



ISLINGTON



Islington

Clinical Commissioning Group

Appendix 2

Joint Commissioning Strategy for Special Educational Needs and Disability

Education, Health and Social Care



Joint Commissioning Strategy for Special Educational Needs and Disability

1. Introduction

Context

- 1.1 Partners in Islington are committed to working collaboratively to support children and young people with Special Educational Needs and Disabilities (SEND), and their families. This strategy provides an overview of how the Joint Commissioning of services for children and young people with SEND in Islington will be developed and implemented in line with the requirements of the Children's and Families Act 2014 (see **Appendix 1**).
- 1.2 The strategy meets the requirements of Chapter 3 of the Code of Practice for 0-25 year olds with SEND, which is especially concerned with joint commissioning arrangements. It recognises our duty under the Children Act 2004 to safeguard and promote the welfare of children and to share information and work in partnership with parents and as agencies to achieve best outcomes for them.
- 1.3 Effective Joint Commissioning will work to ensure that resources are maximised across our services to drive forward improved outcomes for children and young people (0 – 25 years of age) with SEND and their families.
- 1.4 Key to the strategy is ensuring that needs are identified at the earliest opportunity, and that children, young people and their families are empowered to support themselves and each other. This framework therefore aims to work within and support Islington's approach to Early Help.

Purpose of this strategy

- 1.5 The purpose of this commissioning strategy is to understand and plan for the current and future needs of children and young people with SEND and their families to enable them to achieve good outcomes. We want to design our services around the outcomes that we know are important to children and young people with SEND and their families.
- 1.6 The strategy therefore sets out:
 - Our strategic aims for SEND services
 - The types of needs and demand on services
 - The types of services we will commission
 - Our commissioning priorities from April 2015 and beyond
 - How we will know if we have made a difference?

What is commissioning?

- 1.7 Commissioning is an ongoing process that involves:
 - Understanding local needs and resources
 - Identifying where needs are not met by current services
 - Taking decisions about priorities

- Ensuring the resources available are used in the best possible way
- Action planning to meet the needs

1.8 A commissioning approach ensures resources are targeted and services developed or procured where they will make the most difference. Service users should also be enabled to have a say over how their needs can best be met.

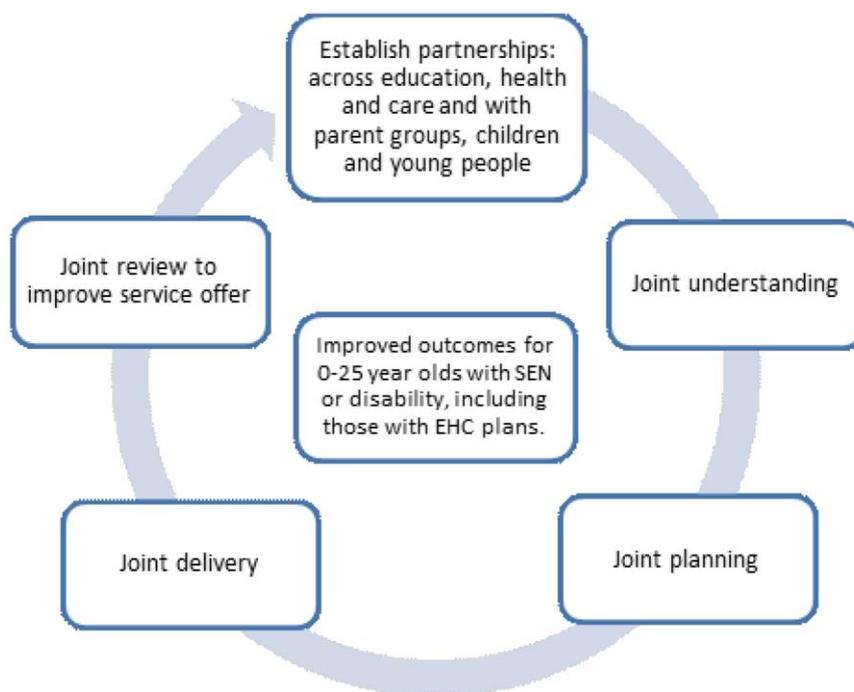
What is joint commissioning?

1.9 Joint commissioning involves planning and delivering services in a holistic, joined up way. It enables education, health, social care and adult services partners to work together to redesign services and operate more effectively, improving the experiences of children, young people and their families and making best use of local resources.

1.10 Joint Commissioning enables whole systems planning, 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.

The diagram below illustrates the commissioning cycle.

Figure 1: The Joint Commissioning cycle



From the SEN Code of Practice, Jan 2015 (DfE)

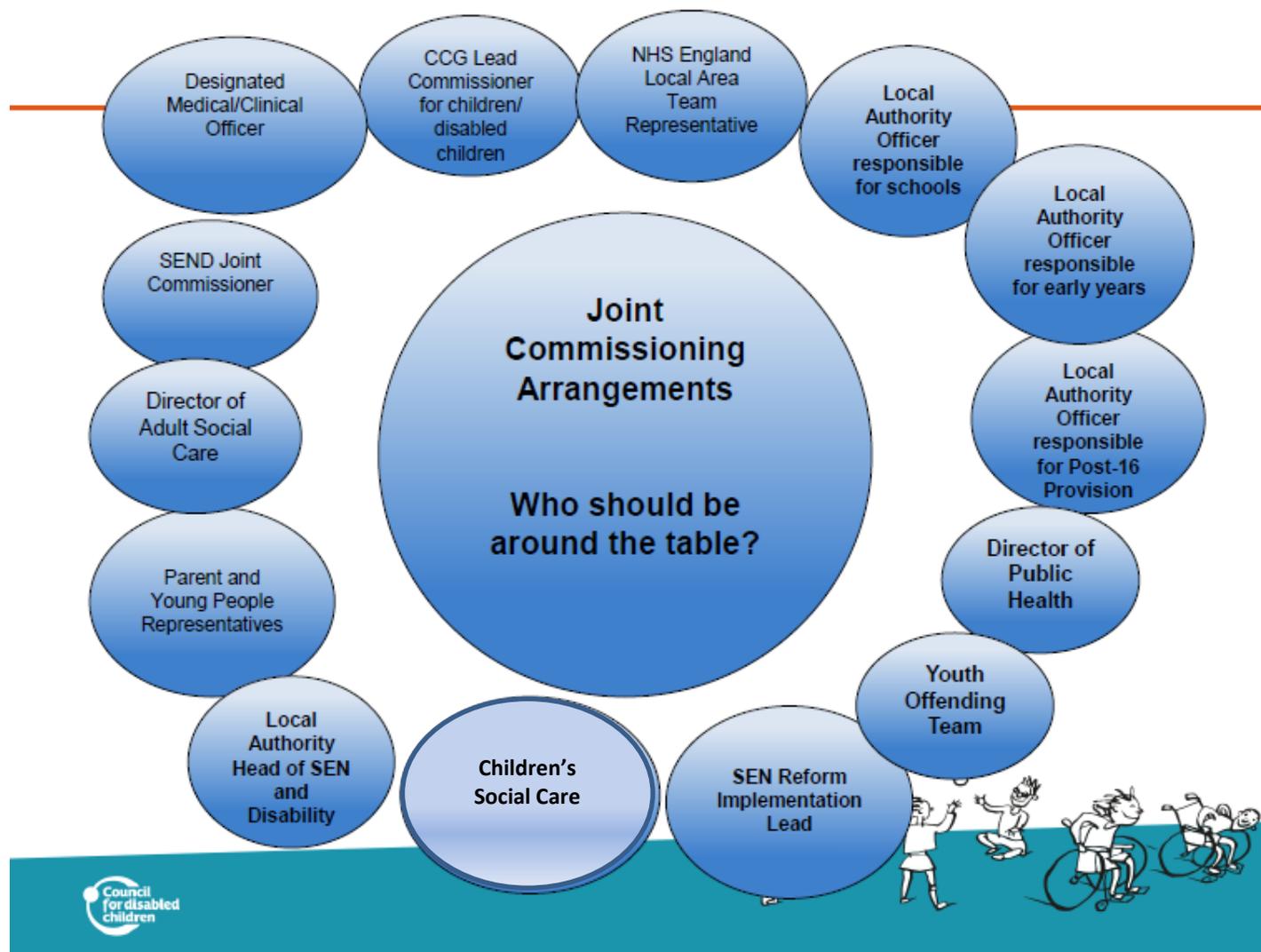
Where are we now?

- 1.11 We have a good understanding of local need which is the first step to identifying commissioning priorities.
- 1.12 We are developing commissioning priorities with our adult services colleagues to ensure a seamless service from birth to adult hood. The priorities include service redesign quality assurance, policies, procedures and protocols, taking into consideration our new statutory responsibilities through the Care Act and SEND reforms.
- 1.13 Varying levels of commissioning and Joint Commissioning are currently taking place across partners. Some services e.g. CAMHS and SALT in schools, are commissioned within clear joint commissioning arrangements. Other services have developed within an aligned approach with each commissioning organisation contracting similar services, separately with (sometimes the same) providers but without clear joint commissioning approaches to these being in place e.g. Centre 404.
- 1.14 For our children and young people with the most complex needs, budgets are already aligned through Joint Agency Panel (JAP) arrangements.
- 1.15 We have a Joint Strategic Needs Assessment (that will be updated annually) from which we need to confirm our commissioning priorities.
- 1.16 We have a range of jointly procured resources e.g JAP funded placements.

Financial challenges

- 1.17 We are facing unprecedented financial challenges. National funding reforms have include major changes to the way that SEND are funded in schools under a nationally prescribed formula. Schools and Local Authority funding is under pressure which is likely to continue due to population growth and increasing growth in the numbers of pupils with an identified SEND.
- 1.18 We therefore need to ensure that we use our resources in the best way to ensure that we work with children, young people, their families to ensure positive outcomes are provided in the family and community.
- 1.19 We need to target our resources appropriately, taking account of reducing budgets and an increase in significant and complex needs.
- 1.20 We need to ensure our services and those of our partners are joined up to maximise the impact they have on improving outcomes through greater access to universal and mainstream services in the family's local community.

Figure 2: Who are Joint Commissioners?



2. Vision and Strategic Aims

Vision

2.1 Our vision for supporting children and young people with special educational needs and their families is as follows:

- We want Islington children and young people with SEND to be healthy and safe within their families, to fulfil their potential through access to a well-planned continuum of provision that meets their needs, and builds family resilience.
- This means working together in a more integrated way and more collaboratively with parents towards agreed outcomes, with a focus on early help so that intervention is timely.
- We want all of our young people to progress to employment and independent living

From Working Together to Improve Outcomes, Islington's SEND Strategy

Aim

2.2 Our aim is to improve outcomes for children and young people with SEND and their families through robust and effective joint commissioning, based on objectives, plans, actions and decisions that are developed in partnership.

2.3 Our focus will be on commissioning for personalisation, inclusion and local delivery, based on evidence that most children and young people benefit from the protective environment of being part of their family, community and local school. We also believe that families have the knowledge and strengths to best care for and support their child.

2.4 We can improve our approach by ensuring better engagement of children, young people, their families and carers in co-producing plans to meet needs from within the family, local community and where necessary and appropriate through additional support from statutory services. We must support the strengths of families to enable greater independence of children and young people with SEND and their families.

2.5 Fundamental to this approach is 'Think Child, Think Parents, Think Family', which is embedded in our local delivery of Early Help. This means putting children, young people and families at the centre and supporting them to identify how they can improve their own outcomes using a strengths-based approach.

Objectives

2.6 Our objectives are as follows:

- To ensure that children, and young people with SEND are healthy and safe and able to live with their families
- To ensure that children and young people with SEND gain maximum life chance benefits, lead full and purposeful lives within their community and to develop a range of friendships, activities and relationships
- To ensure continuity as young people move into adulthood
- To enable children and young people with SEND to have as much choice and control over their lives as possible

- To ensure that families and carers are supported to fulfil their family and caring roles effectively
- To enable children and young people with SEND to access services that are designed around their individual needs
- To ensure that the work force is appropriately skilled, trained and qualified, to promote a better understanding of and meet the needs of children and young people with SEND.
- To develop and implement clear joint mechanisms to evidence value for money
- To support and manage the expectations of children, young people and their families with SEND in respect of their packages of care

Principles

- 2.7 Services are commissioned in line with the requirements of the Children and Families Act 2014.
- 2.8 Service development and delivery will be driven by best possible outcomes and commissioned in in order to meet:
- Identified current and future needs and gaps in provision
 - National and local guidance and good practice
 - Expected quality and performance standards
 - Shared performance indicators and contract management systems across health, social care and education.
 - Robust market management, engagement and development.
- 2.9 Commissioning will be underpinned by effective, meaningful and appropriate consultation, engagement and involvement with all relevant partners, children, young people and their families. For parents and young people's views on current provision, see **Appendix 2**.

Role of Joint Commissioners:

- 2.10 Joint Commissioners will:
- Develop and support integrated approaches to service provision.
 - Work towards simplified funding streams, aligning / pooling budgets across partners where appropriate
 - Ensure equity of access, so that all children, young people and their families are able to access the services they need
 - Take into account the whole needs of children, young people and their families
 - Enable the development of flexible and innovative services that suit the needs of children, young people and their families
 - Ensure that children, young people and their families are enabled to support themselves and each other to:
 - Know what services they are entitled to
 - Understand how they are funded
 - Know where they can go to get the help and support they need.
 - Further develop the Local Offer
 - Enable the implementation of personal budgets and ensure the further development of self-directed support and community capacity building
 - Be committed to prevention, early identification and intervention
 - Be transparent, fair and openly accountable, with all decisions based on a clear rationale for improving outcomes and linked to organisational and partnership priorities
 - Deliver value for money - getting the most out of every pound we spend

- Be creative – consider new solutions to problems and allow children and young people with SEND, their families and people who know them best to work together to work out the best solution in their local community.
- Reduce the need for children to be cared for outside of their family where it is safe to do so
- Where children need to be cared for outside of the family to ensure their right for family based care

Scope of the Joint Commissioning Strategy

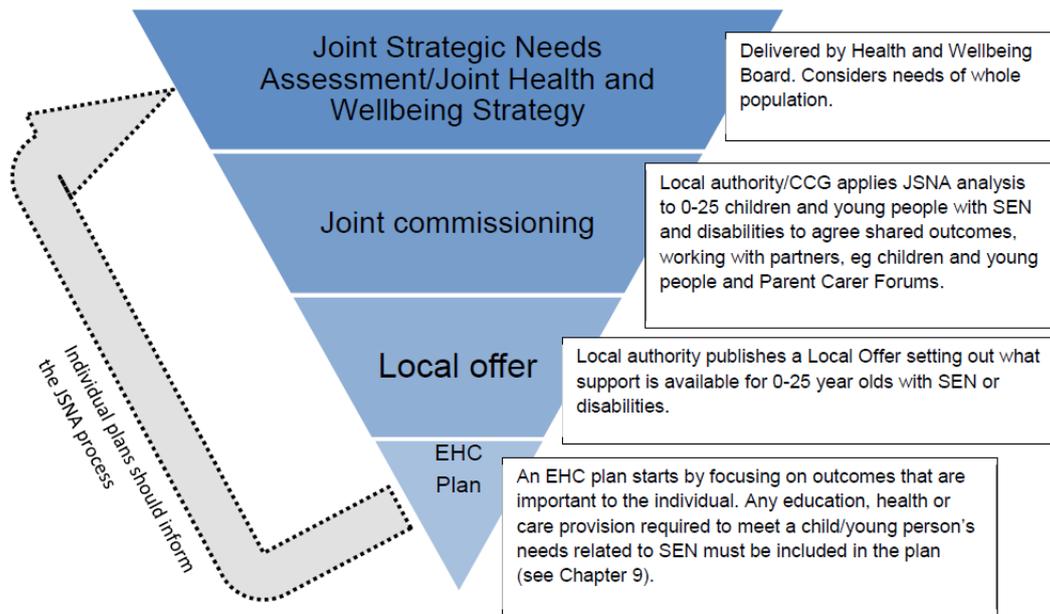
2.11 We see the scope of a Joint Commissioning strategy is as follows:

- The strategy will cover Islington Clinical Commissioning Group and Local Authority commissioned services across children and young people services and adult services for young people up to the end of the academic year that they reach the age of 25 years.
- The strategy refers to those with identified SEN and/or a disability and their families, both with an Education, Health and Care Plan and those whose needs are being met without the need for one
- Health refers to provision commissioned by the Clinical Commissioning Group and provided by NHS trust/ other commissioned providers

3. Needs Assessment

- 3.1 There is a clear relationship between population needs, what is procured for children and young people with SEN and disabilities, and individual EHC plans.

Figure 2: Joint Understanding: Joint Strategic Needs Assessment



From the SEN Code of Practice, Jan 2015 (DfE)

- 3.2 A comprehensive assessment of the needs of children and young people with SEND in Islington was undertaken in 2014. The key messages from this needs assessment are set out below:

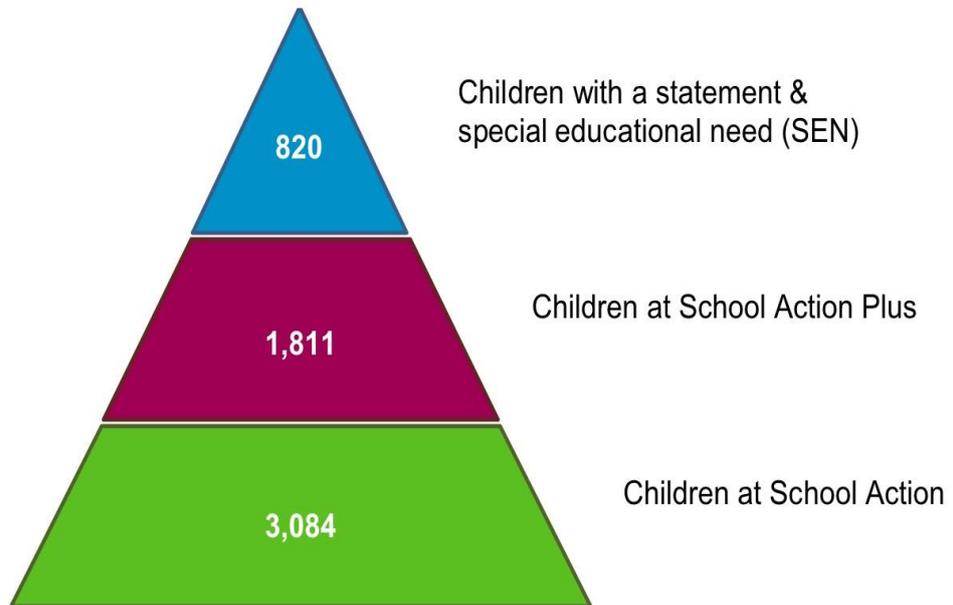
Table 1: Key Facts and Figures

Key facts & figures	
5,817 Islington pupils with Special Educational Needs <small>January 2013</small>	560 Estimated number of children and young people with an Autistic Spectrum Disorder in Islington <small>2013</small>
24.1% of Islington school pupils have some form of Special Educational Needs <small>January 2013</small>	820 Islington pupils with a Statement <small>January 2013</small>

Prevalence of SEND

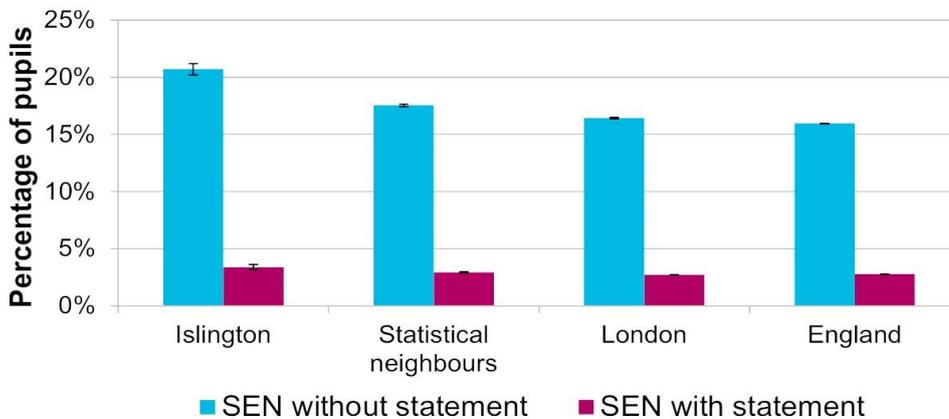
3.3 Islington has a statistically higher percentage of children and young people with a special educational need, both with and without a statement, compared to other areas with similar population characteristics (statistical neighbours), London and England. In 2013, 3.4% of Islington children and young people had a statement of SEN compared with 2.8% for our statistical neighbours and 2.7% for London. The number of statements has risen by approximately 20 per year for the last 5 years over and above any population increase (see Figures 7 and 8).

Figure 3: Prevalence of Special Educational Needs in Islington schools, 2013:



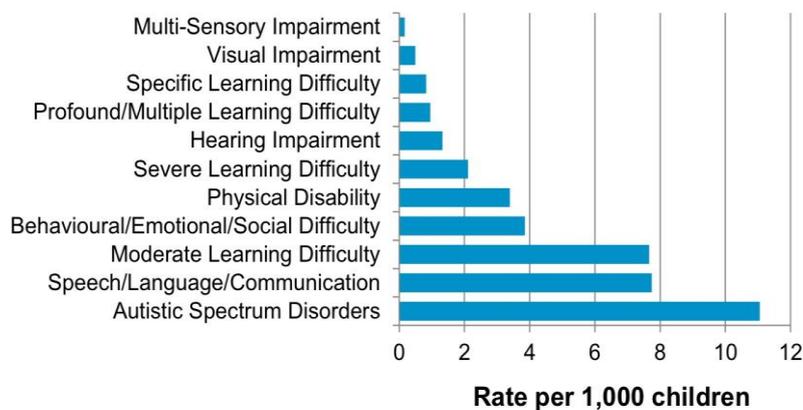
Source: Statistical First Release: Special educational needs in England: January 2013

Figure 4: Percentage of children and young people having SEN, with and without a statement, Islington (Jan 2013)



- 3.4 In 2013, 49.9% of children with a statement were placed in mainstream schools, compared to 41% of our statistical neighbours and 37.5% in London. We have a similar percentage placed in maintained special schools (30.5%) to our statistical neighbours (29.8%) and London (29.9%). In terms of percentage of children placed in special schools of various types, Islington currently ranks 62nd out of 148 local LAs (and 14th of 31 London LAs)¹
- 3.5 Amongst Islington children and young people with a statement, the following were the most common types of need:
- Autistic Spectrum Disorders (1.1%)
 - Speech, language and communication needs (0.8%)
 - Moderate learning difficulties (0.8%)
 - Behavioural, emotional and social difficulties (0.4%)

Figure 5: Primary presenting need of Islington children and young people with a statement (2013)



Source: ONE Pupil Database, July 2013, & Database of Islington Children, Children's Services, November 2013

¹ with the first ranking LA (Newham) having the smallest number of children in special schools. [Source: Contrasting Responses to Diversity: School Placement Trends 2007-2013 for All Local Authorities in England, 2014 – CSIE]

4. Framework for Commissioning

Good Practice in Joint Commissioning

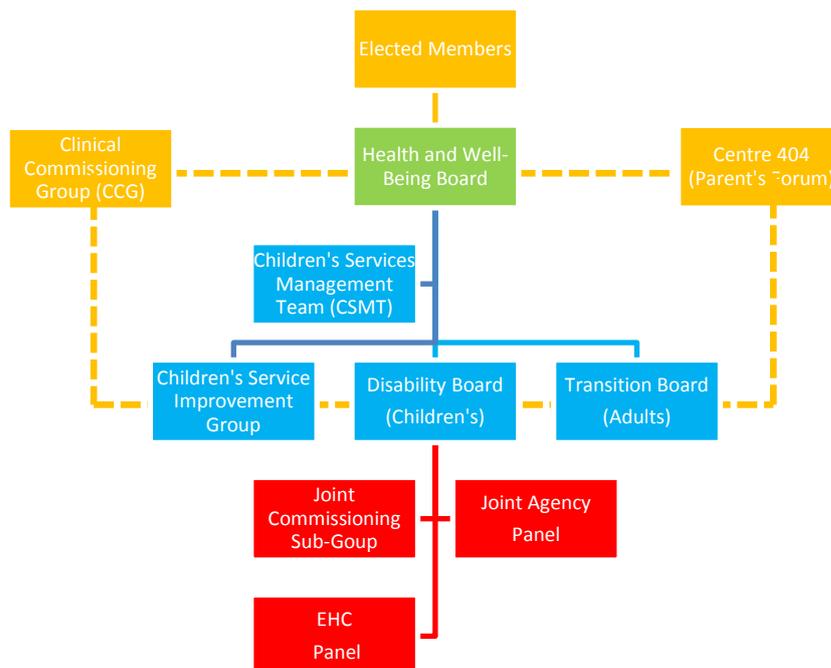
4.1 Islington Education, Health and Social Care services have a long history of successful joint commissioning arrangements, in some cases through a formal Section 75 agreement which describes arrangements for pooling of budgets. Both the Council and the CCG have sought to increasingly co-ordinate their commissioning, taking joint responsibility for implementing strategies, whilst seeking to ensure improved outcomes, greater efficiencies and higher quality services. Some current examples of this joint funding approach include:

- Section 75 agreement between the Council and the CCG's for the delivery of Tier 2 and 3 CAMH services
- Section 256 agreements to support the provision of short-breaks for children and young people with SEND
- Section 76 agreements to enhance the commissioning of speech & language therapy services for CWD and SEND
- Working with other Joint Delivery Boards to develop effective transition arrangements to help those C&YP with SEND prepare for adulthood, including living independently and employment

Joint Commissioning Governance Arrangements

4.2 Governance arrangements provide a framework for the delivery of services for children and young people with SEND and for achieving the priorities set by the Health and Well Being strategy. These arrangements enable commissioners to have joint engagement and ownership of commissioning arrangements and integrated strategies.

Figure 6: Joint Commissioning: local governance arrangements



- 4.3 The Strategy and Commissioning Board for children and young people with SEN and their families (the Disability Board) oversees the commissioning of local children's services and activities on behalf of Islington Council and CCG. The Board delegates work streams to a number of sub-groups who report and are accountable to it. The principle functions of the Board are to lead at a strategic level the commissioning of integrated services to meet the aspirations of children and young people and their families. The Board also determines and monitors strategic Risk Management, endorses Joint Commissioning Strategies to achieve agreed priorities and reports on progress to the Health and Wellbeing Board.

Key opportunities for Joint Commissioning

- 4.4 Key opportunities for Joint Commissioning will include:

- Arrangements for considering and agreeing EHC provision that will meet the assessed needs of the children and young people with SEND and their families
- Securing EHC needs assessment
- Section 75 agreements and pooled budgets
- Common outcomes and shared key performance indicators
- Information sharing, information governance and shared data

- 4.5 Commissioned services will fall into one of four commissioning priorities:

- **Support for universal settings² to help them identify and support children and young people at the earliest possible stage**

Early identification and intervention, and flexible responses to the needs of children and young people within universal settings are crucial, and this should improve the experiences of children and young people and reduce the need for higher costs later intervention.

- **Assessment and planning for individual children and young people who may need specialist support**

This includes working with families on integrated Education, Health and Care assessments and plans, and safeguarding services for children.

- **Specialist education, care and health services for individual children and young people**

This is a broad range of services including places at local and independent special schools, provision of therapy services and short breaks. An increasing element of these services are expected to be within the scope of personal budgets although at present there is limited provision under national regulations for personal budgets in relation to education placements.

² Universal settings include GPs and health services, Early years education settings and children's centres, mainstream schools and colleges.

- **Information, advice, guidance and mediation for families to help promote informed choice and increase resilience**

This will include a clear and helpful Local Offer which improves year on year in terms of level of detail and quality of information, informed by feedback from young people and families

- 4.6 Our commissioning cycle provides the framework to achieve our commissioning goals for children and young people and consists of four phases: Analyse, Plan, Do and Review. Generally after reaching the 'Review' phase, we return to the start of the cycle, but the cycle is also dynamic, depending on your specific drivers.

Understand, Plan, Do, Review

Understand

- Use quantitative and qualitative needs analysis to identify current and future needs and unmet and understand what is important to children, young people and their families
- Develop ways of gathering more informative commissioning intelligence across partners and from EHCPs, actively sharing information and working to fill in information gaps
- Use the Local Offer to map all provision within the local system. Find out how it is used, the outcomes achieved and any gaps
- Work out the real cost of in-house / externally commissioned services and the outcomes they achieve, assessing their effectiveness and value for money.
- Understand the development needs of the workforce.

Plan

- Agree the outcomes we expect providers to deliver
- Explore how different procurement approaches might improve efficiencies, and improve outcomes
- Co-produce services with children, young people and their families
- Co-produce a protocol for personal budgets, personalisation, co-production and self-directed support
- Plan the timings of procurement activity across partners and ensure effective management

Do

- Co-develop a resource allocation system which provides transparency and equity in terms of decisions about the allocation of personal budgets
- Publish commissioning decisions – provide transparent reasoning's for decisions made
- Procure/re-shape services - make investment decisions
- Ensure that workforce needs are effectively addressed
- Enable children, young people and their families to have control and choice relating to the care and services they receive

Review

- Jointly monitor service delivery against expected outcomes and report on how well it is doing, using this to improve the Local Offer and service delivery
- Review and monitor workforce developments
- Use evidence from the Local Offer as part of the joint approach to reviewing the effectiveness of services provided
- Develop a shared monitoring and performance management framework, which monitors outcomes achieved including those within EHCPs
- Work with children, young people and their families to enable them to review services with Commissioners

6. Implementation

- 6.1 Implementation will require a phased approach to move from the current position, which is a mixture of single, aligned and joint commissioning approaches to more formal, planned and fully coordinated joint commissioning covering the whole of the needs for children and young people with SEND and their families.
- 6.2 There is a strong ambition to develop robust joint commissioning approaches for the provision of children and young people's services between CCG's and the local authority. The aim is for a phased approach to implementation that will be completed over the next two years.
- 6.3 The initial focus will be further develop joint commissioning arrangements between the local authority, CCGs and NHS England, but further consideration will be given to how this can be extended to work with schools to understand their role and contribution to joint commissioning arrangements.

How will we know we have made a difference?

- 6.4 The Joint Commissioning Sub-Group are responsible for implementing this strategy and supporting plans. All commissioning partners will be asked to provide performance information to this group on an annual basis. Partners will be asked to provide information to measure progress regarding implementation and impact of services and interventions. Performance reports will be presented to the Strategy and Commissioning for Children and Young People with SEND Board.
- 6.5 Performance management will be used to inform future joint planning, commissioning and decommissioning.

We will want to see evidence of (outcomes):

- 6.6 We expect to see the following outcomes:
- Accelerated progress for pupils with SEND with a higher proportion achieving expected levels at the end of each key stage.
 - Educational settings can evidence good tracking of progress and provide clear information to parents, the young person and the professionals involved.
 - Achievement and progress reported for children and young people with severe and complex needs using P-scales and wider outcomes by evidencing greater participation, independence and making choices.
 - School attendance rates for pupils with SEND increasing, particularly those vulnerable groups with higher levels of absenteeism, i.e. those with social, emotional and mental health needs, and those with physical and sensory needs by ensuring appropriate emotional and pastoral support arrangements are in place.
 - Young people and their parents participating in the development of their support plans, supported by a Key Worker who takes the lead on coordinating assessment
 - A strengths based model is adopted by all professionals implementing integrated and holistic assessments, i.e. Early Support, CAF, Education, Health and Care plans, and Social Care assessments

- Professionals can show as part of their assessments they have explored with the family the resources that the child, young person and family have and can use to self-direct their lives, and identify where there are additional needs requiring support.
- Improved early preparation for adulthood improves life outcomes as evidenced by reduced number requiring out of authority high cost packages for young adults with learning difficulties, improved training and employment rates, more accessing community and leisure activities
- An increasing proportion of young people with SEND that continue in Education, Employment and Training post-16.
- Feedback from parents and carers on our Local Offer shows that they have the information needed to make choices on how they might best support their child
- Surveys demonstrate that parents, carers and young people with a Education, Health and Care plan feel that the outcomes they feel are important are improving.
- Carers being valued and supported (including emotional support) with evidence of improved wellbeing through the Social Care plans and increased access to their community.
- All children and young people with SEND have access to universal, preventive health interventions including healthy eating, immunisation and oral health advice and care.

Key performance indicators

6.7 This plan will be reviewed annually and actions will be monitored as part of regular commissioning review meetings. Key measures will be developed to monitor the success of the strategy and will include:

- Engagement of children and young people in the commissioning of services
Commissioned Services
- Key Health performance indicators
- Regional & Partner Developments
- Placement Composition & Spend
- Improved Outcomes for C&YP with SEND
- Number of disabled children with cp plan
- Number of disabled children CLA

Appendix 1

Children's and Families Act 2014 SEND Joint Commissioning Arrangements

(1) A local authority in England and its partner clinical commissioning groups must make arrangements (joint commissioning arrangements) about the EHC provision to be secured for children and young people for whom the authority is responsible who have special educational needs.

(2) In this Part EHC provision means.

- (a) special educational provision;
- (b) health provision;
- (c) social care provision.

(3) Joint commissioning arrangements must include arrangements for considering and agreeing.

- (a) the EHC provision reasonably required by the special educational needs of the children and young people concerned;
- (b) what EHC provision is to be secured;
- (c) by whom EHC provision is to be secured;
- (d) procedures for ensuring that disputes between the parties to the joint commissioning arrangements are resolved as quickly as possible.

(4) Joint commissioning arrangements about securing EHC provision must in particular include arrangements for.

- (a) securing EHC needs assessments;
- (b) securing the EHC provision set out in EHC plans;
- (c) agreeing personal budgets under section 26.

(5) Joint commissioning arrangements may also include other provision.

(6) The parties to joint commissioning arrangements must.

- (a) have regard to them in the exercise of their functions, and
- (b) keep them under review.

(7) Section 116B of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessment of relevant needs and joint Health and Wellbeing Strategy) applies in relation to functions exercisable under this section.

(8) A partner clinical commissioning group, in relation to a local authority, is a clinical commissioning group whose area coincides with, or falls wholly or partly within, the authority's area.

Feedback from Parents workshops, consultations, surveys and the Local Offer:

Key messages from parents and young people on the provision they want:

- Parents emphasise the importance of closer monitoring of support to ensure children received what they need, and for the *meaningful* involvement of parents
- Many parents referred to the need to change '*hearts and minds*' and build confidence of staff working with children and young people with disabilities and their families, and to remove the stigma still associated with disability
- Access to many types of support can be restricted by location, physical venue, literacy/language and transportation, or a combination of any of these
- The importance of 'transition' – this could include during the early years, school transitions, and transition to adulthood or help with life changing events such as bereavement, bullying or separation
- More still needs to be done to improve communication between Children's Services across agencies, and to improve links between children's and adult's support
- Concern that resources should be focused where there is most need with a strong view that those families in most need are not always the ones most likely to get support (i.e. 'those who shout loudest get most')
- A need for equity and clearer information about entitlement
- A view that inclusion may be potentially harmful for some children and is driven by politics rather than children's needs
- The need for less 'red tape' and more professional support, particularly for children with a diagnosis of ASD, including those with high-functioning autism
- Improved outcomes for children – both academic and social
- Better consultation with young people and their families on design and delivery of services and better feedback to those consulted on outcomes
- Parents want better information and advice on school choice in terms of those that are 'good' at SEND
- The need for more Post 16 provision. Transition remains a huge issue of concern for families. Parents and young people feel there is a lack of information about what's available and a lack of knowledge about needs, provision and how to access it

The three things parents have asked us to focus on:

'Do nothing about us without us'

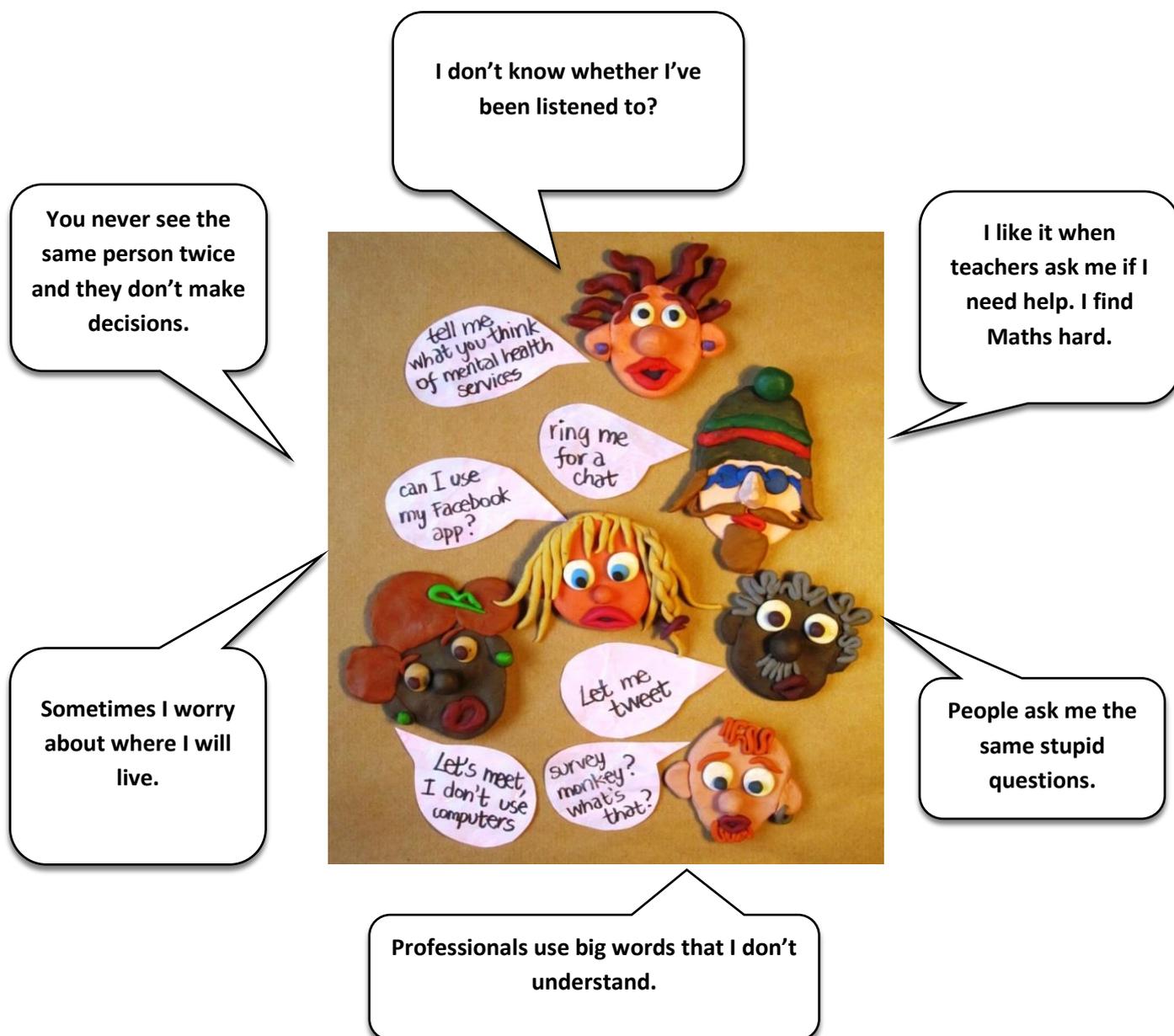
'The right services for the right children in the right place at the right time'

'A better informed workforce'

Principles of Participation Checklist

This checklist was drawn up by young people:

- Show us respect.
- Involve us in deciding/organising what/when/where.
- Make sure adults don't take over the consultation.
- Make consultation more interesting - making things fun.
- Don't make it too intense (making activities user-friendly).
- Pay attention: don't talk: listen.
- Let us talk with decision makers.
- Let us know what is going on.
- Talk afterwards and explain things.



Joint Commissioning priorities Sept 2015- Sept 16

Outcome (What are we trying to achieve?)	Commissioning activity (How will we do it?)	Evidence of impact (How will we know we are making a difference?)	Date	Lead
Priority 1: Universal settings appropriately identify and support children and young people with SEND at the earliest possible stage: (Early Help) (Universal settings include: GPs and health services, Early years settings and children’s centres, mainstream Schools and colleges).				
<p>Identification: All children with SEND effectively identified at the earliest possible stage so that their experiences and outcomes improve and the need for higher costs later intervention is reduced.</p> <p>Where appropriate, increase the support we provide to universal settings to help achieve the outcomes of this strategy</p>	<ul style="list-style-type: none"> • Convene Multi-agency SEND Workforce Development group* to conduct training needs analysis and develop a programme to ensure consistent practice in understanding of SEND, identification and early help. The group should agree a common set of key skills to identify and plan for meeting the needs of children and young people with SEND in a more personalised way. • Pilot shared framework for EHCP assessment QA • Refresh JSNA so that we can continue to use forecasting information alongside evidence from placements and reviews to identify gaps and pressures • Review the purpose and function of the Early Support Services (Children’s Centres, Centre 404, Early Support Team) • Improve information management systems for SEND provision with agreed common data sets and reporting information which track identification, outcomes, achievement and destinations and enable the quality of intervention to be evaluated • Agree protocol and implementation of Housing Risk Assessment policy 	<ul style="list-style-type: none"> • Volume evidence e.g. Early Help assessments, number of requests for statutory intervention, including those not agreed, impact assessment from Early Help services • Qualitative data e.g. self-evaluation and shared framework to measure service user feed-back at end of EHC assessment confirm that services and professionals are working together to identify and support the right children and young people and there is a good understanding of SEND across the workforce. 	<p>Start Sept 2015</p> <p>By Dec 2015</p> <p>By Sept 2016</p> <p>By Jan 2016</p> <p>Start July 2015 (Mapping)</p>	<p>ALL *(<i>Ellen Marks, Mary Day, Lesley Platts, Michelle Viridi, Penny Kenway, Helen Heery, Anne Corbett, School Improvement, EPS, Adults</i>)</p> <p>CH</p> <p>Public Health / Adam White (AW)</p> <p>SH / IC</p> <p>IC / Laura Scott / AW</p>

Joint Commissioning priorities Sept 2015- Sept 16

Priority 2: We have in place good assessment, planning and transition for individual children and young people who may need specialist support				
<p>Workforce Reform: Our workforce is reformed to better match delivery of current requirements</p> <p>Children and young people and their families who need it receive personalised support that builds their independence and resilience</p>	<ul style="list-style-type: none"> • Through the Workforce Development Group, develop a new approach to support and intervention in families, based on an early intervention model, to ensure specialist services are appropriately targeted so that: <ul style="list-style-type: none"> ○ Children and young people with SEND are kept safe ○ The workforce think and plan flexibly for a personalised individual response rather than responding to need through a traditional view of services and packages. ○ We build on the strengths and capacities of the young person and their family to prevent a culture of dependency on professionals and services and promote one of independence, choice and control through an emphasis on self-help and resilience • Consider the joint commissioning of an intensive intervention model to support families of children and young people who present challenging behaviour at home and in the community and promotes family resilience 	<ul style="list-style-type: none"> • New service specifications (for in-house services) that contribute to children and young people with SEND achieving their potential and being safe, notably through reductions in the numbers of Looked After Children and child protection plans. This will include Specialist SEND services providing advice and support to professionals in community settings, where needed, to support the delivery of preventative evidence based interventions. • An agreed multi-agency approach to co-producing a set of agreed outcomes with children and young people and their families • The role of Lead Professional is clear to all • Business Process reviewed so that children, young people and families are identified and supported more effectively, particularly during key transition stages 	<p>Start September 2015</p> <p>(Lead to be identified from within Workforce Devt Group)</p> <p>Start Sept 2015</p>	<p>ALL</p> <p>IC / SH</p>

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<p>Progression to adulthood: Young people are effectively supported in Post 16 placements and progression pathways are developed so that transition arrangements are clear with is a shared understanding, and all young people aged 16-25 with SEND can participate in appropriate learning, training and supported employment</p>	<ul style="list-style-type: none"> • Adult Services to clarify scope of 14 plus (i.e. Transition) assessments and model to inform future practice / service redesign • Major redesign of services to assess, intervene and plan with young people with beyond the age of 14 through Joint Transition Programme Board • Continue to develop and define our 16-25 offer, working with post-16 educational providers to ensure that a broad and inclusive curriculum offer is available for young people with a range of learning difficulties and/or disabilities • Work with existing providers to develop new provision or explore the possibilities of bringing new providers to market where needs analysis identifies any significant gaps in provision (e.g. ASD). This will include the work of the ASD Planning Group across children's and adult services • Work in partnership with BEST and the National Apprenticeship Service to increase the number of young people with learning difficulties and/or disabilities securing employment with training through the apprenticeship programme or other pathways. 	<ul style="list-style-type: none"> • The number of NEETs with SEND remain below the national and London average • We have a robust response to the Care Act in terms of transition assessment requests through a local needs assessment tool • Young People and families report positively on their progression to adulthood pathway experience 	<p>By Sept 2015</p> <p>By Sept 2016</p> <p>By Sept 2016</p> <p>By April 2016</p> <p>By Sept 2016</p>	<p>Jim Beale</p> <p>ALL</p> <p>CH</p> <p>ALL</p> <p>CH / George Howard (Adults)</p>
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Joint Commissioning priorities Sept 2015- Sept 16

Priority 3: We provide an appropriate range of specialist education, care and health services that meet the identified needs of individual children and young people				
<p>Sufficiency and Quality: There is a broad range of services including places at local and independent special schools and care providers, provision of therapy services, access to equipment and short breaks so that users have choice.</p>	<ul style="list-style-type: none"> Consider population growth and sufficiency with a particular focus on the growth of ASD Map of all contracts through a register provides an overview of current performance Develop the market by being clearer on our expectations of services we commission (internal and external) through open communication with providers and robust contracts / specifications and monitoring systems, so that all parties are clear about their roles and responsibilities Ensure all Service Specifications include requirement to provide Local Offer information about the services 'normally available' to children with SEND and their families Ensure consequences and implications of under-performance of providers are clearly understood by all parties. Ensure quality assurance of all commissioned services through ongoing monitoring, evaluation and accountability processes to give insight into the user experience and outcomes delivered, and inform joint-commissioning to improve the quality and availability of provision 	<ul style="list-style-type: none"> No children and young people are without access to suitable provision (I.e. waiting list information, all children and young people accessing full-time appropriate education) Thorough commissioning checks and balances have provided a baseline for expected standards against which performance and quality has been assessed All existing services / contracts we commission have been reviewed to ensure they are achieving the outcomes set out in this strategy, resulting in the de-commissioning of providers, and/or development in-house capacity where outcomes are judged as unsatisfactory. Similarly, as a result of quality assurance processes, changes in the approach providers has occurred All directly commissioned services are rated good or better through local / external review against published criteria, with the right policies in place, good risk assessment procedures, high quality and experienced staff 	Sept 2015	<i>All</i>
			Dec 2015	<i>SH / Tanya Parr</i>
			Sept 2016	<i>ALL</i>
			Sept 2105	<i>CH / RW</i>
			Sept 2016	<i>ALL</i>
			Sept 2015	<i>CH</i>

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	<ul style="list-style-type: none"> Develop personal budgets to deliver health, care and education specified in integrated plans, building on the families own resources (to include tariffs and rates) Ensure the commissioning and delivery of high quality, fun and age appropriate short break services and activities that are attractive to children and young people and parents, with clearly defined Short Break / Section 17 entitlement Put in place a clear policy and process for access to Auxiliary Access and Communication Aids 	<ul style="list-style-type: none"> The range of short break provision available continues to meet need in a context of increased uptake and budget pressures 	<p>Dec 2015</p> <p>Sept 2016</p> <p>Sept 2015</p>	<p>IC / RW</p> <p>RW / IC</p> <p>CH</p>
<p>Continuing Healthcare: Ensure children and young people with Complex Health and /or Palliative Care needs are assessed and supported appropriately:</p>	<ul style="list-style-type: none"> Children and young people thought to be appropriate for Continuing Healthcare are assessed in line with national framework and decisions made in a multi-agency forum, and policy and process reviewed by the joint commissioning group on an annual basis 		<p>Sept 2016</p>	<p>Catherine Ladd (Health Commissioner)</p>
<p>User Engagement: Review of provision takes into account the experiences of children, young people and families and this has informed future arrangements and the effectiveness of local joint working</p>	<ul style="list-style-type: none"> Parents and young people are involved in commissioning and procurement panels and provider reviews where possible Make good use of CAIS, School Councils and Community SEND contract to provide user feedback Development of parent consultant model to inform service development and review (Health) 	<ul style="list-style-type: none"> Parent and young people's views are incorporated into the Joint Strategic Needs Assessment 	<p>Sept 2016</p> <p>Apr 2016</p> <p>Dec 2015</p>	<p>ALL</p> <p>IC</p> <p>SH</p>

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Priority 4: We provide good information, advice, guidance and mediation for families to help promote informed choice and increase resilience				
<p>Local Offer: There is a clear and helpful Local Offer which improves year on year in terms of level of detail and quality of information, informed by feedback from young people and families</p>	<ul style="list-style-type: none"> • Information available but needs to be set out in a local policy for Personal Budgets that includes: <ul style="list-style-type: none"> • A description of the services across education, health and social care that currently lend themselves to the use of Personal Budgets • The mechanisms of control for funding available to parents/young people • Clear and simple statements of eligibility criteria and the decision-making processes that underpin them • Review mediation arrangements across children's and adult services 	<ul style="list-style-type: none"> • Jointly commissioned family advice and support services provide information advice and guidance, disagreement resolution and mediation advice 	Dec 2015	IC / RW
			Dec 2016	CH