

# Stockton SEND Joint Commissioning Strategy

DR



## 1. Introduction

Our vision for children with special educational needs and disabilities is the same as for all children and young people – that Stockton on Tees is a great place to grow up, where children and young people are protected from harm and supported to be the best they can be in life.

Most importantly we want the views of children and young people and their parents/carers to be actively sought and their voices heard. We want services to be joined up with reduced waiting times and good information sharing in place so that families can tell their story once. We want outcomes for children and young people to be co-produced and identified and that outcomes are assessed and measured across education, health and social care to ensure outcomes for children and young people improve.

Partners have worked to develop this shared strategy with representatives across Children's Services, Adult Social Care, Public Health, Schools and Hartlepool & Stockton on Tees Clinical Commissioning Group. Parents, carers, children and young people have been integral to developing our priorities for action.

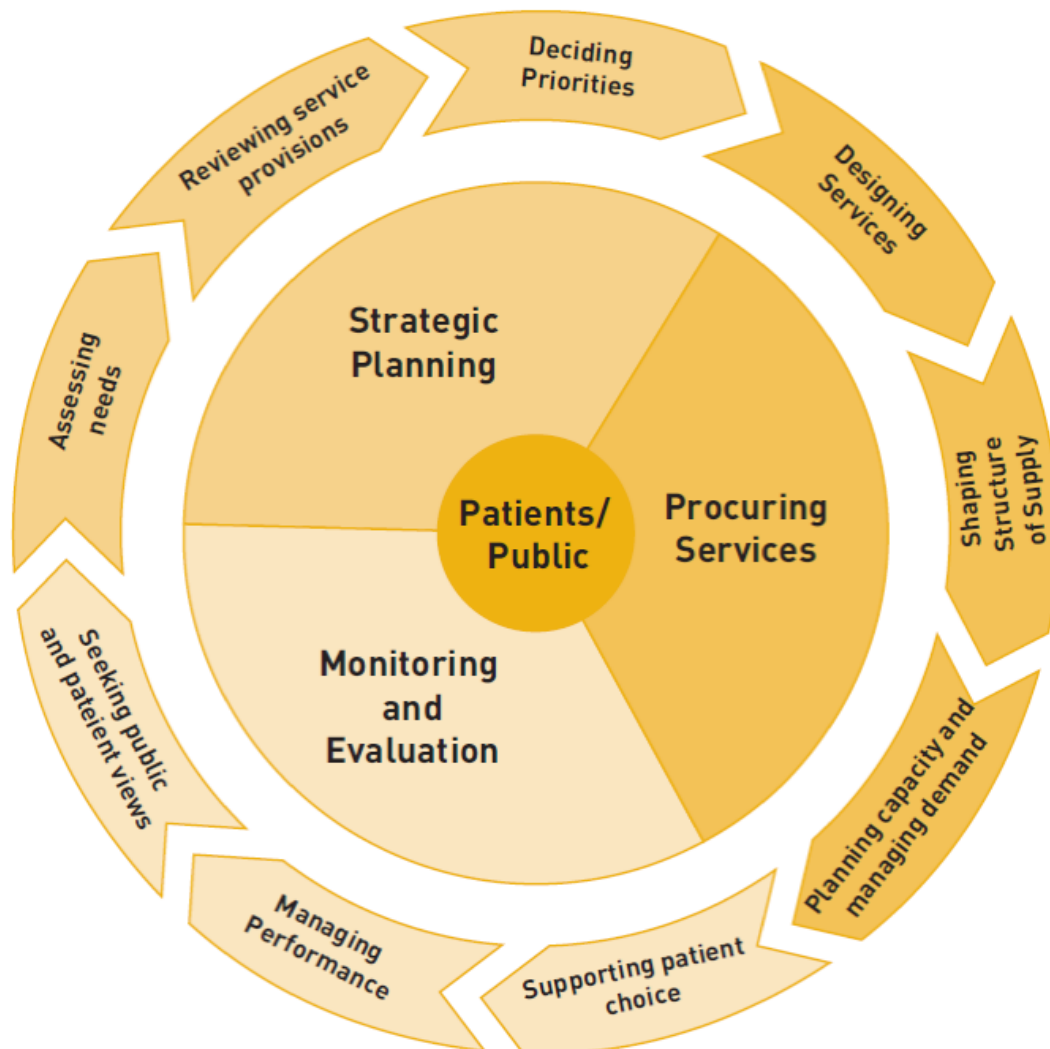
The purpose of this strategy is to:

- Provide an insight into the immediate and longer term challenges that we currently face around joint commissioning for SEND and the practical steps that we are taking to address them
- Identify a set of key commitments and priorities that will underpin all joint planning and commissioning decisions, informed by the SEND Joint Strategic Needs Assessment and in line with the requirements of the SEND Code of Practice: 0 to 25 years.
- Form the basis for a review of SEND **service provisions** (including Emotional Health and Wellbeing Services, Speech and Language Therapy, physiotherapy and equipment provision) to be taken forward by the SEND Development Joint Commissioning subgroup, which will develop an action plan from this.
- Provide a framework for effective joint **planning, understanding** and **review** of SEND services in the borough, which should inform *all* elements of SEND strategy and working practices, including work to be taken forward other SEND Development subgroups. In particular, the commitment to develop joint planning arrangements around Early Help, Needs Identification, Preparation for Adulthood and use of Personal Budgets.

## 2. What is Joint Commissioning?

Commissioning is the process of identifying the needs of a community and planning services to meet those needs. Joint Commissioning is where the assessment of need and planning of services is undertaken by two or more agencies working together, often in health and local government, and sometimes from a pooled or aligned budget. The purpose of joint commissioning for special educational needs and disabilities is to ensure the best possible response to a child's or young

person’s needs, aligning and integrating strategic needs assessment, planning and delivery of services to achieve more. This includes jointly identifying current and future needs, any gaps in provision and maximising resources and sharing intelligence across all services to both improve outcomes for children as well as help inform commissioning and planning decisions across all aspects of SEND support.



The commissioning cycle outlined above will be applied to the joint commissioning process at both an individual, client level as well as at a strategic level, in planning current and future service provision. As you can see above, on an individual level, a client’s needs are first assessed and prioritised and service provisions are reviewed. Then, services are designed around that person’s need, planning capacity and managing demand for services accordingly. Lastly, the performance of the service as well as clients’ own views and quality of choice are monitored and evaluated in order to improve and ensure continued effective delivery for that client. Similarly, this client-level intelligence will be collated and the same processes used to inform strategic planning at a wider level, ensuring the right provision is commissioned to meet current and future demand for groups of SEND pupils. All of the decision stages described in this commissioning cycle represent an opportunity for all relevant agencies to work together, sharing resources and expertise in order to ensure the most effective and appropriate services are provided for clients in Stockton, as well as to work together to support high quality, responsive commissioning strategies.

### **3. What will be different about Joint Commissioning?**

Joint Commissioning enables whole systems planning and can be used to further develop and/or redesign services to deliver more personalised and integrated support and improved outcomes for children, young people and their families. Joint Commissioning can reduce unnecessary duplication of, or barriers between provision and the development of more efficient and cost effective service provision. Through working together and putting in place joint decision-making processes, partners can use Joint Commissioning to support early identification of needs, prevention and outcome focused service delivery and work to improve the experiences of services that children, young people and their families have.

Through Joint Commissioning, we will:

- Develop and support integrated approaches to service provision.
- Work towards simplified funding streams and where it will bring added benefit bring together budgets across partners via pooled funds or aligned budgets.
- Ensure equity of access, so that children, young people and their families are able to access the services they need no matter where they live in the borough.
- Co-produce services with children, young people and their families.
- Enable the implementation of personal budgets and further development of self-directed support.
- Be committed to prevention, early identification and intervention.
- Make decisions based on a clear rationale for improving outcomes, linked to organisational and partnership priorities and using intelligence gathered by all key partners.
- Deliver value for money

#### **3.1 An example of successful Joint Commissioning:**

The commissioning of Speech and Language Therapies (SALT) is largely determined by local arrangements between the health service, local authorities and also individual schools in some instances. This has led to different levels of service available according to who is locally responsible for providing the service. Often, (as is the case in Stockton-on-Tees,) more than one service exists locally, provided separately by health and the local authority, commissioned to meet different elements of children's Speech and Language needs.

In this case, joint commissioning a single SALT service could offer opportunities to reduce as much as possible, the risk of children falling through any gaps in provision as well as one, consistent process for identification of need. A common agreement of priorities and a single, evidence based delivery model would make effective and cost efficient use of resources across the system and efficiently meet SEND children's health and education needs, with no gaps in provision or overlapping of service offers. From the service user's point of view, this will ensure more equity across the borough

in terms of access, level of service received and waiting times and provide a more seamless service experience.

#### **4. What information has been used to inform our Joint Commissioning Priorities?**

A Joint Strategic Needs Assessment was conducted in 2017 to consider the needs of the population of children and young people aged 0 to 25 years in Stockton-on-Tees Borough Council who have SEND (See Appendix 1, summary of key findings). It provides an overview of the current SEND service provision across the Borough and identifies gaps and sets out key themes. These have informed the commissioning priorities listed in this strategy and will continue to inform service review and planning objectives going forwards.

Chapter 3 of the SEND Code of Practice 2014 states that joint commissioning must include arrangements for; Agreeing Personal Budgets; Securing EHC needs assessments; Securing the Education, Health and Care Provision specified in EHC plans; Co-ordinating advice and information provided by Education, Health and Care partners to SEND pupils; Effective complaints procedures; Procedures for resolving CCG and Local Authority disagreements; Effective partnership working; Commissioning decisions informed by Children and parents; Prevention; Early Identification; Better access to services; Consideration of universal services; co-operation with children's and adult's social care; effective transitions to adulthood; and working together to reduce Out of Area placements.

#### **5. Our joint commissioning priorities**

Our joint commissioning priorities can be broken down into two broad categories:

- 1) Service provision**
- 2) Planning, understanding and reviewing**

The first category describes the process of exploring opportunities between two or more partners to actually jointly commission a particular service by agreeing to share budgets and resources in order to meet an agreed set of outcomes.

The priorities under this category will form the basis for a comprehensive review of services, to be undertaken by the SEND Development Joint Commissioning Group. A list of services to be reviewed has been identified below and an action plan detailing objectives and desired outcomes will be developed from this.

The second category describes a broader set of joint working commitments which underpin all areas of SEND strategy. These priorities describe how we will work together as part of our joint commissioning requirements and will employ robust processes to ensure that we jointly understand, plan, deliver and review appropriate SEND provision. Many of these priorities will be undertaken as part of other SEND Development subgroups' work (such as the Preparing for Adulthood, Early

Identification, Local Offer and Parents Voices groups) but are detailed here in this strategy. Additionally, intelligence gathered from the joint planning, understanding and reviewing processes which take place across these areas should be fed up and used to inform service planning and commissioning at a strategic level.

## **5.1 Service Provision**

### **Priority 1**

#### **Review and further development of emotional health and wellbeing, speech and language therapy, occupational therapy, physiotherapy services and the improved provision of equipment**

**Local Authority, education and health partners will work together to:**

- Develop further understanding of the schools' offer in relation to the 2015 publication 'Promoting children and young people's emotional health and wellbeing: a whole school and college approach. Improve joint working between Public Health Nurse Practitioners and CAMHS
- Review service provision for speech and language therapy
- Review service provision for occupational therapy
- Review physiotherapy provision into special schools
- Review the equipment contract
- Implement the Future in Mind Local Transformation Plan

From this process, an understanding of gaps in provision and areas of improvement will develop and, working in partnership, a list of actions will be developed and implemented in a strategy involving health, education and social care.

#### **What success will look like:**

Children, young people, families and schools will be clear on how, when and where they can access services

An identified model of joint commissioning is in place and is improving outcomes for children and young people.

### **Priority 2**

#### **Provision of high quality, cost effective services**

We want the funding that is available to support children and young people with special educational needs and disabilities to enable the provision of personalised, integrated, high quality support that delivers positive outcomes from early childhood through to adult life.

**Local Authority, education and health partners will work together to:**

- Provide alternatives to expensive out of area education and care placements so that good quality services are provided closer to home.
- Aim to pool or align budgets across education, care and health services where appropriate.
- Ensure commissioned and in-house services record whether a child or young person has a SEN support plan or an Education, Health and Care Plan.
- Ensure outcomes are clearly articulated within contractual documentation
- Ensure that performance indicators are clearly articulated within contractual documentation and that these are collated and reported back to commissioners.
- Develop a standardised template to ensure consistent, quality feedback is received from services to inform the review of EHC plans
- Identify the outcome tools that services use to assess the difference that services have made in improving outcomes for children and young people.
- Ensure the requirement to report back on outcomes specifically in relation to children and young people on a SEN support plan or an EHC plan is clearly articulated in contractual documentation
- Bi-annual refresh of the Joint Strategic Needs Assessment
- Scope the processes by which funding decisions are made for education, health and social care.
- Ensure that at each point when a decision regarding funding is to be made outcomes and the potential for joint commissioning of service provision are considered.
- Appoint a Designated Clinical Officer.
- Review sign off of EHC plans across education, health and social care to ensure outcomes are collectively understood and that funding responsibilities are clear.

**What success will look like:**

- The potential for joint commissioning is explored at every point at which decisions are made regarding commissioning
- There are clear pathways across services for children and young people with SEND and these are understood by parents and carers.
- When a child or young person needs specialist provision this can be accessed quickly.

- All services have processes in place to monitor progress of outcomes as an individual, operational and strategic level. Outcome monitoring informs planning and joint commissioning.
- Multi-disciplinary teams are involved in the review of outcomes of EHC plans.

## **5.2 Joint Planning, understanding and reviewing**

### **Priority 3**

#### **Ensure effective partnership working**

We will work with children's and adult care services, health, education and other professionals in the public, voluntary and private sectors to ensure smooth, joined up processes for SEND pupils.

#### **Local Authority, education and health partners will work together to:**

- Make joint commissioning arrangements for securing EHC assessments and for securing education, health and care provision specified in EHC plans
- Consider what information and advice to provide about education, health and care provision for SEND pupils
- Make arrangements for how complaints about education, health and social care provision can be made and are dealt with
- Ensure there are procedures so that disagreements between The Local Authority, Hartlepool and Stockton Clinical Commissioning Group (HAST) are resolved as fast as possible
- Consider aligning or pooling resources in order to improve outcomes for children and young people with SEN and disabilities. We will consider the extent to which pooling our resources may:
  - Offer greater value for money
  - Improve outcomes
  - Better integrate services for children and young people

### **Priority 4**

#### **Harnessing the views of children and young people, their families and carers**

In order to ensure that joint commissioning arrangements are based on evidence about which services, support and interventions are effective, we will seek the views and experiences of children and young people with SEND and their parents and carers. Commissioning decisions should be



shaped by their experiences, ambitions and expectations and will give useful insights into how to improve services and outcomes. It will also mean that we can ask children and young people whether the outcomes they have identified are being achieved.

## **Priority 5**

### **Exploring integrated approaches towards key SEND pathways**

In order to make the best use of the resources across the system, we will consider how an integrated approach can best support:

- Early help/intervention
- Early identification of needs
- Children and young people in preparing for adult life.

We will identify scope for working more efficiently together across these areas, assess the extent to which activities contribute towards these priorities and, using this intelligence, we will make joint decisions about the commissioning of services. We will consider how support such as the early help assessment and SEN support in schools can be operationally and strategically aligned. We will also consider what provision has been commissioned by other agencies (such as schools and further education colleges), and ensure they are supported to deliver these priorities.

## **Priority 6**

### **Supporting arrangements for Personal Budgets**

Personal budgets can be bespoke depending on the child/young person's assessed needs but could include:

- Special Educational Needs Funding that is provided for individual support
- Continuing Health Care Funding
- Short Breaks Funding
- Home to school transport in the form of a 'Personal Travel Budget'

A family can decide how they want their personal budget to be managed:

- The funding coming direct to the family who will manage it to deliver support as set out in the EHC plan.

- As an 'organised budget' where Local Authority, Health or Education agencies manages the budget for the family.
- By a provider (for example a school or the Direct Payment Support service).
- Or as a mix of the three options above.

**Joint Commissioning will support arrangements for personal budgets by:**

- Jointly identifying and agreeing funding streams and services for inclusion, and develop the necessary infrastructure to support their inclusion
- Identifying how joint commissioning strategies will support greater choice and control for parents and young people
- Identifying and establishing the information, advice and support necessary to help families consider options for - and to take up and manage - Personal Budgets
- Working together to support the development of a Personal Budgets pathway within the process of EHC needs assessment, and EHC plan development

## **Priority 7**

### **Developing processes for joint review of SEND services**

**Local Authority, education and health partners will work together in developing processes to:**

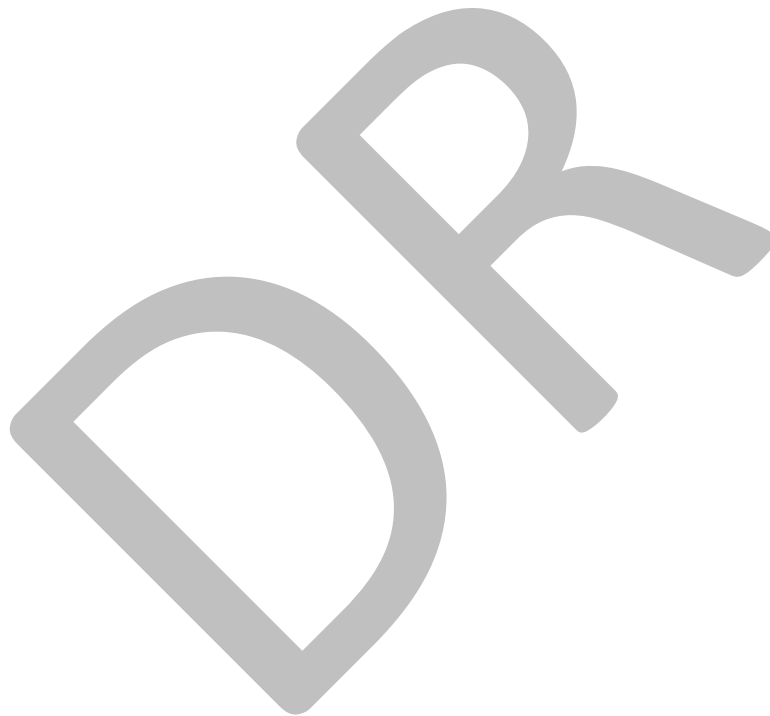
- Closely monitor (including reviewing EHC plans) the changing needs of the local population of children and young people with SEND in order to identify whether or not the provision has improved outcomes
- Use feedback from children, young people and families to identify gaps in provision, and shape and change our joint commissioning priorities accordingly
- For services that are jointly commissioned, we will jointly review performance data in order to identify strengths and areas where additional arrangements/resources are needed and use this to inform joint commissioning decisions

## **6. Governance Arrangements**

The SEND Development Joint Commissioning Group, which is made up of Education, Health and Local Authority Colleagues, is responsible for this Strategy as well as the Action Plan which will be developed from the commissioning priorities identified above. This group is accountable to the over-arching SEND Development Group which oversees the Joint

Commissioning Group as well as other SEND Development subgroups. It will report progress to this group. Specific tasks to include actions from the Local Authority, Health and Education colleagues will be linked to the Action Plan and will include clear lines of accountability and timescales. This will remain a live document and evolve in response to developments.

Stockton's Health and Wellbeing Board has oversight of the implementation of this strategy. Regular reports will be submitted to HAST CCG's Joint Executive Committee, which oversees the organisation's sign-off of strategy implementation, along with its Governing Body.



## **Appendix 1**

### **SEND Health Needs Assessment:**

## 1. Summary of key findings

## 2. Conclusions

### 1. SUMMARY OF KEY FINDINGS

#### National prevalence of SEN

- Number of children and young people (CYP) with SEN fell 2015/16 then rose marginally 2016/17.
- The number of SEN CYP with an EHC plan rose to 242,185 in 2017 (an increase of 5,380 from 2016) and they represent 2.8% of the pupil population.
- The number of SEN pupils without an EHC plan has fallen from 18.3% of the pupil population in 2010 to 11.6% in 2017 (Note that some decrease post-2014 may have resulted from changes in categorisation of SEN due to Children and Families Act 2014).

#### Local SEN prevalence

- 32,966 pupils were attending schools in Stockton-on-Tees in January 2017, of which 15% (n=4,694) have SEN. This is above the national average of 14.4% and below the regional average of 15.4%
- 12.4% (n=4,091) of pupils in the borough receive SEN support and this has fallen by 2.7% since 2011. 2.6% (n=855) have an EHC plan and the proportion of pupils in this cohort has remained around 2.5 – 2.6% since 2013.

#### Primary Need

- At 31%, MLD is the most prevalent primary need for those pupils with or without an EHC plan, followed by SEMH, SpLD and ASD.
- In primary provision, 26.4% of SEN pupils have MLD as a primary need followed by 28.8% with SLCN. Between 2015/16, SLCN accounted for 80/103 new SEN cases.
- 38% of primary need for SEN pupils in secondary education is MLD.
- In special school provision, SLD, MLD and SEMH are highest in terms of primary need.

#### Placement

- Mainstream maintained schools or academies are the most common placement for pupils with SEN across the borough, with 83% (n=4,096) of this cohort on roll. 11% (n=553) attend special academies and 6% (n=298) attend other settings.
- Of those pupils with EHC plans, 31% attend mainstream maintained schools or academies, 64.3% attend special academies and 4.5% other settings.

- Of those pupils in receipt of SEN support, 94% attend mainstream maintained schools or academies.

#### Out of area placement

- 192 CYP from Stockton-on-Tees are currently on out of area placement.
- 60% are so placed for cognition and learning/communication and interaction, 28% SEMH and 12% sensory and/or physical needs.
- The primary SEN of 30% in these placements is ASD, 19% SEMH and 30% MLD.
- 30% of children in out of area placements are looked after by Stockton-on-Tees Borough Council.

#### Children in Need (CIN)

- Between 2015/16 12.7% of CIN nationally were recorded as having a disability. This has reduced from 14.2% in 2010/11. 8.5% of CIN in Stockton-on-Tees are so recorded (regional average 12.7%). Note that Stockton-on-Tees Borough Council falls significantly below both national and regional averages and is has the second lowest proportion of CIN with a disability of all North-East local authorities.

#### Socioeconomic factors

- Children in poorer households and neighbourhoods (where health and social inequalities endure) are more likely to be identified as having SEN.
- Nationally, the percentage of pupils claiming free school meals in the general school population fell between 2015/16. During the same period, the number of SEN students with an EHC plan claiming free school meals increased.
- The proportion of CYP in Stockton-on-Tees claiming free school meals is above the national average in primary, secondary and special schools (and marginally below the regional average).
- The proportion of pupils claiming free school meals in special schools in Stockton-on-Tees is over three-times the number in primary provision and over twice the number in secondary provision.

#### Outcomes

- Locally and nationally, outcomes for children with SEN are poorer than those of their peers. Whilst outcomes for EYFS children is below the national average, 35% of KS1 pupils achieve the expected standard and this is either equal to or above both regional and national averages.
- AT KS2, 17% of pupils receiving SEN support and 5% with an EHC plan achieve the expected standard. The respective levels of achievement at KS4 are 20.2% and 4.8%. Performance is below national standards across all areas except for pupils on SEN support at KS2.

- For SEN pupils in post-16 education or training, 2.6% are qualified to level 2 whilst 22.3% have achieved a level 3 qualification. In terms of those aged 19 or above in training or education, data are not available as such information is not gathered or analysed.

#### User views

- 75% of parents/carers who engaged in the HNA SEND survey stated that at least one service they received was good or excellent. 66% of respondents stated that at least one service could be improved.
- Waiting times featured as an issue throughout the survey, as did access to services outside of regular working hours/school holidays. Some respondents cited lack of specialist respite provision as a key issue in terms of services offered in Stockton-on-Tees. Services relating to ASD provision were also cited as requiring some development in terms of (amongst other issues) lack of ASD specialists in schools and training on this condition.

More local services and increased social activities for CYP with SEND were also noted from some respondents.

- 71% of stakeholders who engaged with the survey stated that SEND were either well or very well identified.
- Waiting times featured in stakeholder feedback as being problematic, impacting upon the services and interventions accessed by parents, carers and CYP. Joint working between health, social care and education was also considered problematic by some respondents.

#### Health Services

- Between July 2016 and March 2017, an average of 83% (n=1,455) of infants received their review from a health visitor (range 73.4% - 90.3%).
- Whilst health services gather and analyse data relating to CYP, they do not identify those with SEN (with or without statement). It is, therefore, difficult to analyse health need in terms of SEN.

#### SEN trends

- MLD, SLCN, SEMH, SpLD and ASD are the most prevalent primary needs across all SEN pupils.
- SEN support with no current assessment (those who are yet to be assessed) was introduced as an indicator in 2015. This has seen over a fourfold increase (40 to 170 pupils) between 2015/17 from 40 to 170.
- There has been a reduction of the number of pupils with ASD as a primary need (n=139) between 2015/17. During the same period, SLCN as a primary need increased (n=208) together with over fourfold increase in MSI (n=21) during the same period. 90% of SLCN pupils are currently in primary provision.

#### Projections

- Estimating future SEN need is complex; partially due to the range of conditions which make-up 'special educational needs and disabilities'. Furthermore, trends can be influenced by a range of factors including thresholds for diagnosis and classification, and improvements in treatment for these conditions.
- Mean rates from past trends have been applied to pupil forecasts. This can only give a indication of future prevalence/need.

Local Offer:

- Of those parents/carers who responded to the survey conducted to inform this HNA, just over half stated that they had not seen the local offer and just under two-thirds stated that they had not used it.
- Whilst there was a clear sense of value that all information was in one place, some parents felt that many generic services were listed with insufficient information regarding those services specific to children with various levels of SEND.

## 2. CONCLUSIONS

Our health is determined by our genetics, our lifestyle, the health care we receive and the impact of wider determinants such as our physical, social and economic environment including, for example, education.<sup>1</sup> Health inequalities are avoidable and unfair differences in health status between groups of people or communities and local authorities must strive to minimise the impact that this gap has upon children and young people with SEND.

Early identification of needs is key to ensuring early intervention to support the diverse needs of children and young people with SEND in Stockton-on-Tees. In order to support this, there should be regular and ongoing analysis of early years data to inform future commissioning of SEND services. Robust governance of pre-EHC pathways combined with structured guidance regarding identification of particular needs should be supported by ongoing case audits and management oversight; to achieve high quality assessments which lead to intervention at the earliest opportunity for those who need it.

Data sharing protocols between education, health and social care should ensure that professionals charged with the assessment of care of children and young people with SEND can make evidence-based decisions and recommendations. This is particularly important for health data, which does not currently highlight all service-users who have needs which are being addressed through an EHC or special needs support. Likewise, engagement with the local authority child disability register is relatively low compared to the amount of children and young people with SEND diagnoses. Focus upon these aspects of data sources is integral to evidence-based decision making and joint commissioning of services.

In feedback from parents, carers and some professional stakeholders, the issue of waiting times was particularly prevalent. For example, whilst data show a reduction in prevalence of ASD among SEN pupils between 2013-2017, longer waiting times for assessment/diagnosis endure. Parents

highlighted the need for flexibility of service availability, particularly out of office hours and during school holidays. The voices of parents, carers and children and young people with SEND must be routinely gathered in order that these thoughts, perspectives and opinions can be factored into service decision-making and planning.

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<sup>i</sup> Public Health England (2017) 'Reducing health inequalities: system, scale and sustainability'. Available at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/641625/Reducing\\_health\\_in\\_equalities\\_system\\_scale\\_and\\_sustainability.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/641625/Reducing_health_in_equalities_system_scale_and_sustainability.pdf)