

Committee: **Lead Member for Learning and School Effectiveness**
Date: **9 March 2015**
Title of Report: **SEND Joint Commissioning Strategy**
By: **Director of Children's Services**
Purpose of Report: **To seek approval of the SEND Joint Commissioning Strategy**

Recommendation: The Lead Member is recommended to agree the SEND Joint Commissioning Strategy.

1. Background

1.1. The Children and Families Act 2014 has brought with it major reforms to the way local authorities support children and young people with special educational needs and disabilities (SEND). The key driver for these changes is supporting the independence of children and young people through early intervention.

2. Supporting information

2.1. Section 26 of the Children and Families Act 2014 places a duty on local authorities to implement joint commissioning arrangements with the NHS for the education, health and care of children and young people. To support joint working, East Sussex County Council (ESCC) and the local NHS Clinical Commissioning Groups (CCGs) and parents and carers are active members of the SEND Joint Commissioning Group, which feeds into the East Sussex Better Together governance arrangements. ESCC and CCGs have jointly funded a SEND Joint Commissioning Manager post, who manages the SEND Joint Commissioning Team that was established as part of the Inclusion, Special Educational Needs and Disability (ISEND) restructure.

2.2. This draft Joint Commissioning Strategy sets out the Vision and Strategic Aims of the SEND Joint Commissioning Group and the work streams to be coordinated by the Joint Commissioning Team. The Lead Member is asked to consider and agree the Strategy so that it may be published. It has been through public consultation and has been approved by the SEND Joint Commissioning Group and the East Sussex Better Together Board.

3. Conclusion and Reason for Recommendations

3.1. We have a duty to implement joint commissioning arrangements with the NHS and this Strategy gives us a clear focus for our future joint commissioning intentions.

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Local Members: All

Joint Commissioning Strategy for
Inclusion, Special Educational Needs
and Disability (ISEND) services for
Children and Young People in East
Sussex



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1. Introduction

Purpose of this strategy

To support joint working, East Sussex County Council and the local NHS Clinical Commissioning Groups (CCGs) have drafted this Joint Commissioning Strategy. The purpose of this strategy is to explain to people living in East Sussex, and people living outside East Sussex who use our services what our aims are for future commissioning.

The strategy describes the services that East Sussex County Council Children's Services Department and the local NHS will commission for children and young people with Special Educational Needs and Disabilities and their parents and carers. It also includes the services designed to ensure all children and young people receive an education.

The strategy is also for staff and partners, the wider public and all organisations that have a role to play in supporting children and young people and their families.

This strategy sets out:

- Our strategic aims for ISEND services
- The types of needs and demand on services
- The resources available and funding arrangements
- The types of service we will commission –the four groups
- Our commissioning intentions for the services we will commission from September 2014 and beyond

Policy context

The Children and Families Act 2014 has brought with it major reforms to the way local authorities support children and young people with special educational needs and disabilities. There are a number of key drivers for these changes:

- Supporting the independence of children and young people so that they may enjoy more fulfilled lives and positive outcomes;
- Reducing the cost to local authorities and NHS of lifetime support by supporting that independence through early intervention;

- The system for assessing SEN has not changed for many years and is no longer seen as fit for purpose;
- Children, young people, parents and carers rightly want more say in what services are available to them and support in accessing those services;
- Avoiding duplication of effort by joint working.

Section 26 of the Children and Families Act 2014 places a duty on local authorities to implement joint commissioning arrangements with the NHS for the education, health and care of children and young people.

Locally the SEND Reform and the shifting role of the Local Authority from provider to commissioner have been catalysts for a restructure of the service which has involved the creation of two distinct areas: the Assessment and Planning Team on the one hand and Provider Services on the other hand. Commissioning ISEND services will be separate from both these areas, and will sit in a separate division. This means that decisions about what ISEND services need to be available will be separated from the business of providing services. This designed to enable a more strategic and responsive approach to developing services.

So what is commissioning?

Commissioning is an ongoing process that involves understanding local needs and resources, identifying where needs are not met by current services, taking decisions about priorities and ensuring the resources available are used in the best possible way.

A commissioning approach ensures that we target our resources and develop or procure services where they will make the most difference, and also that we enable children, young people and their families to have a say over how their needs can best be met.

The diagram below illustrates the commissioning cycle which must start with good partnership arrangements. The processes are only useful if they come from a solid collaboration between key agencies. The commissioning cycle reflects our aspirations and intent for future commissioning of both internal services and external contracts, ensuring we select the most appropriate providers to deliver our jointly agreed outcomes.

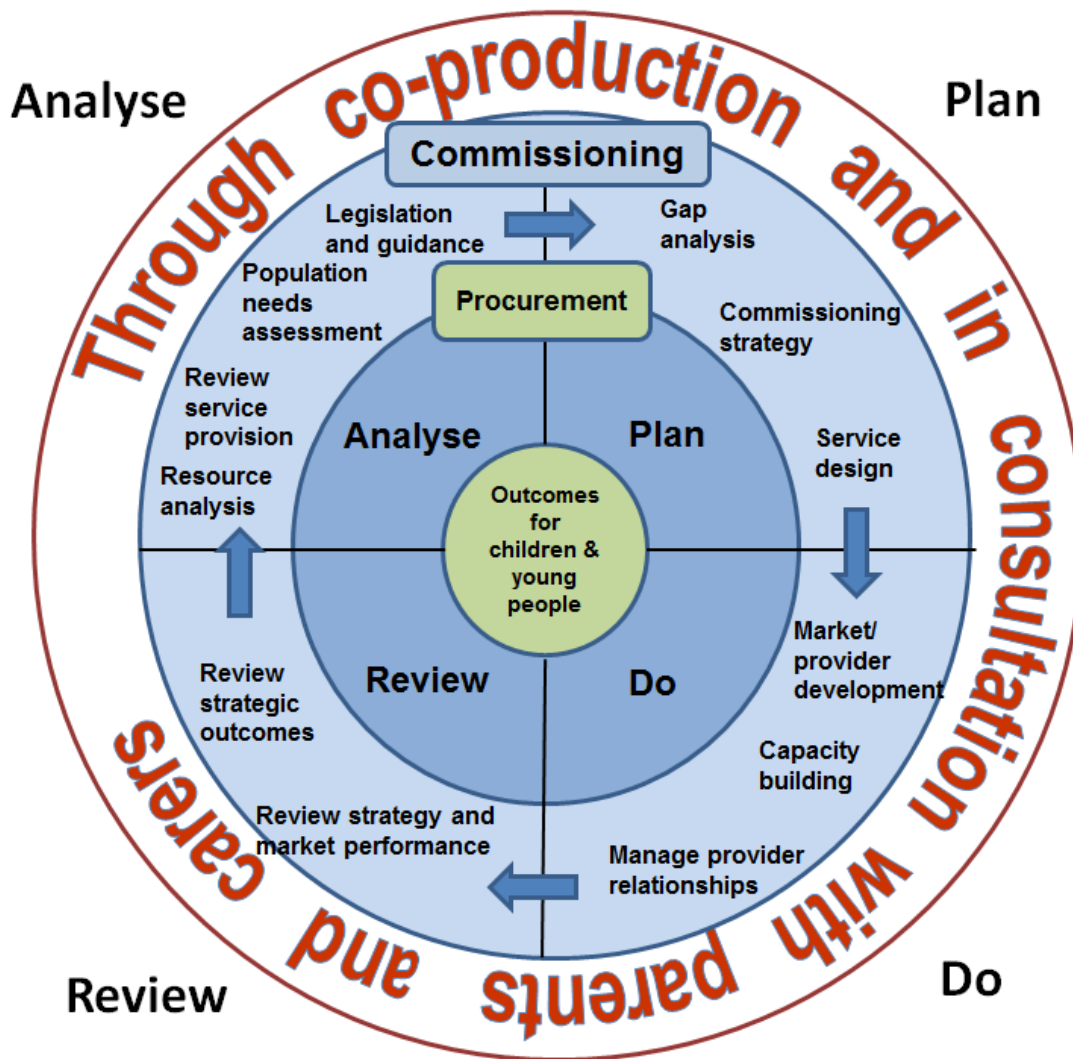


Figure 1: The commissioning cycle

Joint commissioning involves planning and delivering services in a holistic, joined up way. It offers health, education and social care partners a way of working together to redesign services and operate more effectively, both improving the experiences of children, young people and their families and making best use of local resources.

A study in 2012 identified the positive impacts of joint commissioning in Education, Health and Social Welfare to be:

- Improved outcomes
- Better service provision
- Reduction in duplication and waste
- Financial savings
- Improved working relationships
- Improved staff morale

2. Our Vision and Strategic Aims

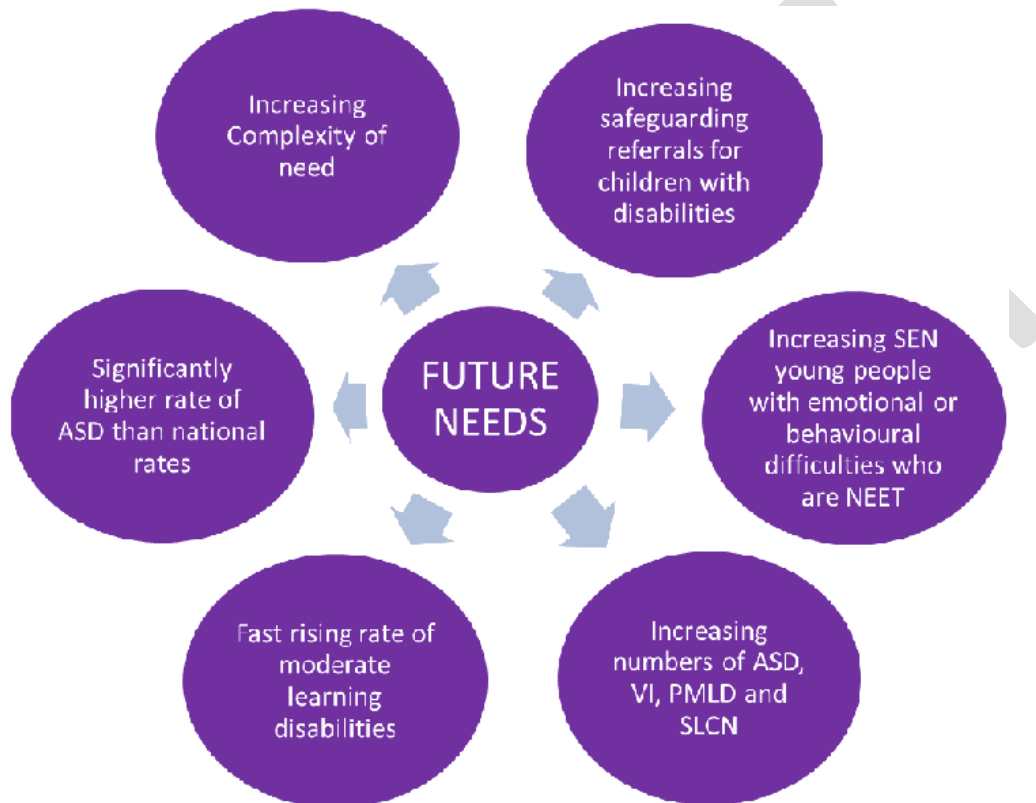
In East Sussex our vision for children and young people with special needs and/or disabilities is the same as for all children and young people – that they achieve well in their early years, at school and in college; are well cared for, have their health needs met, lead happy and fulfilled lives; and have choice and control over the key decisions that affect them.

As commissioners in East Sussex we share a number of strategic aims:

- (i) We want to identify all children who have special education needs or disabilities as early as possible in their lives;
- (ii) We want to provide empowering support for parents and carers to help them to care for, and support the development of, their children;
- (iii) We want all services to respond promptly to the needs of children, and work towards our agreed outcomes. This will include universal services such as schools and early years education settings, and universal health services.
- (iv) We want to commission coherent, coordinated, personalised education, health and care support for individual children and young people, with formal, integrated Education, Health and Care plans for those children who need specialist support, aimed at helping them to achieve well at school and in training and employment, and enabling them to live lives which are as independent as possible, fully included within their local communities.
- (v) We want to provide maximum choice for children, young people and families about how the resources available to support them are used, with personal budgets extended to as many families as possible.

3. Needs Assessment – key messages

A comprehensive assessment of the needs of children and young people with Special Educational Needs (SEN) and Disabilities (D) in East Sussex was undertaken by the ESCC Public Health team in 2013. The key messages from this needs assessment are set out below, but it should be recognised that an additional piece of work is required to include consultation with schools and academies to ensure our information is as rich as possible.



There are currently 13,500 children with SEN attending East Sussex schools, a rise of 6.3% compared to 2004 (12,700). There are over 2,300 primary and secondary pupils with a statement of Special Educational Needs.

Against declining national trends, the number of the school population with statements locally has increased (from 1.89% in 2008 to 2.28% in 2013 compared to a national decline from 1.87% to 1.81% in the same period). Since 2004 the school census shows a continuous upward trend in pupils identified with:

- Autism spectrum disorder (ASD) (340 pupils in 2004 to 600 in 2013).
- Visual impairments (VI) (25 pupils in 2004 to 30 in 2013).
- Profound and multiple learning difficulties (PMLD) (10 pupils in 2005 to 30 in 2013).
- Speech language and communication needs (SLCN). (370 pupils in 2004 to 580 in 2013).

There is a correlation between where children with SEN live and areas of deprivation in the county. It is estimated that between 3 and 5% of the child population in local authorities has some form of SEND.

The rate of young people with moderate learning disabilities in East Sussex is lower than nationally and regionally but is rising significantly faster. Between 2010 and 2013 Disability Living Allowance (DLA) claimants under 16 years rose by 5%.

Key Stage 1 attainment of SEN pupils has fallen in East Sussex in reading, writing and maths in 2012 compared to 2011 in contrast to rising national trends. At key stages 2-4, there is an increasing gap between SEN and non-SEN pupils in Maths and English, which could be partly explained by levels of attainment of non-SEN pupils rising faster than attainment levels of SEN pupils.

East Sussex has the highest rates of exclusion and absence among statistical neighbours. In 2012/13 we were the 9th highest authority of 150 local authorities nationally, for making permanent exclusions (21st for fixed exclusions). The most common reason for permanent exclusion for all pupils with SEN is persistent disruptive behaviour.

The number of safeguarding referrals for children with disabilities has increased in recent years and so there has been a rising demand for placement outside the family. Children in need, those with a child protection order and Looked After children who have SEN are most likely to have behavioural, emotional and social difficulties.

National and local evidence indicates that children with harder to diagnose mild and moderate disabilities may not fit into eligibility criteria so may fall through the gaps and not receive services they need.

4. How should children and young people be supported? How is support funded?

Effective support for children and young people with special educational needs and disabilities starts with good universal services. The support which health visitors, early years settings and schools provide, working with families and carers, is critical to the well being and future development of children and young people.

We are keen to strengthen the support which specialist services can offer these universal services. As a partnership we already ensure that some support is provided. For example the Children's Integrated Therapy Service provides advice to early years settings and schools on recognising difficulties children may have in relation to speech and language and activities they can do to help; and the East Sussex Behaviour and Attendance Service gives advice to schools on how they can

ensure that all children and young people are fully included in education. The programmes of training which have been provided to health visitors as part of the recent national “Action for Health Visiting” initiative are designed to help them help families with a wide range of different issues, and also to help them support community development. Community support for children and young people with SEND is very important, for example being able to attend local play groups and clubs.

School funding

The responsibilities of schools in supporting children and young people with SEND are significant, and have increased in recent years consistent with national policy to promote greater autonomy for, and control of resources by schools. Academies, for example, receive funding directly in place of services from the County Council.

In April 2013 the government made changes to the way that funding is provided to schools and colleges. All mainstream schools and colleges are provided with resources, usually funding, that they should use to support those with additional needs, including children and young people with SEN and disabilities. Funding is agreed locally and given to schools under three main headings, called elements:

Element 1: an amount of money for each pupil in the school.

This is the core budget for each school, used to provide education and support for all pupils in the school including those with SEN and disabilities.

Element 2: the school's notional SEN budget

Every school receives an additional amount of money to enable them to provide special education for children and young people with SEN.

The government has recommended that schools should use this notional SEN budget to pay for up to £6,000 worth of special educational provision to meet a child's SEN. Most children with SEN need special educational provision that comes to less than £6,000.

Element 3: Top-up funding

If the school can show that a pupil with SEN needs more than £6,000 worth of special educational provision, it can ask the local authority to provide top-up funding to meet the extra cost. If the local authority agrees, the cost is provided from funding held by the local authority for high needs.

Although colleges do not have a notional SEN budget, they do have additional funding for students with SEN. As with schools, this funding is not limited to specific needs and they are expected to provide appropriate, high quality SEN support using all available resources.

Traded Services

The Council provides 'traded services', where individual schools pay directly for services that they require in addition to any core service they receive. These services are offered in response to schools' demand and they are funded from the additional income generated.

Specialist services

In addition to universal services and top up funding for schools, some children and young people need additional specialist service support. We are committed to commissioning a range of effective services to meet needs identified through new integrated assessments. Service support will be allocated through the new integrated Education, Health and Care Plans. Our commissioning plans for both assessment and planning are set out in section 5, together with the specialist support which may be allocated as a result.

Personal Budgets

Where children, young people and families would like to use available resources to manage their own support, consistent with the aims set out in their Education, Health and Care Plan, we are committed to helping them do this through personal budgets. Families in East Sussex can already apply for personal budgets for use in relation to health and social care services, and arrangements for the use of personal budgets for education support (not including school places) are currently being put in place. We are keen to look at how arrangements for personal budgets can be integrated and streamlined as much as possible across health, social care and education so that they are as straightforward and flexible as possible for families. We are also keen to look at how we can expand the market from which families and young people can buy services, and ensure that services we provide or commission are attractive to families. We do sometimes have to weigh the interests of individual families and young people against those of others when agreeing personal budgets in circumstances where the offer of a personal budget might impair the viability of a valued service, but we will always aim to do this fairly with the aim of being as responsive as possible to the needs of different families and individuals.

For more information on Personal Budgets please visit:

<http://www.eastsussex.gov.uk/childrenandfamilies/specialneeds/sen/pathfinder/budgets/default.htm>

Funding pressures

The level of investment which both the County Council and the Clinical Commissioning Groups can make is constrained by overall plans for public expenditure. All our organisations are required to make significant savings over the coming years. This makes it even more important that collectively we secure the best possible value from the resources we have. It also makes the contribution which early years settings, schools and colleges make very important if children and young people are to be supported as well as possible. This is one of the reasons why we are giving priority to support for universal services in this strategy, together with the evidence about the difference which these services can make to the lives of children and young people.

5. Types of service we will commission – the four service groups

We have identified four groups of service for children and young people and their families, and set out what we hope to achieve (the outcomes) by commissioning those services. The following section describes these service groups.

Service Group 1 - Support for universal settings to help them effectively identify and support children and young people in a timely manner.

Universal settings includes:

- universal health services and settings
- early years education settings and children's centres
- schools, and colleges.

Early identification and intervention, and sensitive, flexible responses to the needs of children and young people within universal settings are crucial. Continued investment in this area is designed both to improve the experiences of children, young people and families – our primary aim - and to minimise as far as possible the costs of reactive, "late intervention".

The outcomes we are looking to achieve through these services are:

- Children and young people live as independently as possible with support from universal services;
- Parents and carers have positive relationships with schools and services;
- Higher academic achievement;
- Good rates of school attendance.

These will be achieved through:

- Creative empowered universal services with well-informed staff who actively look for appropriate solutions to the needs of children and young people, making appropriate use of specialist advice without being entirely dependent on it, and who intervene early and effectively in a way which maximises the independence, well-being and progress in learning of children and young people;
- Fewer referrals by universal services to specialist services or for EHCPs;
- Positive feedback from universal services on the quality and helpfulness of specialist advice;
- Positive feedback from children, young people and families about their experiences of universal services.

DRAFT

Educational Support, Behaviour and Attendance Service (ESBAS)

ESBAS offers specialist support and guidance to a range of vulnerable children, their families, and schools. This includes support for children with attendance related issues, and support for children who exhibit challenging or concerning behaviours that could place them at risk of exclusion from school. ESBAS also work with children who have been permanently excluded, supporting their successful reintegration back into mainstream education. To reduce exclusions, ESBAS provide training to schools on behaviour policy and practice, and support the setup of Nurture provision.

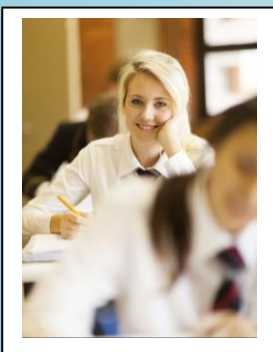


Example of support

A Primary School referred 'C' for disruptive behaviour choices. 'C' was regularly refusing to engage with learning and sanctions. This meant he was not making progress, and was impacting the learning of other children in his class. When the ESBAS Behaviour Adviser observed 'C' it became apparent that two other children in the class were exhibiting similar behaviours, and were also at risk of exclusion. She met with senior school leaders and facilitated identifying a teacher, finding a room to be set up as a Nurture classroom, and visiting an existing Nurture Class in another school. The ESBAS Behaviour Adviser trained school staff on key elements of Nurture provision, and supported the Nurture teacher through using the Boxall Profile to identify areas of development and targets for children in the Nurture class. The children spent four afternoons a week in the Nurture Class and were in their 'base' class for their remaining learning.

Outcome

Following ESBAS support, C's behaviour settled, with far fewer incidents logged. On occasions where a sanction needed to be applied, C accepted this calmly and took responsibility for his actions. His academic progress for the year far exceeded the targets set, across all aspects of the curriculum. Similar progress was seen for the other children in the Nurture Class, and in the 'base' classes. Nurture training for the whole staff helped all the teachers to develop more nurturing practices in their classrooms for the benefit of all children. The Headteacher reported fewer exclusions, and higher staff confidence about responding to incidents of challenging behaviour when they occurred. He believes that the well-being of children and adults in the school improved after the introduction of Nurture Provision.



The ESB service is open to all schools across the County; supporting Primary, Secondary and Special schools to increase attendance and reduce exclusions. This ensures all young people are included in education, and succeed. ESBAS involvement with a school increases knowledge and confidence, gets to the route of attendance and behaviour concerns, improves communication between schools, families and other services, and ultimately ensures that young people have the best possible education and career prospects.

Service Group 2 - Assessment and planning for individual children and young people who need specialist support.

This includes working with families on individual Education, Health and Care plans, and child protection services for children.

The outcome we are looking to secure through these services is:

- Children and young people are fully engaged in the assessment process and understand how the Plan is designed to meet their needs.

This will be achieved through:

- Coherent, integrated assessments and plans which clearly reflect the views and empowered input of children, young people and families, designed to make the best use of all available resources including those of the family and community;
- Clear plans from which all parties involved understand the contribution they need to make to improving outcomes, through comprehensive success criteria that will illustrate the impact by children, young people, families and services.

Service Group 3 - Specialist education, care and health services for individual children and young people.

This is a broad group of services ranging from places at independent special schools to provision of therapy services and short breaks. An increasing proportion of these services are expected to be within the scope of personal budgets although at present there is no provision, under national regulations, for personal budgets in relation to education placements.

The outcomes we are looking to secure through these services are:

- Clear progress by children and young people in relation to learning, wellbeing and independence, with evidence of the impact of services on that progress;
- Improved attendance at settings and activities;
- Perceived impact of services on the child or young person's life is positive and likely to improve their wellbeing;
- Children and young people have positive relationships with their peers and those providing specialist services;
- Positive feedback from children, young people and families on all services.

These outcomes will be achieved through:

- Flexibility and responsiveness, to accommodate the personal needs and preferences of children and young people;
- Innovation, driving continuous improvement in outcomes for children and young people.

After School clubs and Holiday Play schemes

Many parents and carers struggle with childcare arrangements, and when the child or children in question have a learning or physical disability these problems can be sources of major stress.

After School Clubs and Holiday Play schemes are East Sussex County Council commissioned services funded by the Short Breaks team through a Service Level Agreement. They offer out of school hours provision for children aged 5 to 19 that have a learning or physical disability. Activities include:

- outings
- games
- cooking
- arts workshops
- musical sessions
- computer use
- appropriate playground games and sports.

In the year running from April 2013 to the end of March 2014 “After School Clubs and Holiday Play Schemes” worked with 212 individual children and young people with disabilities, providing 29,461 hours of out of school hours provision.

Service Group 4 – Information, advice, independent mediation and advocacy services for families to help promote effective choices and increase resilience.

The outcomes we are looking to secure through these services are:

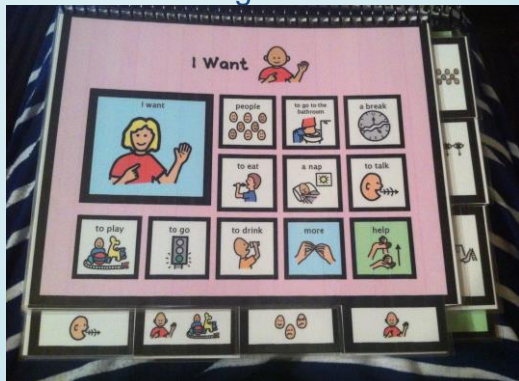
- Young people, parents and carers feel able to make informed decisions about the services available to them;
- Young people, parents and carers feel supported with any choices and actions they take relating to the services they receive.

These outcomes will be achieved through:

- A clear and helpful Local Offer which improves year on year in terms of the level of detail and insight it provides for young people and families
- Objective, impartial mediation and advocacy support which reduces the need for adversarial processes in planning to meet the needs of children and young people.
- An impartial information, advice and support service for children, young people and families.

Case study

Stephen is an 8 year old boy who goes on short break stays provided through Children's Services; he has autism and diabetes. We needed to establish Stephen's views and feelings about the increase in the time he stayed away from his family.



As Stephen has difficulty in engaging verbally an independent advocate was employed to gather his views every week. This involved spending time with Stephen on a one to one basis using communication tools such as Makaton PEC boards and play.

Alongside these, further communication tools and materials were created with the support of other adults who know him. Further discussions were held with all these adults when it became apparent that Stephen had differing preferences on communication methods depending who he was engaging with. The sessions were spaced over a seven week period and documented in an advocacy engagement plan. Stephen was given information in print, symbols, pictures and verbally to help him discuss and understand the advocacy role.

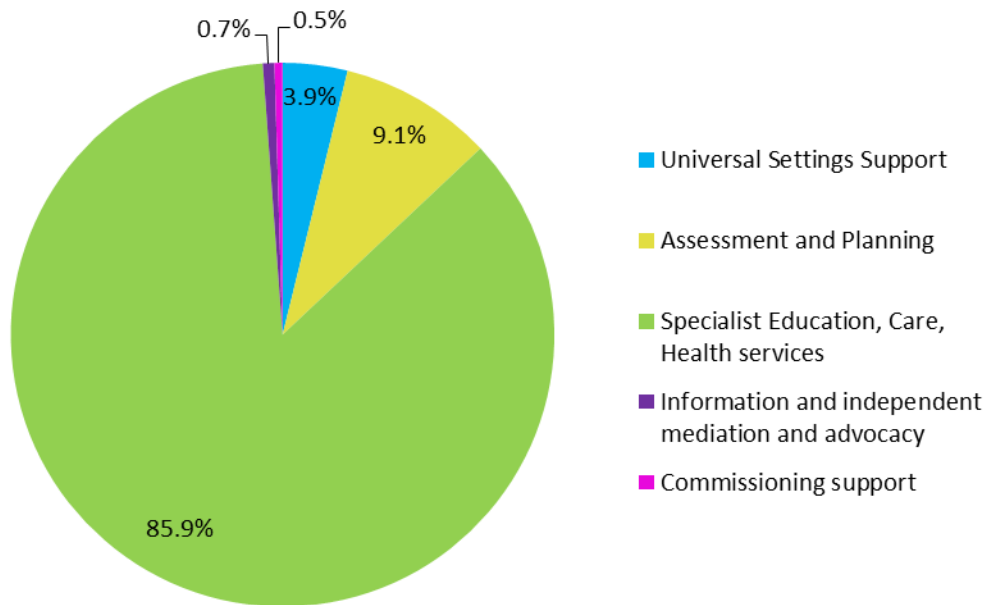
Due to Stephen being very uncomfortable around people not known well to him, after some discussion it was thought best he did not attend his Looked After Children (LAC) review due to the anxieties and distress this was likely to cause, but that his views would be presented to the LAC review in a report.

Throughout the sessions a book was created including symbols and pictures representing Stephen's answers and comments which had been shared with and created by him; this was among the things presented at Stephen's review.

Since the review there have been changes to Stephen's living arrangements, which Stephen has said at the advocacy sessions that he is happy with.

In addition to these four groups, we invest in the facilitation of commissioning activity through a new Joint Commissioning Team.

The current allocation of resources across these groups of services is set out below, based on budget provision in the financial year 2014-2015.



This pie chart above reflects an estimate of the amount of resource spent on each of the service groups.

6. Our commissioning intentions

We have identified seven key commissioning intentions that we will be working to over the next 12 months, taking in to account resource constraints.

1. We will conduct a thorough needs analysis for children and young people with Autism, working together with Adult Social Care to identify gaps and pressures in service provision.
2. We will continue to develop and define our offer to 16-25year olds; working with colleges, Adult Social Care and others including young people, parents and carers. We will ensure transition arrangements are clear and there is a shared understanding.
3. We will be clearer on our expectations of services that we commission through robust service specifications and contract monitoring systems.
4. We will review all the contracts of the existing services that we commission and ensure they are achieving the outcomes set out in this strategy. Where they are not achieving the outcomes we will look to decommissioning services.
5. We will increase the support we provide to universal settings such as schools so that they are better equipped to support children and young people. This will not only support the strategic aims of early identification and empowerment, but should also reduce the amount of specialist support required.
6. We will develop the market, working with service providers to design services that will meet the needs of our children and young people and their families. This will include services and activities that would be attractive to parents and carers, children and young people when considering how they can spend their Personal Budgets to meet outcomes.
7. We will use forecasting information, evidence from individual placements and annual reviews to analyse future demand for school places for children with SEND, including agency placements where necessary.

A forward plan for ISEND Joint Commissioning December 2014 to March 2016 is attached at appendix 1.

Forward plan of ISEND Joint Commissioning intentions September 2014-March 2016

	Outcome	Commissioning activity	Date	Lead
1.	<p>Coherent policy for provision of commissioned specialist facilities at special schools</p> <p><i>Commissioning of coherent, coordinated, personalised education, health and care support for children and young people</i></p>	<ul style="list-style-type: none"> • Consultation with special headteachers to agree a single service specification • Specialist provision SEN Strategy and SLA implementation • Co-produce county-wide strategy for School Place Planning 	April 2015	AC
2.	All young people transitioning to adulthood understand what services are available to them.	<ul style="list-style-type: none"> • Produce matrix of issues Young People may face and services/information available. • Guidance document for young people and their families on what services available. • Link with support GPs need in this area 	April 2015	Joint Commissioning Team

<p>3.</p>	<p>There is an appropriate level of high quality support for children and young people with ASD in East Sussex</p> <p><i>Commissioning of coherent, coordinated, personalised education, health and care support for children and young people</i></p>	<ul style="list-style-type: none"> • Place planning work • Review of provision for ASD and considered commissioning options • ASD Pathway work • Review of CAMHS support for children and young people with ASD • Other issues to be identified in consultation with children, young people, parents and carers 	<p>Update April 2015</p> <p>June 2015</p>	<p>Joint Commissioning Team</p>
<p>4.</p>	<p>Clear understanding of the relative priorities for different therapy support for different groups of children</p> <p><i>Flexibility and responsiveness, to accommodate the personal needs and preferences of children and young people</i></p>	<ul style="list-style-type: none"> • Review the balance within the Children's Integrated Therapy Service KPIs 	<p>Update April 2015</p>	<p>Joint Commissioning Team</p>

5.	<p>Early response to the needs of children with SEND by all services, including universal</p> <p><i>Positive feedback from universal services on the quality and helpfulness of specialist advice;</i></p> <p><i>Positive feedback from children, young people and families about their experiences of universal services.</i></p>	<ul style="list-style-type: none"> • Review of support to universal settings • Improved inclusive practice in mainstream Early Years Service. • Review links with health commissioning 	Spring 2016	
6.	Consistent costings of Independent Non Maintained Schools (INMS) placements	<ul style="list-style-type: none"> • Work with Surrey and other local authorities 	April 2015	AC and Procurement Team
7.	<p>Families feel supported through disagreement resolution procedures</p> <p><i>Objective, impartial mediation and advocacy support which reduces the need for adversarial processes in planning to meet the needs of children and young people.</i></p>	<ul style="list-style-type: none"> • Commission a regional mediation contract with other authorities 	In place April 2015	AC

8.	<p>Commissioning of coherent, coordinated, personalised education, health and care support for children and young people</p> <p><i>Positive feedback from children, young people and families on all services</i></p> <p><i>Innovation, driving continuous improvement in outcomes for children and young people</i></p>	<ul style="list-style-type: none"> • Review of Chailey Heritage contract, to include comprehensive funding information • Clarification of service provision for children in special schools. 	April 2015	Joint Commissioning Team
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