

Report to: STRATEGIC COMMISSIONING BOARD

Date: 30 January 2018

Officer of Single Commissioning Board Gill Gibson, Director of Safeguarding and Quality

Subject: CHILDREN AND YOUNG PEOPLE'S (AGED 0-25) SPECIAL EDUCATION NEEDS AND DISABILITY INTEGRATED COMMISSIONING STRATEGY (2018-2021)

Report Summary: This report sets out the strategic direction of commissioning for Children and Young People's with Special Educational Needs and/or Disability (SEND) for Tameside and Glossop Strategic Commission Function, covering the Tameside Metropolitan Borough Council, Tameside Public Health and Tameside and Glossop Clinical Commissioning Group. Its development has been informed and required by national policy including the Children and Families Act (2014) (specifically the SEND reforms), local policy including the Tameside SEND Vision Strategy, The Tameside Self Evaluation Framework, Tameside Joint Strategic Needs Assessment 2017 and Tameside and Glossop Clinical Commissioning Group SEND Diagnostic Audit for Clinical Commissioning Groups 2016, 2017.

Recommendations: The Strategic Commissioning Group is asked to:

- NOTE the contents of the report and in particular the national and Greater Manchester context and assurance measures holding local areas to account in ensuring the SEND reforms are delivered
- SUPPORT the approval of the Integrated Commissioning Strategy and the deliverables for 2018- 2021 and RECOMMEND approval to the Council and CCG.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Budget Allocation (if Investment Decision)	To be confirmed in line with approved budget allocations for both the Council and CCG within the medium term financial planning period 2018/19 to 2020/21
CCG or TMBC Budget Allocation	Both the Council and CCG
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75, Aligned and Council budget allocations not within the Integrated Commissioning Fund, namely Education Services and the Dedicated Schools Grant.
Decision Body – SCB, Executive Cabinet, CCG Governing Body	Strategic Commissioning Board, Executive Cabinet and CCG Governing Body

Value For Money Implications – e.g. Savings Deliverable, Avoidance, Expenditure Benchmark Comparisons	<p>It will be essential that the implementation of the strategy realises efficiencies on both existing and proposed expenditure whilst also ensuring the aims of the strategy alongside SEND reforms are delivered.</p>
<p>Additional Comments</p> <p>Members of the Strategic Commissioning Board should note that this strategy will be supported by resource allocations within the Integrated Commissioning Fund and in addition Council budget allocations which are not currently within the fund. These include Education services and the Dedicated Schools grant.</p> <p>It is therefore essential that associated Members are also aware of this strategy.</p>	

**Legal Implications:
(Authorised by the Borough Solicitor)**

The implementation of the SEND Code of Practice 0-25 Years is a statutory obligation for the Local Authority. This is to improve outcomes for children and young people with complex needs and the experience of parents and carers. It is therefore necessary that there is a clear strategy for delivery within the Borough cutting across organisational boundaries.

How do proposals align with Health & Wellbeing Strategy?

Developing Well – there is a need to identify opportunities in relation to improving our commissioning and delivery systems to achieve better outcomes for children and young people with SEND.

How do proposals align with Locality Plan?

The Integrated Commissioning Strategy is consistent with the following priority transformation programmes:

- Healthy Lives (early intervention and prevention);
- Community development;
- Enabling self-care;
- Locality based services.

How do proposals align with the Commissioning Strategy?

The Integrated Commissioning Strategy contributes to the wider Commissioning Strategy by:

- Patients and communities being empowered to care for themselves and to work together to support local health and wellbeing;
- Locality based integrated teams of multi skilled health and social care professionals using integrated case management and care co-ordination;
- Identification and support of "at risk" people.

Recommendations / views of the Health and Care Advisory Group:

This section is not applicable as the report is not received by the Health and Care Advisory Group.

Public and Patient Implications:

There has been significant consultation with Children and Young People with Special Educational Needs and Families.

Quality Implications:

A quality impact assessment has been completed

How do the proposals help to reduce health inequalities?

The SEND Integrated Commissioning Strategy seeks to reduce health inequalities, target the resources to where most needed and ensure services are accessible to all.

What are the Equality and Diversity implications?

It is not anticipated that the proposal will have a negative effect on any of the protected characteristic group(s) within the Equality Act.

An Equality Impact assessment has been completed and is attached.

What are the safeguarding implications?

Strengthening of current provision and systems.

What are the Information Governance implications? Has a privacy impact assessment been conducted?

Information governance is a core element of the NHS. NHS and Tameside MBC providers would have IG policies in place and they would be expected to adhere to these.

Risk Management:

By implementing and adhering to the SEND Integrated Commissioning Strategy and aligning with Greater Manchester approaches it is expected that the local area will be seen to meeting its obligation under the reforms.

Access to Information :

The background papers relating to this report can be inspected by contacting Gill Gibson, Director of Quality and Safeguarding, by

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DRAFT Tameside and Glossop

**Children and Young People's (aged 0-25)
Special Education Needs and Disability
Integrated Commissioning Strategy (2018-2021)**

Our Vision

We want our children and young people who have SEND and their families to be able to lead rich, exciting, and fulfilling lives, accessing the same experiences as other children, young people and families. To enable our children and young people who have SEND and their families to do this we will ensure they receive the right support wherever and whenever they need it.

Our Mission

Across all partners in Tameside and Glossop we are committed to working together in a fully integrated way, placing children, young people who have SEND and their families at the heart of the system, ensuring that professionals have the trust and confidence of families throughout their journey.

We will develop a unified system in Tameside for children and young people who have SEND; a system that continuously raises aspiration, improves outcomes and is underpinned by respect and empathy.

We will ensure that at points of transition each child and young person is fully supported to move into the next phase of their growth and journey.

We will promote choice for children and young people who have SEND so they have greater control over their lives, becoming confident, independent citizens who play an active part in society and who lead healthy, fulfilling lives.

We will champion and celebrate the achievements and outcomes of all of our children and young people throughout their journey

SECTION ONE: OUR AMBITION AND CONTEXT

Introduction

- 1.1 This document sets out the strategic direction of commissioning for Children and Young People's with Special Educational Needs and/or Disability (SEND) for Tameside and Glossop Strategic Commission Function, covering the Tameside Metropolitan Borough Council (TMBC), Tameside Public Health (TMBC PH) and Tameside and Glossop Clinical Commissioning Group (CCG).
- 1.2 The strategy has been developed on behalf of the Tameside and Glossop Strategic Commission Function and replaces the previous 2010 commissioning strategy, 'Interagency Protocol for Children with Complex Health Needs'. It builds on previous work and aims to further join up the commissioning and delivery of services for children and young people with SEND.
- 1.3 Its development has been informed by national policy including the Children and Families Act (2014) [specifically the SEND reforms], local policy including the Tameside SEND Vision Strategy, The Tameside Self Evaluation Framework (SEF), Tameside JSNA (2017) and Tameside and Glossop CCG SEND Diagnostic Audit for CCGs (2016, 2017) and the Tameside Health and Wellbeing Strategy. It also seeks to draw on feedback from parents, carers and young people.
- 1.4 The strategy highlights the complex commissioning arrangement across multiple organisations and approaches to delivery. As such this strategy seeks greater alignment and integration for commissioners and providers building on the good practice evidenced in the delivery of Integrated Service for Children with Additional needs (ISCAN), Tameside Education Pupil Support Services, and the multi-agency Neurodevelopmental Umbrella Pathway.

- 1.5 A child is defined as having Special Educational Needs (SEN) if he or she “*has a learning difficulty or disability which calls for special education provision to be made for him or her*”. [Children and Families Act 2014 Section 20].
- 1.6 A child is considered to have a learning difficulty if she or he:
- *has a significantly greater difficulty in learning than the majority of others of the same age; or*
 - *has a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions*
- 1.7 Disability is defined in the Equality Act 2010. A person is disabled if they have a physical or mental impairment that has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities.
- 1.8 This definition provides a relatively low threshold and includes more children and young people than many realise: ‘long-term’ is defined as ‘a year or more’ and ‘substantial’ is defined as ‘more than minor or trivial’. This definition includes sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy, and cancer.
- 1.9 Children and young people with such conditions do not necessarily have SEN, but there is a significant overlap between disabled children and young people and those with SEN. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition.
- 1.10 This strategy covers Children and Young People with Special Educational Needs and Disability who are aged 0-24 (up to their 25th birthday).
- 1.11 The Special Educational Needs and Disability Code of Practice, DfE, July 2014 states:
- “EHC plans can be put in place from birth, and up to 25 where it is agreed that a young person requires more time to complete their education, and has not yet met the outcomes agreed as part of their plan. In the case of a young person who reaches their 25th birthday before their course has ended, the EHC plan can be maintained until the end of the academic year in which they turn 25”*

2 SECTION TWO: COMMISSIONING RESPONSIBILITIES

- 2.1 Commissioning responsibilities for Special Educational Needs and Disability are complex, spanning several legislative Acts and regulations, and are applied through codes of practice. The Children & Families Act (2014) provides a legislative framework for joint commissioning across the NHS and Local Authority. The Care Act (2014) provides a framework for carers including disabled Children and Young People (CYP).
- 2.2 The Children and Families Act 2014 Section 25 places a duty on local authorities to promote integration between educational and training provision, health care provision and social care provision. This duty mirrors the duty placed on CCGs by the Health and Social Care Act 2012. The NHS Mandate also makes clear that NHS England, CCGs and Health and Wellbeing Boards *must* promote the integration of services if this will improve services and/or reduce inequality.
- 2.3 The Children and Families Act 2014 *Section 26* of the Act places a duty on local authorities and ‘partner commissioning bodies’ to put in place joint commissioning arrangements. ‘Partner commissioning bodies’ are the NHS Commissioning Board (NHS England) and individual CCGs who provide services to children in that area. The purpose of the joint

commissioning arrangements is to plan and jointly commission the education, health and care provision for disabled children or young people and those with SEN.

2.4 *Sub-sections 26(3) and (4)* requires every joint commissioning arrangement to include arrangements for considering and agreeing:

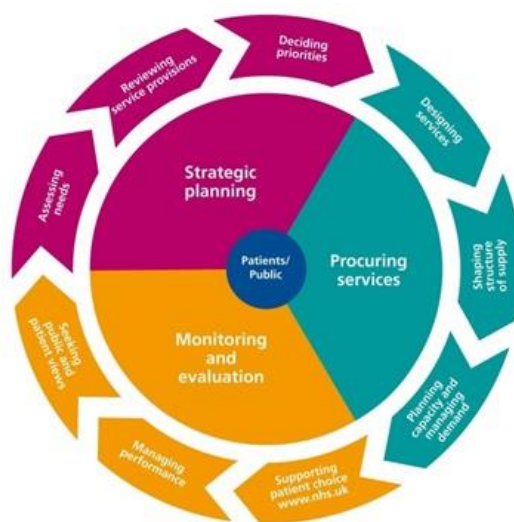
- The education, health and social care provision needed by disabled children and young people and those with SEN, how this provision will be secured and by whom;
- How complaints about education, health and social care provision are dealt with;
- The procedures for ensuring that disputes between local authorities and CCGs are resolved as quickly as possible; and
- How education, health and care assessments should be secured.

Commissioning principles

2.5 To commission effectively for children and young people with SEND a joint collaborative approaches are required between commissioners, parents/carers, and CYP (experts by experience), and providers of children's services.

2.6 The Integrated Commissioning approach in Tameside will follow the Joint Commissioning Cycle (below)

Figure 1: The Commissioning Cycle (The Health and Social Care Information Centre, 2013)



decisions available informed works using values.

2.7 Commissioning will be informed by evidence-based or practice of what the following guiding

Our Values

2.8 Children, young people and their families are at the centre of our work. Supporting their interests and welfare is paramount. The following values guide our approach to commissioning:

- We will keep children and young people safe through effective safeguarding practice
- We will work with children, young people and families meaningfully at all stages of the commissioning cycle.
- We will work within a framework of fair, open and transparent processes.
- We will make evidence-informed decisions about the commissioning and decommissioning of services.
- We will strive to continually improve outcomes for children, young people and their families.
- We will focus on early intervention and prevention to reduce high cost services in the future.

- We will promote equality (including equality of access to services) in relation to age, disability, gender/gender reassignment, race, religion or belief and sexual orientation.
- We will deliver efficiencies and quality through robust risk, contract and performance management.

2.9 We are committed to the arrangements for safeguarding and promoting the welfare of children and young people through the Tameside Safeguarding Children Board (<https://www.tamesidesafeguardingchildren.org.uk>).

2.10 We work in accordance with the Equality Act 2010, which consolidates protection against discrimination on the grounds of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. It also put in place a new public sector equality duty, which gives public authorities a legal responsibility to provide this protection and make decisions which are fair and transparent, including the allocation of public money.

2.11 We will achieve value for money by securing effective services which meet local needs and deliver improved outcomes.

Principles

2.12 Principles underpinning the Children and Families Act 2014, supporting regulations and the Code of Practice for SEND: Local Authorities in carrying out their functions under the Act must have regard to:

- The views, wishes and feelings of the child or young person, and the child's parents (and carers)
- The importance of the child or young person, and the child's parents/carers, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions.
- The need to support the child or young person, and the child's parents, in order to facilitate the development of the child or young person and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood.

Needs Assessment

2.13 This strategy has taken into account the local and national policy documents in relation to children and young people and SEND.

The local population need

2.14 Children with special educational needs and disabilities are a diverse group, where some children require minimal support, whereas others require multi-agency intervention across the three sectors of education, health and social care. In order to ensure the best outcomes for these children and young people, it is vital to understand their needs to ensure that these children and young people feel fully part of society and are never excluded from any part of life's experience or opportunities.

2.15 There have been many attempts to provide accurate estimates of disability in children and young people. Some of these have provided condition based estimates based on the literature and others have utilised specific existing data. It is problematic to collate accurate, timely data in relation to disabled children and young people both locally and nationally, and definitions of disability vary widely.

2.16 Routine data are collected by local authorities on children with statements of Special Educational Needs and now EHCPs, but this does not reflect the spectrum of disability and is only a weak proxy measure for severity.

2.17 National Statistics for Special Educational Needs in England (January 2017) portray the total number of pupils with SEN for England and Tameside as:

Table 1: All Schools: Number of pupils with SEN (2017)

	Total Pupils	Pupils with statements or EHC plans		Pupils on SEN support		Total pupils with SEN	
		Number	%	Number	%	Number	%
England	8,669,080	242,184	2.8	1,002,069	11.6	1,244,253	14.4
TAMESIDE	36,330	594	1.6	4,230	11.6	4,824	13.3

Source: <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2017>

2.18 We estimate there are currently between 1,170 and 1,310 children and young people aged 0-24 year old (up to 25th birthday) who experience some form of disability or long term health condition.

2.19 This would suggest that the SEND level of demand for Tameside and Glossop could be around 6,000 children and young people and their families potentially requiring support in some shape or form.

What Our Families Tell Us

2.20 Over the years different consultations and engagement work has taken place with families both locally and nationally. Locally this has been through the Integrated Service for Children with Additional Needs, TMBC Social Care Children's With Disability, and Our Kids Eyes (VSCE).

2.21 The learning from engagement tells us that most families receive good support and care, however there some things families say needs to improve:

- Information on local activities and support
- Transition between services, schools and from children's to adults services
- Services are not always joined up and don't work together
- I don't want to have to tell my story lots of times to lots of people

2.22 In addition families would like to see:

- Better signposting where to get help and local activities
- More support with the EHCP process
- Improved coordinated care
- Information to be better shared across services
- More say and control over the care they receive
- Improved support through schools

3. SECTION THREE: THE STRATEGIC DIRECTION

3.1 The SEND strategic objectives will be underpinned by a delivery plan (see Appendix) based on the findings of the Tameside SEF and the Tameside and Glossop CCG SEND Diagnostic audit.

3.2 The delivery plan seeks to ensure that a strategic level joint commissioning of services for children and young people who have SEND will be embedded within the work of the Local Area. As a result mechanisms for using existing data and intelligence to predict the need for services and inform commissioning intentions will be established.

3.3 The delivery plan holds the nine key domains:

- Ensure oversight and governance by senior leaders of the implementation of the SEND reforms, at both a strategic and operational level. Ensuring effective resourcing and implementation of the statutory framework for SEND
- Ensure joint commissioning arrangements and strategic planning across the Local Area; ensuring that commissioning plans are appropriate to meet local demand.
- Ensure the timely effective identification of Children, Young people and young Adults who may have SEN and/or disability.
- Ensure the outcomes children and young people who have SEND in the Local Area are captured and reviewed
- Improve parental satisfaction within the Local Area ensuring sufficient progress in effecting the culture change required for effective-production with parents/carers, both at the individual and strategic level.
- Ensure engagement with children and young people who have SEND across the Local Area.
- Ensure the social care needs of children and young people are identified and assessed and their needs effectively met.
- Ensure EHC Plans are completed within statutory timescales. Ensure the quality and suitability of completed EHC Plans that enables all agencies to contribute fully to the final Plan.
- Ensure effective Crisis Management for children and young people who have SEND and their families, particularly within Education Services

3.4 These plans and their actions are to be resourced through the Integrated Commissioning Fund.

3.5 The following Inter-agency Funding Profile Guide has been developed to be used by multi-agency panel to agree contributions to packages for individual children.

Profile Description		% Funding			
		TMBC Learning & People	School	CWD Social Care	CCG
	52 week residential school placement. CYP looked after. CYP meets continuing care criteria and health needs can be met.	33		33	33
	Residential children's home/foster care CYP has continuing care needs and health needs can be met. CYP looked after. Special/ mainstream school placement.				
	Residential/respite Education Placement	100		50	50
	Full time Enhanced support in school	50			50
	Part time enhanced support in school	33	33		33
	Continuing Care health needs and is a child in need who requires respite/short break provision. Short-break/respite component	-		50	50
	Continuing Care health needs and has significant barriers to learning (requiring 1:1 to manage risks) Enhanced support in school	50		-	50
	Continuing Care health needs, some barriers to learning but full time supervision not required	33	33		33

3.6 We are committed to developing a Tameside integrated personal budget offer, which could include personal health budgets, social care and education (including home to school transport) to be offered to CYP with an EHCP or eligible for an EHCP.

Advice and Information

- 3.7 We will provide information and advice to families about the services and support that is available to them; it will be accurate, comprehensive, high quality and easy to use.
- 3.8 The advice and information service will be contained on the Tameside Local offer (<https://www.tameside.gov.uk/localoffer>).
- 3.9 We have undertaken and completed a review the Local Offer to ensure accurate description of services for CYP aged 0-25. We will ensure a periodic review of all current local advice and information services and establish access to independent advice and information

Making better use of information

- 3.10 We have established and developing an integrated system for collecting and analysing data and information that will inform the JSNA. As such when this system is robust we will have a good understanding of the needs of children and young people with SEND across Tameside and Glossop.

4 OUR JOINT COMMISSIONING INTENTIONS

Our Commitment

- 4.1 In the creation of the Tameside and Glossop Integrated Care Organisation we took a large step to joining up care and treatment with ambition to improve outcomes (for more information visit: <http://www.caretogether.org.uk/>). We will utilise our learning to develop a phased approach to integrating services for children and young people with disabilities and their families; ensuring positive experience of services and receiving the timely right service, in the right place.
- 4.2 We established an integrated service comprising of Health and Social Care staff with ISCAN, who offer treatment and support to young people with additional needs and/or complex health needs. However we recognise since the service opened demand has increased and not all services are currently joined up through an integrated model of delivery.
- 4.3 We propose to review the ISCAN service and explore opportunities to build on current evidence of integrated delivery with a view to establishing a service comprising of Education, Health and Social Care staff with the aim to improve the experience and outcomes the of those using the service.
- 4.4 We recognise that at times there are disagreements between professionals and between the service and the families that they are there to help. As such we need to ensure that we have in place disagreement resolution and mediation services to help settle disagreements surrounding the provisions provided for a CYP with special educational needs and/or disabilities and explore how their needs can best be met.
- 4.5 In our neighbourhoods we need to build alternative models of integrated service delivery that ensures collaborative responses to local need with help and support as close to home as possible from a flexible asset base. Services that build on assets of the family and the community and intervene early, with one team, knowing their area and each other; this is person centred approach within the context of family and community.
- 4.6 We recognise that we need establish effective networks where service cannot be integrated and/or co located.
- 4.7 We need review current transition arrangements between service and from children's to adult provision. We need to enable providers through commissioning to continue to be effective regardless of age, gender, disability, race, religion or belief.

4.8 Through the Local Offer we need to ensure that there is an effective single point of access for CYP with SEND. A communication plan will be developed for the roll-out of the strategy and to improve communication and understanding of the support and current offer to CYP and those who care for them with SEND.

5 Section 5: Governance

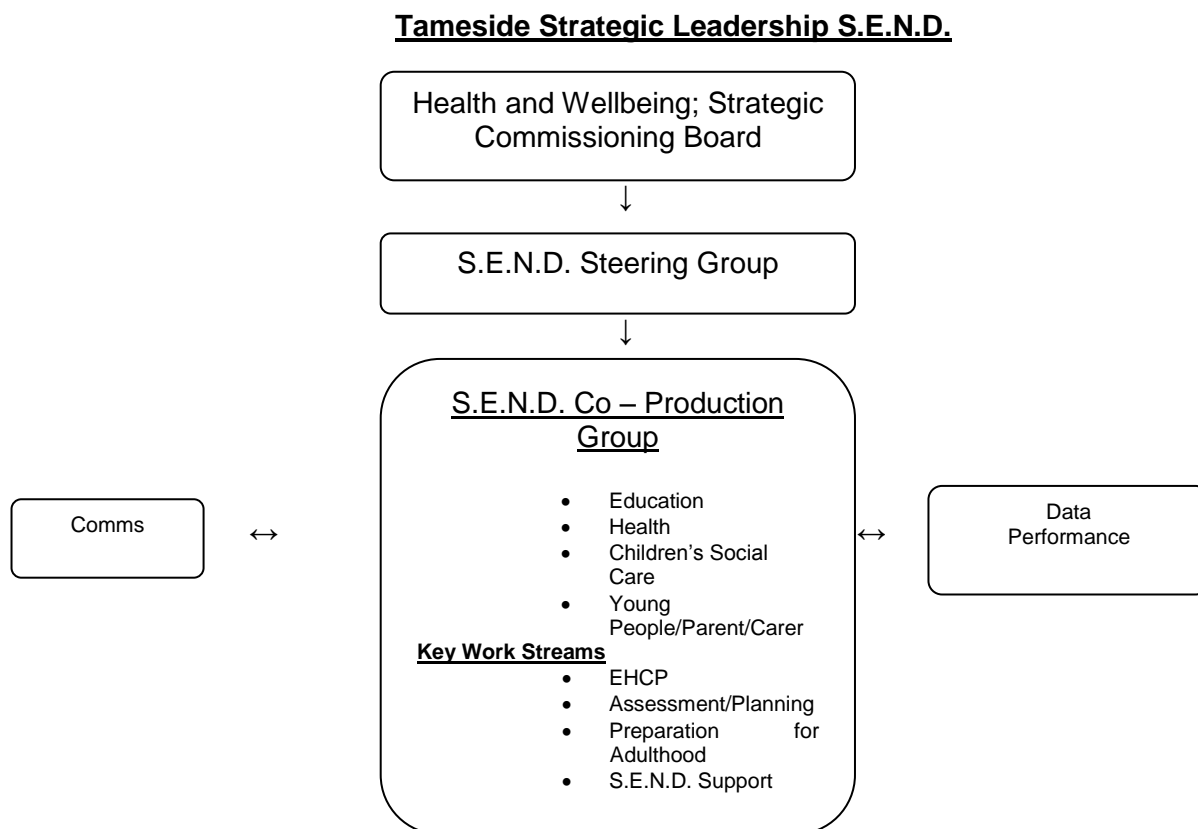
5.1 NHS Tameside and Glossop CCG and Tameside Metropolitan Borough Council have formed a Single Commissioning Function. By bringing together the staff, expertise and budgets of these two commissioning organisations we believe that we can deliver better outcomes for our local population in a cost-effective way.

5.2 The CCG and local authority have formed a joint committee called the Strategic Commissioning Board which has been established to make commissioning decisions funded from our Integrated Commissioning Fund. For further information regarding the Strategic Commissioning Board, please access:

<http://www.tamesideandglossopccg.org/corporate/strategic-commissioning-board>:

5.3 We have agreed that a single Strategic Commissioning Board is the place where the vast majority of health and social care commissioning decisions are made. The meetings of the Strategic Commissioning Board are held in public. The reports from these meetings will be published.

5.4 Informing the Strategic Commissioning Board on SEND is the SEND Steering Group and the SEND Strategic framework outlined below.



5.5 The aim of SEND Steering Group is to ensure the local area meets its obligations under the reforms and ensure children, young people and families have:

- Access to appropriate services, which meet needs across the 0 - 25 age range;
- A clear understanding of the Local Offer (what support they should receive) and the services(s);
- Timely access to this support

- Opportunity to thrive, with improvements to the child/young person's life chances and education.

5.6 It is a Strategic Group to continue the development of integrated working between Education, Health, Social Care and VSCE across commissioners and provider organisations.

5.7 The partnership through the Strategic Group will take whole-system ownership of the priorities, challenge performance and manage risk to deliver whole system approach and accountability on behalf of the population of Tameside and Glossop. It will secure arrangements for monitoring and review of this strategy.

6 Stakeholder Communications

6.1 To support this strategy a comprehensive communications plan is in place to ensure Children, Young People, Families and Stakeholders are finally aware of implementation and progress.

Agreed: X
Review Date: January 2019

Abbreviations

CAMHS Child and Adolescent Mental Health Services
CCG Clinical Commissioning Group
CYP Children and Young People
CYPF Children, young people and families
EHCP Education Health and Care Plan
HWB Health and Wellbeing Board
HWBB Health and Wellbeing Strategy
(ISCAN) Integrated Service for Children with Additional Needs
JSNA Joint Strategic Needs Assessment
LD Learning Disability
PH Public Health
QA Quality Assurance
SEND Special Educational Needs and Disability
SEN Special Educational Needs
SLCN Speech, Language and Communication Needs
TMBC Tameside Metropolitan Borough Council
VCSE Voluntary, Community and Social Enterprise

Tameside and Glossop SEND Action Plan:

ACTION	OWNER	BY WHEN
LP 1 Ensure oversight and governance by senior leaders of the implementation of the SEND reforms, at both a strategic and operational level. Ensuring effective resourcing and implementation of the statutory framework for SEND		
Develop an agreed vision for SEND across the Local Area in conjunction with all partners including parents/carers and children and young people	Director of Children's Services	September 17
Ensure the vision is effectively disseminated understood throughout the Local Area	SEND Co Production Group	October 17
Embed effective governance structures to ensure there is accountability for improving outcomes for children and young people with SEND across the Local Area	Director of children's services	Jan 18
Develop a SEND Strategy for the Local Area in conjunction with all partners and parents/carers and children and young people	Director of Children's Services	September 17
Development of effective systems across the Local Area to monitor and track outcomes across education, health and care for children and young people within SEND	SEND Data Performance Group	Sept 17
Ensure effective reporting mechanisms to senior leaders on outcomes across education, social care and health are in place	Director of Children's Services	Jan 18
This means that Leaders across the Local Area will have a clear understanding of how effective the Local Area's implementation of the reforms has been in making a difference to the lives of children and young people with SEND and their families in Tameside and how/whether outcomes for this cohort of children and young people have improved since the implementation of the reforms in September 2014.		
ACTION	OWNER	BY WHEN
LP2 Ensure Joint commissioning arrangements and strategic planning across the Local Area ; ensuring that commissioning plans are appropriate to meet local demand.		