ISLINGTON
Children's Services
222 Upper Street
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Report of: **Corporate Director of Children's Services**

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	15 January 2014	B5	All

Delete as appropriate		Non-exempt

SUBJECT: Health and Wellbeing Outcomes for Children with Special Educational Needs (SEN) and Disability

1. Synopsis

The purpose of this report is to:

- set out how well children with Special Educational Needs (SEN) and disabilities in Islington are doing
- provide some judgements about the effectiveness of local work; and
- consider how joint commissioning could further improve outcomes for this group of children and young people

2. Recommendations

It is recommended that the Board

- note progress on the Joint Strategic Needs Assessment for Children with SEN and Disability
- note emerging priorities for development and improvement
- receive updates on outcomes for children with SEN and disabilities on an annual basis

3. Background

3.1 The terms 'SEN' and 'disability' encompass children with a broad range of needs in any one or more areas related to learning, communication, sensory, physical or behavioural, social and emotional need. For some, the focus of support may be wholly educational and short-term. For others, the child / young person and their family may need support from a number of statutory services throughout their childhood and into adulthood. Appendix 1 gives further detail on the current definitions of SEN and disability. This report considers the needs of all children and young people who fall within this wide spectrum.

3.2 Across the Islington children's partnership, our commitment is to work together to ensure **all** children have opportunities to succeed in learning and maximise their life-chances, goals and aspirations – this includes children with SEN and disabilities. We therefore want every child and young person with SEN and disabilities to reach their full potential and make a successful transition to adulthood, whether into employment, further or higher education or training. To achieve this, we must ensure a relentless focus on improving outcomes within a culture of high expectation.

Key messages from the Joint Strategic Needs Assessment for Children with SEN and Disabilities

3.3 There must be a clear link between the outcomes and improvements in health and wellbeing we are seeking for children and young people with SEN and disability with strategic planning. We are therefore developing a more robust approach to the collation and analysis of information through a Joint Strategic Needs Assessment (JSNA) for children with SEN and disability. This will help us identify some of the wider determinants that may impact on the health and wellbeing of this group, and agree key priorities for the Local Authority, local NHS and other partners in order to meet their education, health and care needs.

3.4 Appendix 2 provides an update on the work on the JSNA for children with SEN and disability to date. The assessment is due to be completed by late January 2014.

3.5 Key highlights of the work to date include:

- Prevalence of pupils with any SEN in Islington schools (24.1% of pupils) is significantly above statistical neighbours (20.5%), as well as London and England averages (19.1% and 18.7%, respectively)
- National data reported the prevalence of pupils with a statement of SEN[1] in Islington schools as 3.4% in 2013, higher than statistical neighbours (2.9%), London (2.7%) and England (2.8%)
- Autistic Spectrum Disorders (ASD, 1.1% of all pupils), Speech and Language Communication Needs (SLCN, 0.8%), Moderate Learning Difficulties (MLD, 0.8%) and Behavioural, Emotional & Social Difficulties (BESD, 0.4%) were the most prevalent needs

[1] The Local Authority will usually make a statement of SEN if it decides that all of the special help a child needs cannot be provided from within a school's existing resources. These resources could include money, staff time and special equipment. Before a statement can be written a statutory assessment must be carried out.

- As well as forming the single largest group by condition, it is also worth noting that local data on numbers of children and young people with ASD in Islington has increased from 430 in 2006 to an estimate of just over 560 in 2013 – this is the subject of a separate but linked needs assessment currently being completed
- A greater proportion of statemented pupils are in lone parent families and are eligible for free school meals compared with the general Islington school population.

3.6 The key priorities emerging, and to be addressed in the full report are therefore:

- The apparent increase in incidence / earlier diagnosis of ASD and implications
- The need to further improve outcomes for children and young people with more complex needs
- The need to have a fuller picture of children with SEN and disability across all service areas by bringing together different data sets
- The need to project the potential impact of the proposed SEN Reforms alongside population data

3.7 The Health and Wellbeing Board is asked to note the interim report (Appendix 2) and emerging priorities. Work on agreed priorities will be incorporated within the Joint Commissioning workstream of the SEN Reforms Work Programme. This workstream is chaired by the Health Commissioner for Children with Disabilities, has multi-agency membership, and reports regularly to the Strategy and Commissioning Board for Children and Young People with Disabilities within Children's Services. Progress against those agreed priorities will be reported to the Health and Wellbeing Board on an annual basis.

Resourcing of services for Children with SEN and Disabilities

3.8 Across the Council and Health Service, Islington spends approximately £30M per annum on children and young people with SEN and Disability. Appendix 3 provides a more detailed breakdown of that spend.

3.9 The development of service provision has been underpinned by needs assessment, the use of well researched and proven intervention strategies and continuous evaluation (which the JSNA will develop significantly), as well as feedback from service users and providers. A particular feature of our local landscape is a positive partnership with Centre 404 as the central support for parent engagement and participation across the SEN and disability range - they provide a valuable source of feedback to supplement information collected by services through their normal evaluation arrangements.

3.10 We seek to provide for children with SEN locally, and the law requires that all children are educated in mainstream schools unless their parents wish them to attend specialist provision. The Local Authority also has a duty to place children in the parents preferred school where this school is maintained by a local authority, and to consider any parental representations for placement in a non-maintained or independent school. Parents may appeal to an independent SEN Tribunal where they may be dissatisfied with provision proposed by the Local Authority. Islington's funding model seeks to ensure a needs-led approach so that the cost of supporting individuals should be the same regardless of the 'type' of school they attend.

3.11 Some examples of local provision include:

Islington Special Schools - Islington has three special schools[2] all of which are judged as 'outstanding' by Ofsted. The cost of providing these schools (less income from other LAs who purchase places for their local residents) is £7,100,562. The cost of places per pupil compares favourably when benchmarked nationally against other similar organisations.

Outreach Services - our mainstream schools 'commission' outreach services from our special schools / Pupil Referral Unit to enable them to meet a wider range of SEN and disabilities. This is done through a Service Agreement, with mainstream school budgets effectively 'top-sliced' by approximately £500,000 per annum. The model is positively valued by schools and has supported our ability locally to support children with more complex needs in mainstream schools.

Northern Health Centre - The Additional Needs and Disability Service works with colleagues from Social Care to improve the effectiveness, quality and efficiency of services for children and young people with additional needs and a disability in Islington. Services are provided in a range of locality settings although for most complex children, predominantly from the Northern Health Centre. The service offers a central referral point.

Short Breaks Service - We provide breaks for children with disabilities and their carers at a cost of approximately £1m per annum. The short breaks offer includes supported access to universal services as well as a range of week-end, after school or holiday activities. Our aim is for the child to have fun, enjoy educational activities as well as leisure or therapeutic activities. Short breaks also give carers a break from their responsibilities.

Speech and Language Therapy Provision – CCG funding for the Speech and Language Therapy Service was originally £673k. Following a Needs Assessment and benchmarking, information that showed a significant gap in provision within the mainstream school service. The CCG this year agreed to further funding of £164k which the Schools Forum match funded with £150k. A revised specification has been drawn up for the service as a whole including outcomes that will be reported to the Schools Forum.

3.12 There are some areas where we feel we need to carry out further evaluation however. These include:

Lough Road Children's Home and Outreach Support Centre and Family Based Short Breaks Service - Children's Services have commissioned a review of these services for children with disabilities and their families to ensure that they continue to make the best offer. The review is timely in the context of the national SEN Reform programme, the recommendations of recent research into effective models of delivery, and increased pressure on Local Authority budgets.

Health and Wellbeing Outcomes of children with SEN and Disabilities

***Education Outcomes*:**

3.14 Like all other children and young people, those with SEN and disabilities want to have friends and interests, be part of the local community, acquire social and self care skills and future independence, to feel confident and respected by others, and experience success and achievement. But there can be some important differences:

[2] The Bridge all age special school for children with profound and multiple difficulties, Severe Learning Difficulties and Autistic Spectrum Disorder; Richard Cloudesley all age special school for children with physical disabilities, and Samuel Rhodes School for children aged 5-16 with moderate learning difficulties.

- Some outcomes will necessarily focus on basic requirements / functions that must be achieved before other 'higher level' outcomes can be addressed
- Outcomes may need to be conceived both in terms of progress or achievements but also in terms of maintenance, for example of physical functioning
- The importance of communication at all ages

Outcomes may also be disability specific – for example emotional well-being is a key concern for parents of children with ASD, as their child's presentation may make it diffciult to assess their emotional state.

3.15 There is close monitoring of individual progress through individual plans against personalised goals. However, because of the wide range of need across this group, information on outcomes is presently difficult to collate and report on centrally beyond an individual / institutional level.

3.16 From the data available, the overall rates of progress for pupils with SEN in Islington mainstream schools using standard indicators (Key Stage 2 [age 11] and Key Stage 4 [age 16]) are below the inner London average:

Key Stage 2 – level 2 or above:

	School Action		School Action Plus		Statement	
	LBI	Inner London	LBI	*Inner London*	LBI	Inner London
English	59%	68%	42%	*55%*	21%	23%
Maths	55%	67%	46%	56%	18%	24%

Key Stage 4 :

	School Action		School Action Plus		Statement	
	LBI	Inner London	LBI	*Inner London*	LBI	Inner London
5 GCSE A-C	64.4%	70%	50%	*59.2%*	20.4%	26.4%
5 GCSE including English and maths	27.7%	40.5%	17.3%	29.6%	5.6%	9.8%

3.17 Pupils with SEN (particularly those attending Special Schools) are generally not well served by comparative data that is designed primarily to meet the needs of mainstream pupils. Our local special schools subscribe to a Comparison and Analysis of Special Pupil Attainment (CASPA) system that makes available a set of national comparative data across specialist providers to allow bench-marking, analysis and evaluation of attainment and progress for both individual pupils and cohorts. Attainment outcomes for individual pupils and cohorts attending our special schools consistently compares well against these national base-lines.

***Readiness for next stages of life*:**

3.18 The Education & Pathways to Employment project in Islington works with partners to ensure that all young people receive the support they may need to move into further education, employment or training at the appropriate time. The table below provides information on the young people with SEN / disability by age currently supported.

Destination	Age 17	Age 18	Age 19	Age 20	Age 21	Age 22	Age 23	Age 24	TOTAL
Participating in Education or Training	53	57	50	34	24	27	28	18	356
Employment		1	3	6	3	8	11	12	44
Not in Education, Employment or Training	4	3	7	13	8	16	13	13	77
In custody				2			1		3
TOTAL	57	62	60	55	35	51	53	43	500

A key focus of the project is to reduce the number of young people not in education, employment or training (NEET). This work includes:

- A Learning Disability Employment Project that involves working with local employers to identify / create suitable job opportunities
- Intensive support for targeted young people, specifically focusing on work readiness
- Earlier planning for transition (i.e. from age 14)
- Improved tracking so we are alerted at an earlier stage to possible disengagement

Health Outcomes:

3.19 For children with SEN and disability, being healthy is often the most important outcome. For many, being comfortable and not in pain is central to the achievement of any other outcomes. For children with degenerative conditions, especially those who are able to understand the changes in their health and abilities, emotional support is needed to help them cope with these changes particularly in the end stage.

There has been significant recent shift in the commissioning of Health Services, moving from process orientated measures to a Value Based Commissioning approach which has a stronger focus on Health Outcomes. For children and young people with additional needs and disabilities this translates to an individual approach based on individual care goals and specific outcomes in progress towards these goals. Currently, we are more developed in this approach in the area of Child and Adolescent Mental Health Services but are now focusing our attentions on defining health outcomes for a broader group of children and young people with additional needs.

Social Outcomes:

3.20 The outcomes we seek through the Short Break programme are for the young people to safely take part in activities of their choice, for improved health and wellbeing for parents and carers, and that short breaks should contribute to the young person's overall outcomes. We use an outcome-based accountability model to monitor impact. This includes 'how much activity' (e.g. eligibility, participation, activity), 'how well did we do' (e.g. contract monitoring, complaints, safeguarding concerns) and 'did we make a difference' – (e.g. case studies, service user feedback). Young People and their families consistently report that they value the short breaks service.

SEND Reforms

3.21 The Children and Families Bill will be enacted in 2014 and due for implementation from September 2014. Part 3 of the Act aims to tackle a range of concerns about the current systems in place for identifying and supporting children with SEN, including:

- Parents reporting that they have to 'battle' to get the help their child needs
- Currently SEN statements, health and care support plans do not join up, with multiple assessments

- Too much paperwork and bureaucracy
- Ofsted and others suggest too many children are identified as SEN, which prevents them from achieving their potential as we then have lower expectations of them

3.22 The new legislation will also require Local Authorities to set out and publish a 'local offer'. This must explain how they will work with parents, local schools and colleges, as well as Health Services, Health and Wellbeing Boards and other partners. The intention is that this should encourage a more joined-up process when delivering services for children with SEN and disability. It should also make the system less stressful for families by giving parents more information about the services and expertise available locally, and increasing their choice.

Impact of reforms

3.23 It is proposed that the above reforms will:

- Better include parents in the assessment process
- Replace statements with a single assessment process and a combined Education, Health and Care plan (EHCP) that focuses on outcomes and will better meet needs
- Ensure assessment and plans run to 25 years old (statements current run to age 19)
- Give parents a greater choice and influence through the introduction of personal budgets
- Give more clarity on who is responsible for delivering provision within EHCPs

Progress with implementation

3.24 Locally, we have developed a detailed work programme to support the implementation of the SEN Reforms which is built around the central aim of improving outcomes for children and young people with SEN/disabilities. Our premise is that this is everyone's business and not just the responsibility of those who work in targeted or specialist services. And it will require the workforce to work in different ways with families and hold different conversations with them.

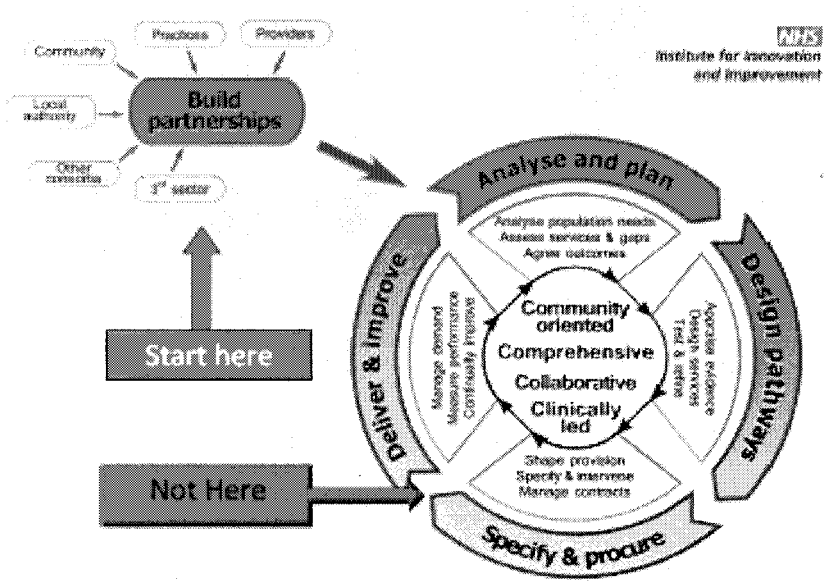
3.25 Because children and young people with SEN and Disabilities have a wide range and complexity of need across the full age range, goals must necessarily be person-centred. This presents a challenge in capturing central data on progress towards individual outcomes. To support the introduction of EHCPs, we are therefore developing an outcomes framework, embedded within the EHCP that will enable us to collate progress at individual, institutional, phase and disability level.

3.26 This work focuses on outcomes as the benefits or changes for individuals during or after participating in a programme of intervention – a personal goal to make something new possible. It will also enable families and those supporting them to differentiate between outcomes and inputs (i.e. an outcome is not a resource, service or cost). The framework will require agreement of long-term goals that focus on maximising independent living and learning skills and positive progression to employment as a staring point. Progress towards these long-term goals will then be supported by shorter term outcomes that identify what the child / young person wants to achieve, how we will get there and how we will know we have been successful, with sources of evidence planned and confirmed as part of the outcome-setting process. The focus is therefore in making outcomes person-centred, moving from a focus on inputs to outputs and measuring impact.

Joint Commissioning

3.27 A Draft SEN Code of Practice underpinning the SEN Reforms was published for consultation in October 2013[3]. The Draft Code goes into some detail regarding Joint Commissioning arrangements and the respective roles and responsibilities of partners. It emphasises the duty placed on local authorities and CCGs[4] to commission services jointly for children and young people with SEN (as well as duties[5] requiring Health and Wellbeing Boards to develop Joint Strategic Needs Assessments). It uses the following commissioning cycle to show the structure of a good joint commissioning process between LAs and CCGs, involving joint analysis, joint planning, joint delivery and joint review.

Figure 1: Commissioning Cycle (from Draft SEN Code of Practice)



3.28 The draft Code also emphasises:

- Joint commissioning arrangements must include all education, health and care provision assessed as being needed to support CYP with SEN
- Joint commissioning should enable improved system outcomes as well as better outcomes for individuals
- This requires local partners to identify outcomes that matter to children and young people with SEN, then work together to plan, deliver and monitor services against how well those outcomes have been delivered
- Commissioning arrangements need to be based on evidence of effective intervention - areas should therefore maintain up-to-date information on research on good practice
- Partners should also assess whether there are any activities that do not contribute to local priorities and decide decommissioning

3.29 Roles and responsibilities are further set out in 'Implementing the 0 to 25 special needs system - Government advice for local authorities and health partners' published in December 2013. The relevant extract appears as Appendix 4.

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[3] This consultation closed on 9 December 2013

[4] by Clause 26 of the Children and Families Bill

[5] under the Health and Social Care Act 2012

4. Implications

4.1 Financial implications

Islington Services currently spend approximately £30M per annum on provision for children and young people with SEN and Disability. It is therefore important that we have clear information on impact to inform strategic planning.

4.2 Legal Implications

The Children and Families Bill will require the Council to exercise its functions with a view to ensuring the integration of special educational provision with health and social care provision where this would promote the wellbeing of children and young people in Islington who have SEN or improve the quality of special educational provision.

The Bill requires councils and CCG partners to commission services jointly for children and young people with SEN, including arrangements for considering and agreeing: education, health and care provision; what provision is to be secured and by whom; what advice and information is to be provided; complaints procedures; and procedures for resolving disputes between councils and CCGs.

The joint commissioning arrangements must include arrangements for: securing Education, Health and Care assessments; securing the education, health and care provision specified in Education, Health and Care plans; and agreeing personal budgets.

The arrangements for joint commissioning will draw on the local needs identified in the Joint Strategic Needs Assessment and the agreed priorities of the Joint Health and Wellbeing Strategy.

4.3 Equalities Impact Assessment

Islington's Special Educational Needs and Disability Strategy for Children and Families sets out our aspiration to support children with complex needs and ensure positive outcomes from provision which represent value for money. The needs assessment that underpins this strategy confirms that transition to adulthood and access to positive pathways to education, employment or training is one of the biggest concerns for young people with special education needs and their families. The SEN Reform programme prioritises work in this area.

4.4 Environmental Implications

A key priority in providing for children with special educational needs and disabilities is to ensure that provision can be accessed as close to home as possible. As well as supporting family management, local provision also reduces the need for young people to travel long distances via individual transport.

5. Conclusion and reasons for recommendations

5.1 The reforms to provision for children and young people with SEN and disabilities that will be introduced by the Children and Families Bill will represent the most radical change in this area

for 30 years. They will see parents having much more influence over provision made, the goals that they would like services to work towards and the way that money is spent.

5.2 Locally we consider that the successful delivery of these reforms will be reliant on the adoption across the partnership of a concerted focus on improved outcomes for children and young people with SEN and Disability that is embedded within EHCPs, supported by a joined-up system that works well for every child and family.

5.3 The Health and Wellbeing Board will receive regular updates on progress towards improved outcomes for children with SEN and disabilities.

Background papers: None.

Attachments:
Final Report Clearance

Signed by 7/01/2014
Date

Received by ....
Head of Democratic Services Date

Report author:
Tel:
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E-mail:

Special educational needs

The current statutory definition of special educational need is as set out in SEN Code of Practice as follows:

'Children have special educational needs if they have a learning difficulty which calls for special educational provision to be made for them. Children have a learning difficulty if they:

Have a significantly greater difficulty in learning than the majority of children of the same age; or

Have a disability which prevents or hinders the child from making use of educational facilities of a kind generally provided for children of the same age in schools within the area of the local education authority; or

Are under compulsory school age and fall within the definition at (a) or (b) above or would so do if special educational provision was not made for them.

Children must not be regarded as having a learning difficulty solely because the language or form of language of their home is different from the language in which they will be taught.'

SEN Code of Practice (2001)

Disability

The Equality Act (2010) defines disability as when:

a) the person has a physical or mental impairment, and

b) the impairment has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities

Equality Act (2010)

Preliminary findings from the update of the JSNA, focusing on children and young people with SEN are shown below.

Prevalence of SEN

- Prevalence of pupils with any SEN in Islington schools (24.1% of pupils) is significantly above statistical neighbours (20.5%), as well as London and England averages (19.1% and 18.7%, respectively).
- Most children and young people with SEN in local schools do not have a statement, but receive extra support through School Action and School Action Plus – in 2013, this is 20.7% of pupils in Islington schools.
- This proportion has been reducing – since 2009, the number of pupils with 'non-statemented' SEN has declined by 5.7 percentage points in Islington. Comparator boroughs, London and England have also seen reductions, albeit a slower pace (-2.6 percentage points for statistical neighbours and London, and -1.9 percentage points in England).

Pupils with Statements of SEN

- National data reported the prevalence of statemented pupils in Islington schools as 3.4% in 2013, higher than statistical neighbours (2.9%), London (2.7%) and England (2.8%). Local data – which includes newly statemented children and those about to leave school - shows an overall prevalence of 4.0%.
- The percentage of pupils with statements of SEN has remained steady in Islington's comparator boroughs since 2009. Islington has seen an increase of +0.3 percentage points (from 3.1% to 3.4%) over the same period.

Among pupils with a statement of SEN:

- Autistic Spectrum Disorders (ASD, 1.1% of all pupils), Speech and Language Communication Needs (SLCN, 0.8%), Moderate Learning Difficulties (MLD, 0.8%) and Behavioural, Emotional & Social Difficulties (BESD, 0.4%) were the most prevalent needs.
- As well as forming the single largest group by condition, it is also worth noting that local data on numbers of children and young people with ASD in Islington has increased from 430 (JOS to doublecheck) in 2006 to an estimate of just over 560 in 2013 – this is the subject of a separate but linked needs assessment currently being completed.
- There was a significantly higher prevalence of among Black African pupils (4.3% of all pupils), particularly for ASD and MLD, and among Black Caribbean pupils (4.0%), particularly for BESD, when compared to prevalence among all children on the Database of Islington Children (Children's Services) (2.8%, due to the different denominator used in this calculation).

Placement

- Islington pupils with a statement were more likely to be in a mainstream school (49.9%) compared with statistical neighbours (41.8%), London (37.5%) and England (34.8%).

- Similar proportions of statemented children were placed in a special school (30.5%) compared with statistical neighbours (29.8%) and London (29.9%), but a smaller proportion compared with England (35.9%)

Socioeconomic and demographic factors

- A greater proportion of statemented pupils are in lone parent families and are eligible for free school meals compared with the general Islington school population.
- There was no statistical difference in the prevalence of statemented pupils by ward of residence

Outcomes

- National data shows that outcomes for children with a SEN – as measured by attainment at Key Stages - are poorer than for their peers. As the level of need increases (from School Action, School Action Plus to Statement), the gap with peers becomes wider.
    - Statistically, outcomes at each level of need in Islington, compared with statistical neighbours, London and England, at KS1 are similar.
    - At key stage 4 (5 x A*-C including English and Maths), shows that Islington performed better than the England average for pupils receiving School Action support and below the England average for pupils receiving School Action Plus support. Outcomes for statemented pupils were similar, although the overall numbers are relatively small which makes it more difficult to detect any statistical differences.

Data completeness

- As in previous profiles and needs assessments, we have found that SEN data remains the most reliable single measure of children and young people with disabilities. However, not all children with disabilities and long term life limiting conditions have special educational needs, and further work is being done to estimate local numbers. One of the major challenges is that health data has tended to be recorded on local systems, and as such data analysis is more problematic, and community systems do not systematically record whether a child has a statement.
- In addition, current national information governance issues mean that we are not able to link data for needs assessments. Previous analyses have been able to draw on data sharing arrangements between children's services and health services to link data and create a more complete overview of need.

Breakdown of Education spend on SEN / Disability

The High Needs Block element of Islington's Dedicated School Grant funding 2013-14 is **£24,772,573**. 83% of the total high needs funding relates to individual pupils.

Budget	Early Years	Pre 16	Post 16	% of total HN Budget
Special School place funding	-	2,966,667	300,585	13.2
Education Funding Agency (EFA) funding for post 16	-	-	-300,585	-1.2
Resource Unit place funding		880,000		3.6
Top up funding for High Needs (HN) pupils in Islington schools		6,737,089	520,510	29.3
Top up funding for HN pupils out of borough		1,092,537	156,501	5.0
Top up funding for HN pupils in Academies/Free schools	-	401,106	49,562	1.8
SEN Early Years	983,528	-	-	4.0
Pupil Referral Unit	-	3,069,300	-	12.4
HN students in FE colleges	-	-	400,000	1.6
Independent Special Schools	-	1,397,056	575,219	8.0
Joint Agreed Placements	-	436,388	317,306	3.0
Independent Special Placements	-	-	200,000	0.8
Post 16 Direct Schools Grant (DSG) re-calculation – to be allocated when confirmed	-	-	370,851	1.5
Direct funding to schools and colleges	***983,528***	***16,980,143***	***2,589,949***	***83.0***
SEN Transport	-	428,933	-	1.7
Clothing Grant	-	5,304	-	0.0
Refugees	-	75,000	-	0.3
Alternative Provision (AP)	-	750,850	-	3.0
Education other than at school	-	432,226	-	1.7
CAHMS/TAHMS	-	350,000	-	1.4
Outreach	-	383,000	-	1.5
Radio Aids Maintenance	-	36,272	-	0.1
Speech & Language	-	150,000	-	0.6
Visual/ Hearing Impairment Achievement for All	-	322,782	-	1.3
Direct support for pupils held centrally	***0***	***2,934,367***	***0***	***11.8***
Inclusion Support service staffing incl SEN	-	185,000		0.7
PRU Family support	-	150,000	-	0.6
High Needs - SEN Support Services	-	135,658	-	0.5
High Needs funding and project support	-	165,658	-	0.7
Anti-bullying	-	55,000	-	0,2
AP and Education Otherwise attendance monitoring	-	123,444	-	0,5

Centrally held budgets pupil support	***0***	***814,760***	***0***	***3.3***
Building costs at Special Schools	-	50,000	-	0.2
Free School Meals - administration	-	5,724	-	0.0
Servicing of Schools Forum	-	1,793	-	0.0
Termination of employment	-	932	-	0.0
Carbon reduction	-	1,318	-	0.0
Contingency	-	80,000	-	0.3
Centrally held budgets	***0***	***139,767***	***0***	***0.6***
EYrs SENCOs	202,480	-	-	0.8
EYrs Priority Referral Team	84,540	-	-	0.3
EYrs Support for Inclusion	43,039	-	-	0.2
Support for Early Years	***330,059***	***0***	***0***	***1.3***
Total held centrally	***330,059***	***3,888,894***	***-***	***17.0***
TOTAL Education expenditure	**1,313,587**	**20,869,037**	**2,589,949**	**100.0**
			£24,772,573	

Health Spend:

The CCG contributes £1,186,876 to the cost of the disability service via a contract with Whittington Health.

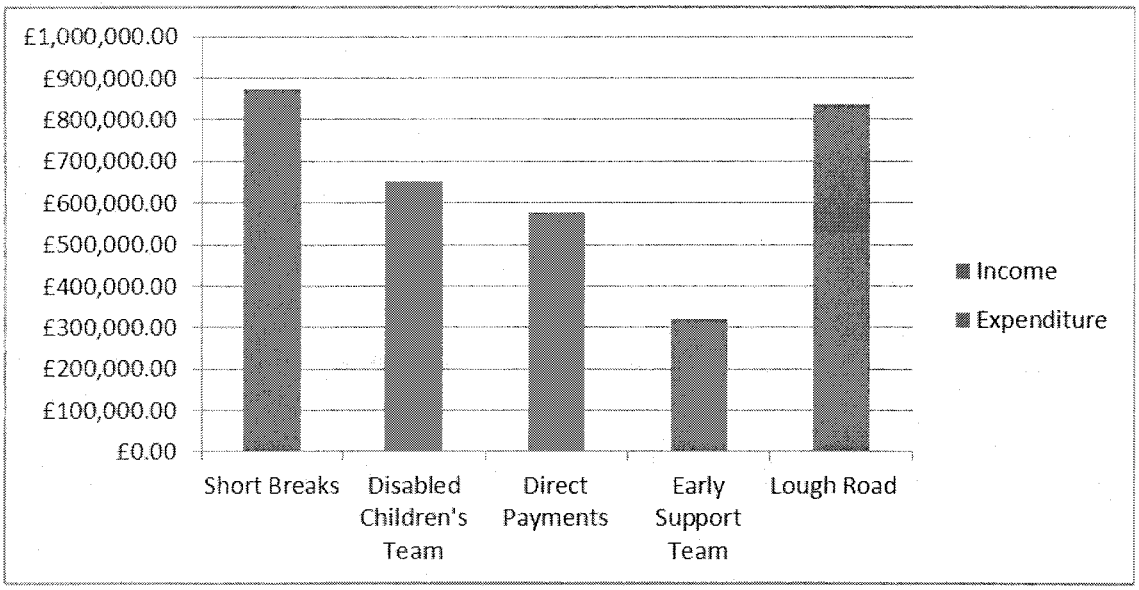
The CCG also paid £285,819 in 12/13 for the cost of joint agreed placements for children with disability under the age of 18.

There are also children with SEN who are dealt with through the Additional Health Needs element of the disability service, but it's not possible to easily disaggregate the cost of this.

Total Health Spend: £1,472,695

Children's Social Care:

Breakdown of £3.2m expenditure on Services for Children with Disabilities



Budget for 2013-14: £3,259,980

Short Breaks	£874,318.00	
Disabled Children's Team	£651,311.00	
Direct Payments to families	£576,204.00	
Early Support and Personalisation Team	£322,356.00	
Lough Road	£835,791.00	(Less income of £311,400)
Total	£3,259,980.00	

Joint agreed placements – social care costs: £ 437,119.00

Total Children's Social Care spend: £3,697,099.00

Total spend across Education, Health and Care: £29,942,367.00

Implementing the 0 to 25 special needs system - Government advice for local authorities and health partners (December 2013) – extract

NHS Mandate and the role of the health partners

24. The Mandate to the NHS Commissioning Board sets out the objectives for the NHS and highlights the areas of health and care where the Government expects to see improvements. The Mandate says that "One area where there is a particular need for improvement, working in partnership across different services, is in supporting children and young people with special educational needs or disabilities. NHS England's objective is to ensure that they have access to the services identified in their agreed care plan, and that parents of children who could benefit have the option of a personal budget based on a single (coordinated) assessment across health, social care and education." Details about the NHS Mandate are available.

25. The Children and Families Bill includes the health commissioning duty: "where there is provision which has been agreed in the health element of the EHC plan, health commissioners must have arrangements in place to secure that provision. All provision reasonably required by a child or young person's special needs must be included in the EHC plan."

26. The draft Code of Practice describes the role of health bodies, clinicians and providers, including:

- Health bodies must co-operate with the local authority in commissioning integrated, personalised services and designing the local offer (including ensuring relevant contracts with providers reflect the needs of the local population).

- Clinicians and providers will:

    - support the identification of children and young people with SEN, particularly at key points such as in the early years through the progress check at age 2, the integrated health check and through the healthy child programme;
    - respond to requests for advice for an EHC plan within required time limits;
    - make available health care provision specified in the EHC plan as per their commissioned role;
    - contribute to regular reviews of children and young people with EHC plans where requested/relevant.

- The local offer must include information about health care provision for children and young people with SEN.

27. The draft Code of Practice also places an expectation on CCGs that a Designated Health Officer (DHO) should be identified, whose role is to ensure that the CCG is meeting its statutory responsibilities for SEN.