/2015/08/youth-rights-in-hlthcr-er.pdf</p> <p>NHS England and the NHS Youth Forum will continue to explore how we promote children’s rights in health care to all.</p>
<p>2. Residential Special Schools and Colleges</p> <p>I recommend that following the concerns raised throughout this Review, a separate piece of work should be undertaken to look at the provisions within Residential Special Schools and Colleges for this group of children. This Review should be led by the Department for Education but supported by the Department of Health, NHS England and Public Health England.</p>	<p>Since the publication of your report, you have completed a separate Review on behalf of the Department for Education, ‘<i>Good Intentions, Good Enough?</i>’. Officials from my Department have met with you to discuss emerging findings, and we will continue to support actions arising from this; in particular, understanding how better integration of support for children and young people with special educational needs will avoid institutionalisation due to challenging behaviour.</p>
<p>3. 18-25s in Inpatient Settings</p> <p>I recommend that the Department of Health, Department for Education and NHS England undertake an urgent review into the needs of the young people aged 18-25 covered by the Review currently in inpatient provision</p>	<p>The Children and Young People’s Steering Group is overseeing NHS England’s ongoing programme focused on ensuring Care, Education and Treatment Reviews of all young people who are inpatients, and local engagement by Transforming Care Partnerships</p>

<p>(whether they are in acute inpatient, mental health or LD beds).</p>	<p>with young people on a case-by-case basis. By the end of 17/18, every one age 18-25 who requires one, in line with our policy and implementation plan, should have received a Care, Education and Treatment Review. This will be monitored as part of our assurance of the Transforming Care programme.</p>
<p>4. Models of care</p> <p>I recommend that the Department for Education work with the Transforming Care Partnerships, the Association of Directors of Children's Services, and the Local Government Association to develop an effective model of care for these children and young people so that other areas can see what can be achieved and rolled out.</p>	<p>NHS England and the Local Government Association have published <i>Developing support and services for children and young people with a learning disability, autism or both</i>. (https://www.england.nhs.uk/wp-content/uploads/2017/09/developing-support-services-children-young-people-with-learning-disability-1.pdf)</p> <p>This is guidance for Transforming Care Partnerships (and their clinical commissioning groups and local authorities) on how the national service model applies to children.</p>
<p>5. Professional responsibility</p> <p>I recommend that the Royal College of Psychiatrists, the Royal College of Paediatrics and Child Health and the Royal College of General Practitioners working with other relevant Royal Colleges urgently undertake discussions to clarify the responsibility of medical professionals for children and young people with a mental health condition, autism, challenging behaviour and/or a learning disability, and develop national jointly owned guidance to ensure respective roles are widely and consistently understood.</p>	<p>The Department of Health will engage with the relevant Royal Colleges and other groups – such as the Learning Disability professional senate - to consider what scope there is to clarify professional responsibility and roles in relation to children and young people with a mental health condition, autism, challenging behaviour and/or a learning disability. We will aim to publish a jointly agreed position by March 2018.</p> <p>We will continue to promote the use of educational resources including Disability Matters and Me First, to nurture the competence of the workforce caring for children and young people with a mental health condition, autism, challenging behaviour and/or a learning disability.</p>
<p>6. Keyworker/Named Worker</p> <p>I recommend that each child or young person in an inpatient setting (due to their mental health, autism and/or a learning disability) or at risk of going into an inpatient setting (due to their mental health, autism and/or a learning disability) has a keyworker/named worker either from health or local authority services, but in touch with both.</p>	<p>Whilst this recommendation has a significant resource implication, there is clearly scope for commissioners to ensure that all families have access to a dedicated and named point of contact.</p> <p>The Department of Health will utilise the evidence from the Named Social Worker pilots to inform a feasibility study of the role of a named key worker in supporting a child or young person with learning disability at risk of admission, or who has been admitted, and their family, to report back by the end</p>

	of 2018.
<p>7. Local authority role</p> <p>I recommend that, Local Authorities act as corporate parent, akin to their statutory duty in respect of Looked-After Children, to children and young people from their area that are placed in inpatient settings (due to their mental health, autism and/or a learning disability) outside their area.</p>	<p>The Department of Education will publish guidance on statutory visits to children with special educational needs and disabilities or health conditions in long term residential settings. This will clarify the local authority role, including for children placed out of area, related to the safeguarding and welfare of children and young people placed in residential schools, hospitals, and other residential establishments for consecutive periods of three months or more.</p> <p>As part of the Transforming Care programme more generally, partners will consider how we can ensure that commissioners are closely supporting children out of area.</p>
<p>8. National and local coherence</p> <p>I recommend that the Department of Health takes the lead in working together with the Department for Education, Department for Communities and Local Government and NHS England to bring coherence/alignment at a national and local level by the end of the 2016/17 financial year to the initiatives, such as Transforming Care, Integrated Personal Commissioning, Continuing Care, SEND Reforms, Local Transformation Plans/Strategic Transformation Plans, Mental Health Crisis Care, which impact on services for this group of children and young people.</p>	<p>The Department of Health will work with its partners to coordinate and oversee key activities which will improve the care and experience of children and young people admitted or at risk of admission to mental health hospitals.</p> <p>The Department of Health will work with NHS England and the Department for Education to align business planning for 18/19. We will publish a description of how initiatives relate to one another to clarify how these work by the end of the financial year.</p> <p>The Department of Health will develop guidance on how the local statutory responsibility for children and young people with complex needs (and behaviour that challenges) and learning disabilities and/ or autism should be fulfilled. It will revise the National Framework for Children's Continuing Care in 2018 to reflect better the needs of children with challenging behaviour.</p>
<p>9. Local Implementation</p> <p>I recommend that the children and young people's pathway, developed by the Challenging Behaviour Foundation (CBF) and the National Development Team for Inclusion (NDTI), be promoted by NHS England, the Association of Directors of Children's Services and the Local Government Association to staff working with</p>	<p>Following publication by NHS England and the Local Government Association of its guidance, the members of the Children and Young People's Steering Group will consider how the best tools and good practice for children's learning disability can be disseminated effectively amongst commissioners and staff.</p>

<p>children and young people with a mental health condition, autism, challenging behaviour and/or a learning disability.</p>	
<p>10. Workforce I recommend that those organisations with responsibility for workforce and training, such as the Health Education England, Skills for Health, Skills for Care, the Department of Health's Mental Health Workforce Board, and the Department for Education with support from providers, commissioners and the Royal Colleges, should identify the staff skill gaps in respect of caring for children and young people with mental health conditions, autism, challenging behaviour and/or a learning disability and take action to address them. This work needs to feed into the workforce strategy that Health Education England are currently working on.</p>	<p>Health Education England has commissioned work to respond to this recommendation, working with an expert reference group of the key organisations to identify the skills gap, and its implications for workforce development.</p>
<p>11. Financial incentives I recommend that services (short breaks, intensive support services such as those in Ealing and Bradford) for children and young people with a mental health condition, autism and/or a learning disability, be put forward by the Department of Health to be trialled using Social Impact Bonds (SIBs) as there is the potential to transform services for this group of children and young people and to get the most effective use of the available funding.</p>	<p>NHS England and DH have sponsored pilots of Social Impact Bonds for services for people with a learning disability, and are considering what resources and guidance to make available on their use to encourage wider innovation.</p>