



Halton Children's Trust
...Working together to make the difference

Halton Children's Trust

Special Educational Needs and/or Disabilities (SEND) Joint Commissioning Framework

2016-2020

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1. Introduction

The overarching aim of this Framework is to improve educational, health and emotional wellbeing outcomes of our children with a Special Educational Needs and/or Disability SEND in Halton. It is specifically related to improving their outcomes, although it is acknowledged that additional commissioning priorities will need to be taken into consideration. It links with both the Halton Joint Commissioning Framework 2016/17 and also the Halton SEND Strategy 2016-2020.

What is Commissioning?

The Department of Health describes commissioning as the means to secure the best value for local citizens and taxpayers. It is the process of translating aspirations and need, by specifying and procuring services for the local population, into services for users which deliver the best possible health and wellbeing outcomes and provide the best possible health and social care provision within the best use of available resources.

2. The Commissioning Cycle

The cycle of 'analyse, plan, do, review,' relates to the processes of needs assessment, strategic planning, shaping/managing the market, improving performance, monitoring and evaluating. All strategic partners commissioning activities must be implemented using the four commissioning cycle stages.



Each stage of the cycle is equally as important as the other and does not operate in isolation. It is informed by the previous stage to drive the next stages of the cycle and is influenced ongoing engagement with all stakeholders.

3. Benefits of Joint Commissioning

Adopting this joint approach offers the following potential benefits:



4. Priority Areas for Joint Commissioning

Halton's current priority areas for joint Commissioning are:

0 – 5 Development

- To maximise the development of every child in Halton to achieve their best possible outcomes

Early Intervention (Early Help)

- Provide the right help for families as soon as need arises, to prevent needs increasing and ensure redesign services to bring lasting change to the most troubled families in Halton

Risk Taking Behaviour

- To reduce the harm to young people caused by risk taking behaviour by helping them to make positive decisions, preventing long term health problems and reducing the need for them to access specialist services in their adult years

Emotional Health and Mental Wellbeing

- To improve the emotional health and mental well-being for children, young people and their families in Halton

SEND

- To improve outcomes for children and young people with SEND through working with partners to identify, scope, prioritise, jointly commission, review and evaluate SEND provision

Children in Care

- To improve outcomes for children in care

5. Halton's Approach

Young people and their families will be consulted and involved in both the reviewing of services as well as the procurement processes for future joint commissioning utilising links with the Schools Champions Group and other groups as required.

The Joint Strategic Needs Assessment (JSNA) will be utilised as a tool to formulate future commissioning activity. Potential availability of regional, sub regional collaborations will always be assessed in relation to future joint commissioning.

The Action Plan (Appendix 1) will be used to develop commissioning activity in a planned way to build up capacity and identify immediate commissioning needs.

6. National Context, Legislation and Guidance

This framework has been produced in consideration of the significant government reforms to education health and social care when working with and for children and young people with SEND (0-25 years) and their families and/or carers. These reforms are detailed in the Children and Families Act 2014. Further details can be found in the Joint Commissioning Framework 2016/17 – Section 3 National Guidance.

Care Act 2014

The first part of the Care Act was implemented in April 2015 and together with the Children and Families Act 2014, has radically changed the legal landscape for young people as they grow and develop into adulthood.

The Care Act now places a 'statutory duty' on local authorities to 'promote their wellbeing' and look at the person's life holistically i.e. what care and support they each need and want. Together with the Children and Families Act, the Care Act places a duty on local authorities to promote better choice and control over care and support for young people and families (rather than requiring them simply to provide services). The Care Act is designed to work in partnership with the Children and Families Act which introduced a system of support which extends from birth to 25, whilst the Care Act deals with adult social care for anyone over the age of 18.

7. Local Context

The Children and Families Commissioning Partnership is a sub-group of Halton Children's Trust and its membership consists of:

- Halton Borough Council Commissioners;
- Consultant in Public Health (Children)

- Halton NHS Clinical Commissioning Group;
- Special Educational Needs Representatives; and
- Housing Association representatives.

One of its key responsibilities is to identify how the outcomes for children and young people with SEND can be improved through more effective integrated commissioning. The Partnership recognised the importance of establishing a dedicated SEND Commissioning Partnership Board to progress this more effectively. Joint commissioning requires contributions from the different partners and teams across education, health and social care, including schools as commissioners. As the work of the SEND Commissioning Partnership Board moves forward it will be necessary to invite new members as and when required.

8. Definition of SEND

Under Section 20 of the Children and Families Act 2014 and Section 312 of the Education Act 1996, a child or young person has special educational needs if they have a learning difficulty or disability which calls for special educational provision to be made for them.

Children or young people have a learning difficulty or disability if they:

- have a significantly greater difficulty in learning than the majority of others of the same age;
- have 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; or
- are under compulsory school age and fall within one of the definitions above or would do so if special educational provision was not made for them.

For children aged two or more, special educational provision is educational or training provision that is additional to or different from that provided for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post 16 institution or early years providers. For a child under two years of age, special educational provision means educational provision of any kind.

A child/young person under compulsory school age has special educational needs if he or she is likely to fall within the definition above when they reach compulsory school age or would do so if special educational provision was not made for them.

Post -16 institutions often use the term learning difficulties (LD). The term SEND is across the 0-25 age range but includes LDD.

Disabled children and young people:

Many children and young people who have SEN may have a disability under the Equality ACT 2010 that is 'a physical or mental impairment which has a long term and substantial adverse effect on their ability to carry out normal day-to-day activities'. Where a disabled child or young person requires special educational provision they will also be covered by this SEND definition.

9. Governance

It is important for the success of any framework that there are clear lines of accountability and governance - Halton Children's Trust Governance Structure (Appendix 2). This Framework will be agreed by the SEND Strategic Group and progress reported on a quarterly basis. Updates on progress or issues relating to integrated commissioning will be reported to Halton Children's Trust Board and the Health and Wellbeing Board as required.

Specific areas for potential SEND Joint Commissioning that are highlighted by Halton Children's Trust Board, Children and Families Commissioning Partnership and/or the SEND Strategic Group during the course of their business will be added to the SEND Commissioning Board Action Plan.

Role of the Health and Wellbeing Board (HWBB)

The primary focus of the HWBB is to ensure the implementation of the Joint Health and Well Being Strategy (2015–20) by ensuring improvement and co-ordination of services related to NHS, social care and related children's and public health by leading the development of improved and integrated health and social care services and using collective resources to reduce health inequalities and address variances in the quality of health and social care.

Role of the Children's Trust Board

The Children's Trust Board will be responsible for setting and agreeing the priority areas contained within the SEND Commissioning Framework, the strategic direction set by the Trust may mean reviewing current services that are commissioned by a single agency or are jointly commissioned, scoping and addressing gaps in services, reconfiguring services to meet changing needs or supporting the achieving of required efficiencies. The Trust will act as the decision maker in terms of future commissioning intentions.

Role of the SEND Strategic Group

The SEND Strategic Group will be responsible for providing assurance that tasks agreed at the Children's Trust Board are met within the timescales set in terms of current joint commissions and will also offer challenge in terms of the SEND performance dashboard. The Group will require specific presentations/reports covering both individually commissioned services as well as jointly commissioned services as requested.

10. SEND Commissioning Partnership Board – Set of Principles

As a Partnership Board we will:

- identify, scope, prioritise and review potential areas for joint SEND commissioning activities. This work will be led by a local authority and CCG commissioner. They will be responsible for developing the SEND Commissioning Board Action Plan based on achieving outcomes for children and young people. These will reflect, where possible, the priorities identified within the Joint Commissioning Framework working on simple commissioning principles;
- review any current jointly Commissioned services;
- meet quarterly, however as the plan evolves this will be reviewed;
- not be able to take decisions in relation to jointly commissioned activities, each partner will follow their own usual internal governance routes to seek agreements for joint working/commissioning. The Partnership's responsibility is to make recommendations on priorities and timelines for joint commissioning and as part of this process have a duty to be aware of the partner organisations individual governance and decision making requirements;
- “champion” the direct involvement of young people and their families within commissioning/decommissioning decisions;
- ensure that information is utilised to influence/inform commissioning decisions. This will include the Joint Strategic Needs Assessment (JSNA), Health and Wellbeing Strategy, Children & Young People’s Plan, Local Offer, analysis of local Education, Health and Care Plans, Disabled Children and Young People’s database and the active participation and engagement of children, young people and their families and community;
- ensure that systems are in place to safeguard children and young people and promote their welfare;
- be responsible to the delivery of services to meet local needs, including scoping of current and required services, holding providers to account for current delivery, developing a local market to meet current and future identified needs;
- have a responsibility to keep up to date in relation to best practice;
- report into the Children’s Trust, SEND Strategic Group and the Health and Wellbeing Board as required.

11. Informing Current and Future Commissioning Decisions

Joint Strategic Needs Assessment (JSNA)

The JSNA provides an evidence base bringing together intelligence about the health and wellbeing of our local residents and wider social determinants e.g. local economy, deprivation and education. It uses a wide range of numerical and narrative data to build a comprehensive picture of need, telling the ‘story’ of our

Borough. Understanding this story helps us address health and social inequalities and improve the health and wellbeing of our residents.

The JSNA is the first port of call for information about the Borough and is a guide to ‘inform’, ‘question’, ‘challenge’ and ‘review’ the commissioning process, decisions, policy, strategies and service developments. It is an evidence base to promote cross-service and cross-organisation activity, highlight local priorities and inequalities.

Healthwatch

Healthwatch are commissioned to engage with children, young people and their parents/carers to gain information and insight into the development of future services. They offer an independent voice for the local community, helping to shape and improve health and social care services. The SEND Strategic Group will link with Healthwatch to use the information they capture.

Local Offer – You Said, We Did

The Local Offer allows families and young people the opportunity to submit feedback and contribute towards improvements in the information it provides which is published on the ‘You Said, We Did’ section of the Local Offer.

It is crucial that this information is collated and analysed as this information will help to improve service provision and/or identify gaps in current provision needed to meet their needs. Regular reports on this feedback will be submitted to the SEND Strategic Group.

SEND Service Performance Management

A shared performance framework across education, health and social care is in development. This will be used across a range of services to monitor the effectiveness of:

- The local area in SEND identification and assessment processes;
- Outcomes;
- Feedback from children, young people, their families and professionals;
- SEND commissioning
- Workforce plan.

This information will inform and support the SEND Strategy and Improvement Plan to ensure that future services are responsive to local need.

Personalisation

Personalisation is at the heart of the SEND reforms. This means putting children, young people and their families at the centre of the Education, Health and Care Plan (EHC) process. It begins with the person as an individual who has strengths, preferences and aspirations and is the gateway to a structured process which

identifies their needs and enables choices about how, and when, they will be supported to live their lives and achieve their full potential. There are a number of ways in which personalisation can be made a reality. These include:

- person-centred approaches where disabled children and their families are put at the centre of decision making, enabling them to express their views, wishes and feelings;
- personalising the support which families receive through education, health and social care services working in partnership to arrange seamless care and support for them;
- funding mechanisms, which enable enhanced flexibility, choice and control for young people and their families through the use of direct payments and Personal Budgets for education and/or health;
- Supporting families in getting the best out of Personal Budgets through independent specialist brokerage arrangements which help them to manage their Personal Budget and achieve the agreed outcomes in their plan.

12. Continuing Health Care

A continuing care package will be required when a child or young person has needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone. The continuing care process typically comprises three phases: 1) Assessment; 2) Decision-making; 3) Care Package Development.

Diagnosis of a particular disease or condition is not in itself a determinant of a need for continuing care. A child or young person may have a rare condition which is difficult to diagnose, but will still have support needs. There should be no differentiation based on whether the health need is physical, neurological or psychological. The continuing care process should be (and be seen to be) fair, consistent, transparent, culturally sensitive, and non-discriminatory.

The process is outlined on the next page.

Continuing Care Process

1) Assessment

Led by a children and young people's health assessor nominated by the CCG, who will draw on the advice of other professionals and may include a pre-assessment, to determine whether or not a full assessment is necessary. The outcome of the assessment is a recommendation from the assessor as to whether or not the child or young person has continuing care needs.

Key areas of evidence to be considered in the assessment:

- The preferences of the child or young person and their family;
- A holistic assessment of the needs of the child or young person and their family;
- Reports and risk assessments from a multidisciplinary team or evidence collated during the Education, Health and Care plan assessment;
- The Decision Support Tool for children and young people.



2) Decision-making

A multi-agency panel consider the evidence and the assessor's recommendation to reach a decision as to whether or not the child or young person has a continuing care



3) Care Package Development

Commissioners decide how the continuing care is provided, the proportion and level of resources required to deliver it and how much needs to be specially commissioned. This takes into account the recommendation of the assessor on nature of the child/young person's needs.

Costed options may need to be separately considered by a funding panel. These options should always be considered after a decision has been made on whether or not there is a continuing care need. The establishment of a continuing care need should not be determined by the existing package of care a child or young person receives, or who provides or pays for it.

Following agreement on the package of care the CCG and (where relevant), the local authority make the necessary arrangements to deliver the package of care as soon as possible.

When determining what the package of care should include, commissioners will consider what additional care might need to be commissioned to fulfil their statutory duty to meet the reasonable needs of the child/young person.

Commissioners will regularly review the package of care under to ensure the developing child or young person's needs continue to be supported. Any package of care which the CCG agrees should aim to be integrated or aligned with other relevant services, such as primary care.

Governance Structure

