

Special Educational Needs and Disability Joint Commissioning Policy

1. Introduction

Southwark Council and the Southwark Clinical Commissioning Group have begun discussions to create a Partnership Commissioning Team. This team will be an integrated commissioning team gradually developed over time. It is intended that the team will be established in September 2016, and initially focus on a few strategic areas of commissioning (e.g. mental health) and increase its range over time. This policy document needs to be read in the context of an agreed commitment by both organisations to establish the Partnership Commissioning Team and move to integrated commissioning for the majority of their services over time.

Joint planning and commissioning are a key part of the Special Educational Needs and Disability (SEND) reforms. In order to secure the best possible outcomes for children and young people with Special Education Needs and disabilities, the Council and Southwark Clinical Commissioning Group will work closely together and with our NHS colleagues to identify opportunities to pool resources, and also –

- establish key partnerships (including those with children and young people with SEND, their families, and service providers);
- come to a joint understanding of local needs,
- jointly plan, deliver, and review service provision.

We will work closely to secure integrated education, training, health and social care provision in order to promote wellbeing, and to improve the quality of the provision for children and young people with SEND, from early childhood through to adult life.

2. Scope

Joint commissioning arrangements cover services for 0-25 year old children and young people with Special Educational Needs and Disabilities, both with and without Education, Health and Care (EHC) plans. Joint commissioning within the scope of this policy is limited to securing special education, health, and care provision for children and young people who –

- we are responsible for, and who have special educational needs;
- reside in Southwark, and who have a disability.

3. Legislation & Key Documents

- Children and Families Act 2014
- Local Government and Public Involvement in Health Act 2007
- National Health Service Act 2006
- Special Educational needs and Disability (SEND) Code of Practice: 0 to 25
- The NHS Act 2006
- The Health and Social Care Act 2012
- The Care Act 2014

- Equality Act 2010
- Local Government and Public Involvement in Health Act 2007
- NHS Mandate 2013-15

4. Definitions

Commissioning partners: The Council, Southwark Clinical Commissioning Group, and also the National Health Service Commissioning Board unless otherwise prescribed.

EHC (Educational Health and Care) Plans: EHC plans address the educational, health and social care needs of the child/young person (aged 0-25). EHC Plans replace SEN (Special Educational Needs) statements.

Joint Strategic Needs Assessments (JSNA): The tool which The Council and Clinical Commissioning Group use to describe the future health, care and wellbeing needs of the local population, and also to identify the strategic direction of service delivery to meet needs.

5. Approach to SEND Joint Commissioning

5.1 Integrated provision

Commissioning partners will ensure that education, training, health and social care provision are suitably integrated where we believe this promotes wellbeing, and improves the quality of the provision for children and young people with Special Education Needs (SEN) and disabilities.

The Council will ensure that its Children and Adult Social Care services cooperate to promote the integration of care, support and health services, to deliver personalised services, and to ensure that suitable provision is in place for young people transitioning to adult services.

5.2 Joint commissioning arrangements

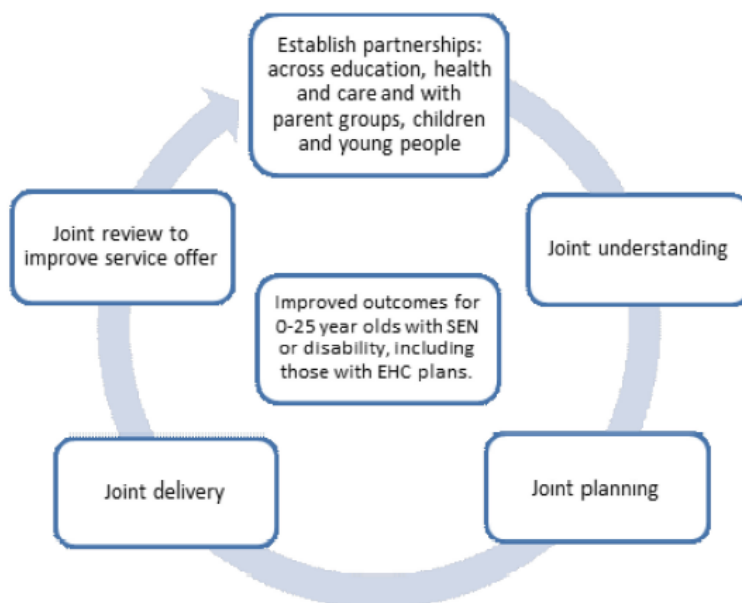
Commissioning partners will cooperate in order to agree the education, health and care provision required by local children and young people with SEN or disabilities. We (the commissioning partners) will make joint commissioning arrangements for securing EHC assessments, securing education, health and care provision specified in EHC plans, and agreeing personal budgets. We will also consider:

- what level and range of services to commission to address the health and care needs of local children and young people with SEND who do not meet the threshold for EHC plans
- what information and advice to provide about education, health and care provision for children and young people who have SEN or are disabled;
- how complaints about education, health and social care provision can be made and are administered;
- procedures to ensure that disagreements between The Council, Southwark Clinical Commissioning Group (SCCG), and NHS England (for specialist services), are resolved as fast as possible.

We will publish the output of this work publically as part of the Local Offer.

We will agree how we will work together as part of our joint commissioning arrangements. We will employ robust processes to ensure that we jointly understand, plan, deliver and review appropriate SEND provision. We will keep these arrangements under review to ensure that they are fit for purpose.

The Joint Commissioning Cycle¹



5.3 Establishing effective partnerships

5.3.1 Leadership

Elected Lead Members for Children’s Services, Directors for Children’s Services, the SCCG governing body, and chief executives across education, health and social care will provide leadership for integrated working.

5.3.2 Decision making

We will comply with the governance arrangements set out in our joint commissioning arrangements to ensure clear accountability for commissioning. Joint commissioning arrangements will include clear and transparent decision making processes so that:

- we can agree the changes that joint commissioning will lead to with regards the design of services;
- we know who the education, health and social care decision makers are (operationally and strategically);
- we can make decisions about the needs of children/young people with SEN or disabilities in individual cases;
- it is clear who is responsible for delivering what;
- it is clear how partners will hold each other to account in the event of a disagreement.

¹ Special educational needs and disability code of practice: 0 to 25 years. The Department of Health

5.3.3 Identifying and working with appropriate partners

We will consider the role that voluntary, community and private sector providers can play in delivering services, and will engage appropriate partners to support children and young people with SEN and disabilities, for example –

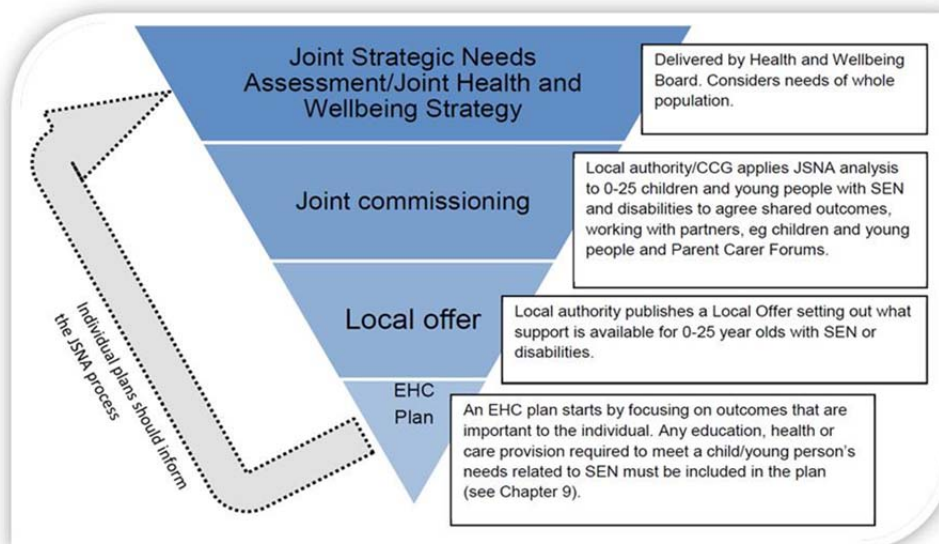
- CAMHS
- Jobcentre Plus
- training/apprenticeship/supported employment providers.
- therapists
- housing associations
- careers advisers
- leisure/play services

We will develop effective ways of harnessing the views and experiences of children and young people with SEN and disabilities, and those of their parents. We will also engage local Healthwatch organisations, patient representative groups, Parent Carer Forums, groups representing young people with SEN and disabilities, and other local voluntary organisations and community groups. We will use the information gathered to ensure that decisions are shaped by service users' experiences, ambitions and expectations.

5.4 Joint understanding

5.4.1 Joint assessments/strategies

Health and Wellbeing Boards have a duty to promote greater integration and partnership working, including through joint commissioning, integrated provision and pooled budgets. We will utilise tools such as Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies to ensure that joint commissioning is informed by a clear assessment of needs. We will use these live documents to inform joint commissioning decisions, and reflect the outcomes in services set out in the Local Offer.



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² Special educational needs and disability code of practice: 0 to 25 years. The Department of Health.

5.4.2 Local data

We will access a range of data sets and analysis available to commissioning partners in order to inform decision making, including (but not limited to):

- population and demographic data;
- numbers of local children and young people with EHC plans and their main needs;
- analysis of shared health, education and social care key performance indicators;
- analysis of local challenges and sources of health inequalities;
- employment rates for young people leaving education;
- local data on disabled children from the register of disabled children.

We will also maintain up-to-date information on research and guidance about good practice.

5.4.3 Children and Young people, their families, and appropriate partners

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, their parents and carers, and appropriate partners (see section 5.3.3)

5.4.4 Children's and adult's services

We will work with commissioners of adult services and professionals in the public, voluntary and private sectors to ensure smooth transitions between children's and adult services for young people with SEN or disabilities.

5.5 Joint planning

5.5.1 Making the best use of resources

We will consider aligning or pooling resources in order to improve outcomes for children and young people with SEN and disabilities in a way that is efficient, effective, equitable and sustainable. 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.

Any pooling of resources will be added to our existing s75, s256 and Better Care Fund agreements.

5.5.2 Integrated services

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

- prevention;
- early identification of needs;
- families and services to enable children and young people to participate actively in their local community;
- better access to services;
- the development of good language, communication and mental health through universal services;
- better transitions between life stages and settings;
- children and young people in preparing for adult life.

We will identify scope for working more efficiently together, assess the extent to which activities contribute towards local priorities and outcomes, and decide which services should be commissioned or decommissioned. We will also consider how we can align the commissioning of services for children and young people who have SEN and disabilities, with SCCG's responsibility for commissioning health services for other groups, and the Council's responsibility for protecting and improving the health of the local population.

We will consider how support delivered through various mechanisms (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, further education colleges and other education settings), in order that these agencies are suitably supported to deliver positive outcomes for children and young people.

5.5.3 Services

We will consider the provision of preventative services, the provision of information and advice on care and support locally, and specialist support and therapies including (but not limited to) –

- clinical treatments and delivery of medications
- speech and language therapy
- assistive technology
- personal care
- CAMHS support
- nursing support
- specialist equipment
- habilitation training
- physiotherapy
- occupational therapy
- emergency provision

Services may also include highly specialist services utilised by a small cohort (such as those with severe learning disabilities), and provision for children and young people who need to access services swiftly (for example because they need emergency mental health support). Joint commissioning arrangements will also include requirements for local agencies to collaborate to assess the social care needs of children and young people who may benefit from early help, and for commissioning partners to have a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children and young people.

We will consider commissioning services/placements across groups of authorities or at a regional level for children and young people with high levels of need. NHS England commission specialist health services at a regional and national level, so local partners will need to engage and integrate these arrangements to support local joint commissioning activity.

5.5.4 Shared outcomes

In order to inform the delivery and monitoring of services we will draw on national and local priorities, and alongside service users, their families and organisations that work with them, we will identify outcomes (individual, service level, and strategic) that matter to children and young people with SEN or disabilities. We will publicise the outcomes - including how we intend to meet them - on the Local offer.

5.5.5 Personal Budgets

We will set out our arrangements for agreeing Personal Budgets. The arrangements will:

- involve children, young people and families in decision making processes at an individual and strategic level;

- identify and agree funding streams and services for inclusion, and develop the necessary infrastructure to support their inclusion;
- identify links to be made between the SEN offer, and Personal Health Budgets for children and adults;
- identify and establish the information, advice and support necessary to help families consider options for - and to take up and manage - Personal Budgets;
- develop a Personal Budgets pathway within the process of EHC needs assessment, and EHC plan development;
- identify how joint commissioning strategies will support greater choice and control as the market is developed.

5.6 Joint delivery

We will consider whether combined service delivery, training or a common set of key skills would assist professionals/providers to adapt to meet the needs of children and young people with SEN or disabilities in a more personalised way. We will also consider whether and how specialist staff can train the wider workforce so they can identify need earlier, and offer appropriate support. SCCG will ensure that there is a Designated Medical Officer (DMO) in place in order to meet its statutory responsibilities for children and young people with SEN and disabilities. The DMO will act as a point of contact for local partners when:

- notifying parents and local authorities about children and young people they believe have, or may have, SEN or a disability;
- seeking advice on SEN or disabilities.

The DMO will play an important part in our joint commissioning processes by sharing the key issues they are encountering whilst carrying out their role.

5.7 Joint reviews

We will review special educational and social care provision for children and young people with SEN or disabilities in Southwark, and those for whom we have a responsibility but who are educated outside of the borough. We will use these findings to inform our understanding of the location population, and to jointly plan, deliver and review services.

We will closely monitor (including reviewing EHC plans) the changing needs of the local population of children and young people with SEN and disabilities in order to identify whether or not the provision has improved outcomes.

We will use feedback from children, young people and families to identify gaps in provision, and shift our joint commissioning priorities accordingly. Any changes in provision commissioned locally will be reflected in the Local Offer.

6. Performance and Monitoring

In addition to considering outcome performance data, we will monitor and report on a range of performance indicators, including –

- % of EHC plans completed on time;
- no. of EHC complaints received;

- no. of disputes between commissioning partners that have been escalated to the disputes process.

We will review performance data quarterly in order to identify strengths and areas where additional arrangements/resources are needed. We will publish information about our performance on the Local Offer.

7. Related Policies

This policy should be read alongside the following documents -

- Personal Budgets Policy: Children and Adults aged 0–25
- The Adult Assessment and Eligibility Policy & local team procedures
- Personalisation and Personal Budgets Key Policy Principles
- The Information and Advice Policy and local team procedures
- Personal Budgets Policy: Children and Adults aged 0–25
- Children and Young People Aged 0 - 25 with Special Educational Needs and Disabilities
- Southwark’s Families Matter 2015-2020
- Children and Young People’s Plan for 2013 – 16 (currently being reviewed)

8. Document control

Approval date	May 2016		
Last reviewed	N/A	Version	Final
Scheduled review date	December 2016		