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| Report to: | SINGLE COMMISSIONING BOARD |
| Date: | Tuesday 6 September 2016 |
| Reporting Officer of Single Commissioning Board | Clare Watson, Director of Commissioning |
| Subject: | INSPECTIONS OF LOCAL AREAS' PROVISION FOR CHILDREN AND YOUNG PEOPLE WHO HAVE SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITIES (SEND) |
| Report Summary: | A new framework for the inspection of local areas' effectiveness in meeting the needs of Children and Young People with Special Education Needs and/or Disability (SEND) has been implemented. It is important to note that this is a local area inspection, not a local authority inspection. The local area includes the Local Authority, CCGs and Public Health. This report outlines the process and exposes the risks that the joint inspection framework may hold. |
| Recommendations: | <ol style="list-style-type: none"> 1. SCB is asked to note the contents of this report, and to authorise CCG/single commission officers and the clinical lead to continue to take relevant steps, make decisions, and to progress arrangements to further the implementation of the SEND reforms 2. SCB recommended to consider, approve and ensure that: <ul style="list-style-type: none"> ▪ Action plan based on the findings on the CCG SEND Diagnostic audit tool is developed and approved through the emerging governance structure; ensuring oversight and inspection readiness ▪ The CCG/single commission function seeks that all relevant providers are briefed in relation to the new inspection framework and its requirements ▪ The CCG/single commission function seeks a re-audit applying CCG SEND Diagnostic audit tool in July 2017. |
| Financial Implications: <i>(Authorised by the statutory Section 151 Officer & Chief Finance Officer)</i> | None noted at this Stage – Main Health SEND service (ISCAN) remains on CCG Risk register |
| Legal Implications: <i>(Authorised by the Borough Solicitor)</i> | This report sets out a new inspection regime and the actions required in order to ensure such inspections are effective and efficient and that any learning is acted upon in interests of the children and young people who receive the services. |
| How do proposals align with Health & Wellbeing Strategy? | The Health and wellbeing Strategy is due to be refreshed this year, but has a strong focus on starting and developing well, supporting the most vulnerable in our communities and helping our children and families to reach their full potential. The recommendations in this report would support and strengthen the update. |
| How do proposals align with Locality Plan? | SEND and the wider children's agenda (arrangements) needs to clarified in relation to the Locality plan(s). |

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| How do proposals align with the Commissioning Strategy? | Seek to ensure that SEND commissioning arrangements are clarified and documented with the Commissioning Strategy. |
| <i>Recommendations / views of the Professional Reference Group:</i> | Paper Noted and SEND Action plan to be developed and approved through governance structures in September 2016. Single Commission function need to ensure oversight of plans going forward and ensure all relevant providers are briefed in relation to the new inspection framework and its requirements. |
| Public and Patient Implications: | Seeks to strengthen engagement with children and young people with SEND and their families. |
| Quality Implications: | Seeks to drive and build on existing arrangements and provision. |
| How do the proposals help to reduce health inequalities? | Seeks to ensure that required support to the most vulnerable in our communities and helping our children and families to reach their full potential is embedded within commissioning frameworks. |
| What are the Equality and Diversity implications? | As above |
| What are the safeguarding implications? | The report has been considered by CCG safeguarding and no implications noted. |
| What are the Information Governance implications? Has a privacy impact assessment been conducted? | The agreement and recommendation for an agreed action plan will ensure/aid the SCB that information relating to SEND is efficiently managed and that appropriate policies, system processes and robust governance framework are in place. Ensuring that SCB effectively and ethically use information within commissioning decisions. |
| Risk Management: | The CCG SEND Diagnostic audit has been undertaken to highlight areas of potential weakness/risk. The proposed recommendations and actions seek to mitigate the risks of a potential poor inspection. |
| Access to Information : | The background papers relating to this report can be inspected by contacting Clare Watson, Director of Commissioning (Alan Ford, Commissioning Business Manager for Children, Young People & Families)  Telephone: 0161 304 5300  e-mail: clarewatson2@nhs.net (alan.ford4@nhs.net) |

1. INTRODUCTION

- 1.1 A new framework for the inspection of local areas' effectiveness in meeting the needs of Children and Young People with Special Education Needs and/or Disability (SEND) has been implemented. The new inspection programme began in May 2016, with potentially Tameside and/or Derbyshire (Glossop) assessment likely for the autumn/winter 2016/17.

2. WHO WILL BE INSPECTED?

- 2.1 All 152 local areas in England will receive a local area SEND inspection over a period of five years. It is important to note that this is a local area inspection, not a local authority inspection. The local area includes the Local Authority, CCGs and Public Health. The new joint inspection framework for SEND will seek to hold the CCG/Single Commission to account and ensure that our commissioning plans are appropriate to meet local demand, and to ensure they have an effective relationship with the key providers to ensure effective arrangements for delivering completed and implemented EHC plans.

3. WHO WILL UNDERTAKE THE LA SEND INSPECTIONS?

- 3.1 Care Quality Commission (CQC) and Ofsted will jointly carry out the inspections of local areas. Inspection teams will consist of an HMI, a CQC inspector and an Ofsted Inspector (with SEND experience and training).

4. WHAT WILL INSPECTORS LOOK FOR AS PART OF THE INSPECTION?

- 4.1 Inspectors will evaluate how effectively the local area identifies children and young people who have special educational needs and/or disabilities. Inspectors will also evaluate how effectively the local area meets the needs and improves the outcomes of children and young people who have special educational needs and/or disabilities. How well a local area engages with, and involves children and young people and their parents and carers, both in commissioning services at the strategic level and in assessing individual need will be a key area of inspection focus.

5. HOW WILL INSPECTORS CONDUCT THE INSPECTIONS?

- 5.1 A wide range of information will be used to evaluate the effectiveness of local area arrangements to identify children and young people who have special educational needs and/or disabilities; and to meet their needs and improve their outcomes. A range of ways will be used during the inspection to obtain the views of disabled children and young people and those who have special educational needs, and their parents and carers. The field work is likely to include discussions with elected members, key local area officers from health, education and social care, and meetings with leaders of early year settings, schools and colleges, and specialist services. Visits will be made to a range of providers and services. Visits will not inspect the provision but focus on their understanding and participation in meeting the local area's responsibilities.
- 5.2 There will be a strong emphasis on gathering the views of young people, parents and carers, involving:
- Meetings during visits to early years settings, schools and colleges
 - Meeting with established young people, and parent and carer groups
 - Meeting with any reference groups established by the local area.
 - Where possible, a webinar for parents and carers during the inspection.

6. HOW LONG WILL EACH INSPECTION BE?

- 6.1 Each inspection will include five days of on-site inspection activity. There will also be preparation time for the inspection team and time following the one-site inspection to complete all inspection outputs (e.g. the report).

7. NOTICE IN ADVANCE OF AN INSPECTION?

- 7.1 Local areas will receive five days' notice in advance of an inspection. This will give those in the local area, notably young people, parents and carers, the opportunity to provide their feedback and contribute their views.

8. PREPARATION

- 8.1 Within Greater Manchester, Bolton has undergone inspection and has shared experience. As such Bolton CCG and Public Health were requested by CQC to provide the following commissioning and performance data:

- Health Child Programme
- School Nursing Service
- Neonatal Screening Programme
- CAMHS
- SALT, OT, Physiotherapy
- Any commissioned pathways and arrangements for specialist services for children and young people with SEND

- 8.2 Bolton CCG noted that CQC and Ofsted will view [*require*] completed CCG SEND Diagnostic audit tool as evidence demonstrating an active commitment to and interest in implementing the reforms

- 8.3 The CCG SEND Diagnostic audit tool pulls together in one place the key pieces of evidence that the CCG will wish to assure itself on in terms of its progress in implementing the 2014 Children and Families Act reforms in relation to disabled children and young people and those with SEN.

- 8.4 Tameside and Glossop CCG audit was completed in July 2016. The diagnostic audit provides a framework for considering progress to date; and is divided into the 6 key areas of the role of a CCG in supporting children with SEND.

1. Leadership
2. Joint Arrangements
3. Commissioning
4. EHC plan
5. Engagement; and
6. Monitoring and Redress

- 8.5 RAG rating scores are applied to accordingly and trend description options can be selected in re-auditing recommended in 1 years' time.

9. NHS TAMESIDE AND GLOSSOP CCG SEND DIAGNOSTIC AUDIT FINDINGS

- 9.1 The overall summary indicates the areas of potential weakness and risk the CCG holds in meeting its obligations under the reforms. In brief, the CCG when applied against the diagnostic tool is compliant or has started implementing the reforms. Through the application of the tool the CCG can be seen as holding 'Full Compliance/Fully Achieved/Implemented'

with half (50%) of the required expected elements of the reforms. However large areas (50%) are seen as only 'Partially Achieved: Some Progress/Implemented'.

- 9.2 On closer inspection of the results indicates that the CCG potentially holds noticeable weakness in the following domains: Engagement, Joint Arrangements and Monitoring and Redress. Full audit findings embedded under Appendix.

Figure 1: Brief Summary result on the 6 key areas of the role of a CCG in supporting children with SEND.

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| 1. LEADERSHIP | 1st Audit | | |
| | GREEN | AMBER | RED |
| OVERALL PERCENTAGE SCORE | 70.00% | 30.00% | 0.00% |
| 2. JOINT ARRANGEMENTS | 1st Audit | | |
| | GREEN | AMBER | RED |
| OVERALL PERCENTAGE SCORE | 35.71% | 64.29% | 0.00% |
| 3. COMMISSIONING | 1st Audit | | |
| | GREEN | AMBER | RED |
| OVERALL PERCENTAGE SCORE | 91% | 9% | 0% |
| 4. EHC PLAN | 1st Audit | | |
| | GREEN | AMBER | RED |
| OVERALL PERCENTAGE SCORE | 50% | 50% | 0% |
| 5. ENGAGEMENT | 1st Audit | | |
| | GREEN | AMBER | RED |
| OVERALL PERCENTAGE SCORE | 0.00% | 100.00% | 0.00% |
| 6. MONITORING & REDRESS | 1st Audit | | |
| | GREEN | AMBER | RED |
| OVERALL PERCENTAGE SCORE | 19% | 63% | 0% |

10. CONCLUSION

- 10.1 The CCG is able to evidence through CCG SEND Diagnostic audit tool its current base line compliance within the reforms. However further actions are need to be implemented to ensure clear evidence of the CCG/single commission function commitment to implementing the reforms.

11. RECOMMENDATIONS

11.1 As set out on the front of the report.