

# Nottinghamshire Children and Young People's (aged 0-25) Special Education Needs and Disability Integrated Commissioning Strategy (2015-2017)

## **Our vision**

.....to help support children and young people with special educational needs and disabilities aged 0 to 25 to lead an ordinary life with their families

## **Our mission**

.....to provide a Nottinghamshire local offer of services and an integrated 0 to 25 multi-agency assessment leading to an education, health and care plan which is person centred and outcome focused, enabling the joint commissioning and provision of quality services which can be paid for using a personal budget

<b>Revision History</b>				
<b>Revision</b>	<b>Revision Date</b>	<b>Summary of changes</b>	<b>Change Author</b>	<b>Comments</b>
Version 1.0	12/6/14	1 <sup>st</sup> draft written	Sarah Everest	1 <sup>st</sup> draft written
Version 2.0	23/7/14	Meeting with Sarah Everest and Chris Harrison to go through spec – updated all sections and wrote objectives	Sarah Everest	
Version 3.0	28/7/14	Sent to ICG members for comments – added in	Sarah Everest	
Version 4.0	8/8/14	Additional comments from Alison Holloway and document formatted	Sarah Everest	Final draft for CFCS LT and CT Board
Version 5.0	10/9/14	Updated PH responsibilities  Added governance structure into appendix	Sarah Everest	
Version 6.0	16/9/14	Meeting with Chris Harrison to finalise structure and refresh the objectives. Added in engagement with CYPF	Sarah Everest	Draft sent to Sue Gill and Chris Harrison for comment
Version 7.0	22/9/14	Vision and mission updated. Formatted	Sarah Everest	Draft sent to CFCS LT
Version 8.0	2/12/14	Amendments following review of the 12-14 strategy with Chris Harrison	Sarah Everest	Draft sent to CFCS LT for review prior to CT Board
Version 9.0	18/2/15	Amendments to include Transformation Programme	Sarah Everest	Draft sent to CFCS LT for review prior to CT Board
Version 10.0	4/3/15	Final amendments	Sarah Everest	Draft sent to CFCS LT for review prior to CT Board
Final Version 1.0	18/3/15	Updated Governance arrangements following approval from CSLT, NCC	Sarah Everest	Final version sent to CT Board for endorsement
Version 2.0	March-2016	Update changes with new integrated service and changes in personal	Sarah Everest	Updated draft reviewed by Commissioning Work stream - to be updated further as IDS service embeds

				and with new JSNA information.
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## Abbreviations

CAMHs	Child and Adolescent Mental Health Services
CDS	Children's Disability Service (social care)
CFCS LT	Children and Families Cultural Service Leadership Team
CSLT	Children's Services Leadership Team
CYP	Children and Young People
CYPF	Children, young people and families
EHCP	Education Health and Care Plan
GEM CSU	GEM Commissioning Support Unit
HWB	Health and Wellbeing Board
HWBB	Health and Wellbeing Strategy
ICCYPH	Integrated Community Children and Young People's Healthcare
ICCYPHP	Integrated Community children and Young People's Healthcare Programme
ICG	Integrated Commissioning Group
ICH	Integrated Commissioning Hub
ICT	Information and communication technology
JSNA	Joint Strategy Needs Assessment
JSNA	Joint Strategic Needs Assessment
LD	Learning Disability
NPH	Nottinghamshire Participation Hub
Prevalence	the percentage of a population that is affected with a particular disease or condition at a given time
QA	Quality Assurance
SEND	Special Educational Needs and Disability
SEND P&P	Special Educational Needs and Disability Policy and Provision
SLCN	Speech, Language and Communication Needs

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# 1. Section One: Our Ambition and context

## 1.1 Introduction

This document sets out the strategic direction of commissioning for Children and Young People's with Special Educational Needs and/or Disability (SEND) for Nottinghamshire County, covering the districts of Ashfield, Bassetlaw, Broxtowe, Gedling, Mansfield, Newark and Sherwood and Rushcliffe.

The strategy has been developed on behalf of the Nottinghamshire Integrated Commissioning Group for Special Educational Needs and Disability (SEND) and replaces the previous Joint Commissioning Strategy for Disability and Special Educational Needs 2012-2014. It builds on previous work and aims to further join up commissioning and delivery of services for children and young people with SEND.

Its development has been informed by national policy including the Children and Families Act (2014) and specifically the SEND reforms, local policy including the Children, Young People and Families Plan (2014-16), Disability Needs Assessment (2012), and the Health and Wellbeing Strategy 2014-17. It also draws on feedback from parents, carers and young people. The Nottinghamshire Participation Hub has been established as a mechanism for capturing the views of parents and carers and as such, it has a key role to play as part of the current Integrated Commissioning Group in shaping the way that services for children and young people with SEND are commissioned and delivered. The strategy highlights the complex commissioning arrangement across multiple organisations; enablers for delivery this strategy will be from different organisations and teams such as the ICCYPH Programme, SEND P&P, NCC Transformation Programme, Mid Nott's and South Nott's Transformation Programmes. From April 2016 SEND P&P and CDS (Children's Disability Service – Social Care) will form the Integrated Disability Service with a phased implementation until September 2016.

## 1.2 Definition of Special Educational Needs and Disability

The Children and Families Act 2014 states:

'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'. This definition provides a relatively low threshold and includes more children than many realise: 'long-term' is defined as 'a year or more' and 'substantial' is defined as 'more than minor or trivial'. This definition includes sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy, and cancer. Children and young people with such conditions do not necessarily have SEN, but there is a significant overlap between disabled children and young people and those with SEN. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition.

Nottinghamshire County Council and its partners have adopted the Equality Act 2010 definition of disability quoted above.

This strategy covers Children and Young People with Special Educational Needs and Disability who are aged 0-24 (up to their 25<sup>th</sup> birthday).

The Special Educational Needs and Disability Code of Practice, DfE, July 2014 states:

"EHC plans can be put in place from birth, and up to 25 where it is agreed that a young person requires more time to complete their education, and has not yet met the outcomes agreed as part of their plan (see section below for more detail about 19-25 year olds). In the case of a young person who reaches their 25<sup>th</sup> birthday before their course has ended, the EHC plan can be maintained until the end of the academic year in which they turn 25" (p.8)

### 1.3 What Families Tell Us

Over the last few years many different consultations and engagement work has taken place with families both locally and nationally. Locally this has been through the Integrated Community Children and Young People's Healthcare Programme and the SEND Pathfinder, working with Nottinghamshire Participation Hub. A summary of what families say is below:

#### What families say...

- Communication and information is key
- Transition between children's and adults services is a cliff edge
- Generally services are good but knowing how to get them is difficult
- Services are often not joined up and don't work together
- People view my child in parts
- I don't want to have to tell my story lots of times to lots of people

#### What families would like...

- They want coordinated assessments, plans and care
- Information to be shared across services
- Key workers who they know well
- A system that isn't complex
- To know who to contact
- To have more say and control over the care and services they receive
- For 'us' to stop asking what they would like and give it to them!

As part of the Integrated Community Children and Young People Healthcare Programme a 'Families statement of expectation' was co-produced with young people, parents and carers this shows that families are asking for respect and collaboration and for the system, processes and services to support and serve them in a way that enables them to enjoy as normal a family life experience as possible, like any other family this can be found in appendix one

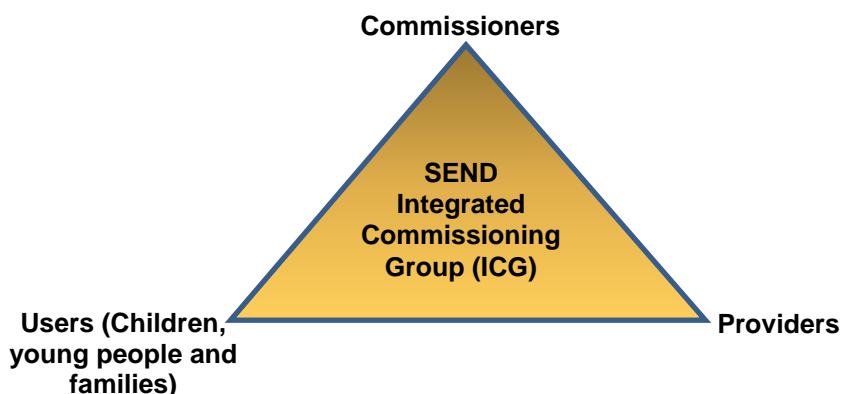
### 1.4 Commissioning responsibilities

Commissioning responsibilities for Special Educational Needs and Disability are complex as a result of the Health and Social Care Act (2012). Appendix two highlights the different agencies responsibility for commissioning of children's services in relation to special education need and disability. The Children & Families Act (2014) provides a legislative framework for joint commissioning across the NHS and Local Authority. The Care Act (2014) provides a framework for carers including disabled CYP.

### 1.5 Commissioning principles

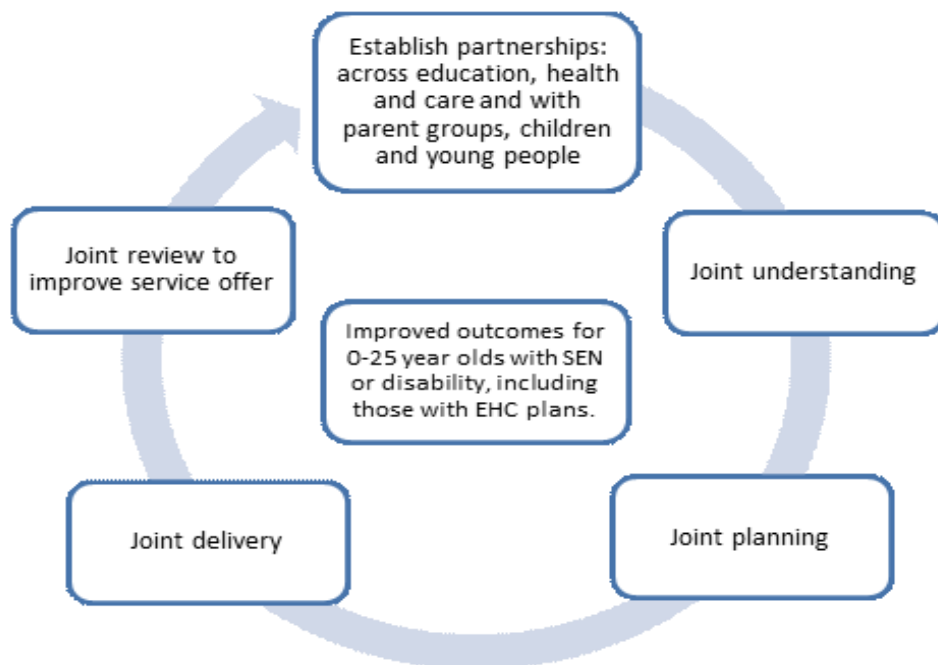
To commission effectively for children and young people with SEND a joint approach is required between **commissioners**, **users** (families - parents/carers and CYP), and **providers** of children's services.

The Nottinghamshire joint approach: Commissioners, Users (CYPF) and Providers (CUP)



The Integrated Commissioning approach in Nottinghamshire will follow the Joint Commissioning Cycle (below)

### 1.6 Joint Commissioning Cycle



Commissioning decisions will be informed by available evidence based practice of what works using the following guiding principles as outlined in the Nottinghamshire Integrated Commissioning Hub Commissioning Framework (2014):

### 1.7 Our Principles

Children, young people and their families are at the centre of our work. Supporting their interests and welfare is paramount. The following principles guide our approach to commissioning:

- Keeping children and young people **safe** through effective safeguarding practice<sup>1</sup>.
- Ensuring children, young people and families **participate** meaningfully at all stages of the commissioning cycle.
- Working within a framework of **fair, open and transparent** processes.
- Making **evidence-based** decisions about the commissioning and decommissioning of services.
- Improving **outcomes** for children, young people and their families.
- Focusing on **early intervention and prevention** to reduce high cost services in the future.
- Promoting **equality**<sup>2</sup> (including equality of access to services) in relation to age, disability, gender/gender reassignment, race, religion or belief and sexual orientation.
- Delivering **efficiencies** and **quality** through robust risk, contract and performance management.

<sup>1</sup> We are committed to the arrangements for safeguarding and promoting the welfare of children and young people through the Nottinghamshire Safeguarding Children Board (<http://www.nottinghamshire.gov.uk/caring/protecting-and-safeguarding/nscb/>).

<sup>2</sup> We work in accordance with the Equality Act 2010, which consolidates protection against discrimination on the grounds of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. It also put in place a new public sector equality duty, which gives public authorities a legal responsibility to provide this protection and make decisions which are fair and transparent, including the allocation of public money.

- Achieving **value for money** by securing effective services which meet local needs and deliver improved outcomes.

## **Principles underpinning the Children and Families Act 2014, supporting regulations and the Code of Practice for SEND:**

Local Authorities in carrying out their functions under the Act must have regard to:

- 1) The views, wishes and feelings of the child or young person, and the child's parents (and carers)
- 2) The importance of the child or young person, and the child's parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions
- 3) The need to support the child or young person, and the child's parents, in order to facilitate the development of the child or young person and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood

### **1.8 The national and local policy context**

This strategy has taken into account the local and national policy documents in relation to children and young people and SEND. These are detailed in appendix three.

### **1.9 The local population need**

There have been many attempts to provide accurate estimates of disability in children and young people. Some of these have provided condition based estimates based on the literature and others have utilised specific survey data. It is problematic to collate accurate, timely data in relation to disabled children and young people both locally and nationally, and definitions of disability vary widely. Information on self-reported (by the parent) long-standing illness or disability is provided from the General Household Survey. Routine data are collected by local authorities on children with statements of Special Educational Needs and now EHCPs, but this does not reflect the spectrum of disability and is only a weak proxy measure for severity.

#### **How many children and young people in Nottinghamshire have a disability or SEN?**

We estimate there are currently between 6,598 and 11876 children and young people aged 0-24 year old (up to 25<sup>th</sup> birthday) who experience some form of disability or long term health condition in Nottinghamshire.

Table 1 highlights the broad range of disability depending on which data source or definition is used. Table 2 shows local projections that are based on changes in the CYP population up to 2021. This shows a steady rise of CYP with SEND over ten years, however, it doesn't take into account other factors that may increase complexity of need and disability such as improvements in technology, medicine and survival rates of pre-term babies.

**Table 1 - Estimated numbers of children and young people experiencing some form of disability in Nottinghamshire:**

<b>Source</b>	<b>Numbers</b>
Thomas Coram Research Unit (2010) Based on 2014 population and an estimated prevalence of 3-5.4%	6598-11876 (0-24 year olds)
Child and Maternal Health Observatory (2000)	7,615 (0-19 year olds)
Census (2011) CYP with life limiting long term health problems	7891 (0-15 year olds) 9198 (16-24 year olds)
School SEN (Statements & School Action Plus) (2011)	6,095 (3-19 year olds)



Disability Living Allowance (2011)	7,210 (0-24 year olds)
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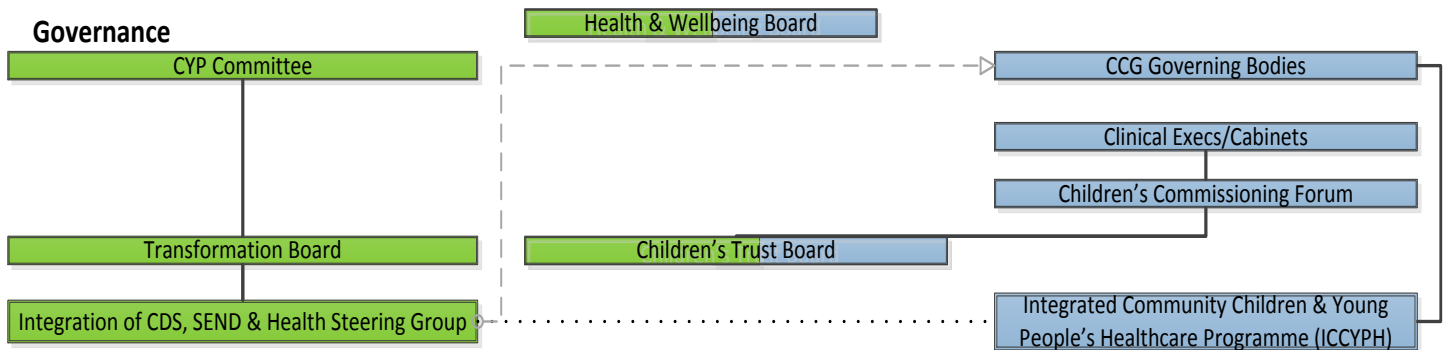
Source: Children with Disabilities and/or Special Educational Needs. A Needs Assessment for Nottinghamshire (2012) and updated from information from Public Health Intelligence, 2014

**Table 2 - Local projections of numbers of CYP with SEND (0-24) between 2012-2021**

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Nottinghamshire 3%	6591	6601	6598	6609	6598	6602	6618	6622	6643	6659
Nottinghamshire 5.4%	11863	11882	11876	11897	11876	11883	11912	11920	11958	11986

Source: Public Health Intelligence, 2014

### 1.10 Governance Arrangements



Green = NCC forum  
Blue = Health forum

This governance arrangements above will be supported by the Nottinghamshire Participation Hub (NPH) Parent/Carer Forum, who will provide the Families voice in the joint commissioning cycle.

## Section Two: The strategic direction

Table 3 shows the objectives in relation to improving outcomes and the way services are delivered and commissioned for CYP with SEND. It shows what needs to happen for the objectives to be achieved and how success will be demonstrated. The strategic objectives will be underpinned by a delivery plan. Nottinghamshire Participation Hub will be integral to the delivery of the objectives through co-production with children, young people and their families.

**Table 3 Strategic Objectives**

Area	Strategic Objective (where we want to be in 3 years)	Priorities for strategic change (what we need to do)	Measure of success (How we will know if the strategy has made a difference by monitoring key impact indicators)	Governance arrangements
1. Integrated Commissioning for Families and Individuals	We will provide integrated assessment and planning that is person centred for 0-25 year olds who have complex needs	1. Develop a culture of person centred approach across all agencies	All children and young people with complex needs will have an integrated plan that describes their person-centred outcomes in relation to education, health and care.	Transformation Programme ICCYPH Programme SEND P&P
		2. Deliver integrated plans to be co-produced with families	These plans are resourced through a pooled budget	ICCYPH Programme SEND P&P
		3. Review all specialist panels and pathways e.g. Specialist Integrated Resources Panel, EHC Plan Pathway, Continuing Healthcare Process, Short Breaks in order to integrate where appropriate	Panels, processes and pathways will be streamlined	ICH Social Care (LAC)
		4. Gain senior level agreement across the partnership to pool budgets	Pooled budgets will be in place	ICH Mid and south Nott's Transformation Programmes CFCS
		5. Transfer all statements and existing learning disability assessments to EHC plans	All statements will be transferred to an EHCP by 2018	SEND P&P

		6. Develop a graduated pathway to provision for SEND to include the development of a SEND support plan	SEND Support plans developed and in place	SEND P&P
		7. Develop Nottinghamshire's personal budget offer to include health, social care and education (including home to school transport)	Personal Budgets offered to eligible CYPF	SEND P&P ICH/CCGs
		8. Ensure all new developments achieve value for money		Transformation Programme ICCYPH SEND P&P
		9. Ensure all planning processes consider preparing for adulthood	Service user satisfaction	Transformation Programme ICCYPH SEND P&P
2. Advice and information	We will provide information and advice to families about the services and support that is available to them; it will be accurate, comprehensive, high quality and easy to use.  The advice and information service	1. Establish an integrated system for collecting and analysing data and information that will inform the JSNA	We will have a good understanding of the needs of children and young people with SEND across Nottinghamshire	Transformation programme
		2. Join up the different sections of the JSNA into one 'disability' section	Children, young people and their families will have a positive experience of accessing advice and information in Nottinghamshire	Transformation programme ICH
		3. Review all current local advice and information services and establish a new independent advice and information service	Children, young people and their families will be able to effectively share information via a WIKI	Transformation programme
		4. Further develop the Local Offer to accurately describe services for CYP aged 0-25	Clear Local Offer in place	Transformation programme/SEND P&P

		5. Establish a local resolution service and a regional mediation service	Joint resolution in place	SEND P&P
		6. Offer the WIKI to all families that would like one and support them through WIKI centres of excellence.	Service user experience of the WIKI	SEND P&P ICCYPH
3. Integrated Disability Service	Establish an Integrated Disability Service for Children and Young People (aged 0-25) that is high quality and value for money	1. Develop a phased approach to integrating services for children and young people with disabilities	Children, young people and their families will have a positive experience of accessing services in Nottinghamshire, receiving the right service, in the right place, first time	Transformation Programme
		2. To develop alternative models of integrated service delivery	There will be a single point of access for CYP with SEND	Transformation Programme
		3. To establish a single point of access for health, social care and education which includes the right skilled professionals at the front door and assessing for need rather than individual services	There will be an integrated service in place for CYP with SEND	Transformation Programme
		4. Establish effective networks where service cannot be integrated		ICH/ICCYPH
4. Preparing for Adulthood	For young people to receive a continuation of appropriate support to maximise opportunity for independent living, that takes into account their ongoing needs into adult life.	1. Review current arrangements which include transition protocol (2010) to develop a strategy for preparing for adulthood.	Young people will have achieved their long term aspirations and goals which may include: getting paid work, achieving independence, having a place to call their own, having good health, developing friendships and relationships	Transformation Programme

		2. To develop a culture of person centred approach to preparing for adulthood and where a young person has a SEND Support Plan or an EHCP this will be the plan that ensure effective transition into adult life.		
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## **Approval process**

The approval process for this strategy will be through the leadership team of the Children's Services Department (Nottinghamshire County Council), Children's Commissioners Forum and Nottinghamshire's Children's Trust Board.

## **Communication plan**

A communication plan will be developed for the roll-out of the strategy.

## **Monitoring and review of the strategy**

The Improving Outcomes for Children and Young People with Disabilities Steering Group and the Nottinghamshire Children's Trust Board will be responsible for monitoring and review of the strategy.

## **Who to contact about the strategy**

Kate Allen  
Children's Lead Commissioner  
Integrated Children's  
Consultant for Public Health,  
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Disability Service  
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## **Review Date**

January 2017

The strategy will be reviewed and refreshed on an annual basis.

## **Appendix One**

### **Nottinghamshire Families' statement of expectations**

#### **Our values are...**

1. Respect
2. Collaboration
3. Continual improvement

#### **My family's expectations will be met when...**

1. We are consulted and listened to, heard and treated with respect as experts on our/our child's condition and have our views taken into account at all times.
2. We can easily get information, advice and guidance, and the services and supplies that we need, when we need them, so that our family can enjoy the best possible health and fulfilling lives. This should enable and support our roles, lifestyle choices and aspirations.
3. There is collaborative, joined up and timely planning and service delivery, with all parts working as a whole across all organisations and agencies involved in every aspect of our children's care.
4. Each of our children is treated as an individual.
5. There is timely communication and shared documentation including core essential information about our children, their condition and their support between all those who need to be involved.
6. We are confident that there are enough staff, who have the right knowledge, skills and expertise for what they are there to do, and they demonstrate this by empathy and understanding in all contacts.
7. Our children are supported to achieve responsibility for themselves as adults and the family is supported during this period of transition to adulthood and reduced dependence on the family.
8. We can see that everyone involved in our children's care is committed to continually improving what they do.
9. Our children are seen in age appropriate environments furnished and equipped to meet their needs, this takes account of chronological and developmental age.
10. At all times our children are protected from harm.

Developed in consultation with parents and young people as guiding principles for the Nottinghamshire Integrated Community Children and Young People's Healthcare Programme

Ann Berry, Public Health Manager, Public Health Nottinghamshire

Jane O'Brien, Joint Commissioning Manager Children and Families, NHS Nottingham City

Leads for the Joint Nottingham City, Nottinghamshire County Integrated Community Children and Young People's Healthcare programme

May 2013

## Appendix Two

### Commissioning Responsibilities

Clinical Commissioning Groups (CCGs) are responsible for commissioning of:

- Hospital and clinical community services for children and young people including: community paediatrics, out patient clinics, inpatient beds, Children's Community Nursing, a range of Specialist Nurses, Special School Nursing, Therapies (SLT, OT and Physio), continuing care (locally through GEM CSU & Bassetlaw CCG).
- From September 2014 CCGs MUST work with LAs to:
- Commission services jointly for 0-25 year old CYP with SEND, including those with Education, Health and Care Plans (EHCP)
- Ensure that procedures are in place to agree a plan of action to secure provision which meets CYP 'reasonable' health needs in EVERY case
- Work with the LA to contribute to the local offer
- Ensure mechanisms are in place to ensure practitioners and clinicians will support the integrated education health and care assessment within 20 weeks.
- Agree personal budgets
- It is also recommended that a CCG should have a Designated Medical/Clinical Officer to support it in meeting its statutory responsibilities and have a joint resolution process in place.

Top tier local authorities (Public Health, Children & adult services) are responsible for commissioning and/or delivering:

Public Health

- Public health services for 5-19 year olds including school nursing;
- National child measurement programme and interventions to tackle obesity,
- Alcohol and drug services,



- Contraception and sexual health services,
- Dental public health,
- NHS Health Checks,
- Interventions to reduce and prevent birth defects,
- Accidental injury prevention,
- Public mental health services,
- Workplace health,
- Managing health protection incidents and community infections protection,
- Public health aspects of promotion of community safety, violence prevention and response

#### The Integrated Children's Disability Service provided

- Statutory assessments for Education, Health and Care Plans (0-25 yrs)
- Assessment for short break and social opportunities (0-18 yrs)
- Assessment for support with personal care (0-18 yrs)
- Assessment for occupational therapy equipment and adaptation (0-18 yrs)
- Assessment for Disabled Children's Access to Childcare (0-18 yrs)

#### The service is responsible for commissioning:

- School/college placements for children and young people with an EHC Plan, include alternative provision for those children and young people without a school place
- Physical Disability Support Service
- Short break and social opportunities for disabled children and young people
- Specialist equipment for the home and major and minor adaptations for the home and school environment

#### The service is also responsible for

- The provision of direct services including homecare, sitting and befriending and Saturday and holiday clubs.
- Jointly commissioning services and provision with CCGs

- Ensure that EHC plans are completed within the 20 week statutory timescale
- Developing and publishing a SEND Local Offer describing the provision and services within and/or accessible to families in Nottinghamshire. This is has to be in partnership with CYPF and other agencies across the public, private and voluntary, charity and community sectors.
- Provision of mediation and resolution

In addition to the above, the service has a strong focus on personalisation, and as such promotes the use of personal budgets and direct payments

District Councils are responsible for the Disabled Facilities Grant but require an assessment from the integrated children's disability service occupational therapy team in order to fulfil this duty

Social care services for 19-25 year olds includes:

- Care Act (2014)
- Supported living, residential care, day service, short breaks for carers, outreach support, advocacy and shared lives services.

NHS England is responsible for the commissioning of:

- Specialist provision such as Paediatric Intensive Care, Neonatal Intensive Care and Oncology Care; Health visiting and Family Nurse Partnership; Immunisations and vaccinations; Screening; Child Health Records

Since September 2013 Nottinghamshire Children's Integrated Commissioning Hub has led on the commissioning of Specialist Community Services for children and young people with SEND in the County.

## Appendix Three

### National Policy

Department for Education (2014) Special Educational Needs and Disability (SEND) Code of Practice: for 0 to 25 years Statutory guidance for organisations who work with and support children and young people with SEN <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Department of Health (2013) Better Health Outcomes [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/207391/better\\_health\\_outcomes\\_children\\_young\\_people\\_pledge.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207391/better_health_outcomes_children_young_people_pledge.pdf)

Department for Education (2013) Working together to safeguard children: a guide to interagency working to safeguard and promote the welfare of children [www.workingtogetheronline.co.uk/chapters/intro.html#child](http://www.workingtogetheronline.co.uk/chapters/intro.html#child)

DH (2010) Achieving equity and excellence for children. [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_119490.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_119490.pdf)

DH (2010) National Framework for Children and Young People's Continuing Care [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_114784](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114784)

Department for Education (2013) Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children <http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf>

CQC (2010) Essential standards of quality and safety [http://www.cqc.org.uk/sites/default/files/media/documents/gac\\_-\\_dec\\_2011\\_update.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/gac_-_dec_2011_update.pdf)

Department for Education (2009) Common assessment Framework for Children and Young People, guidance. <http://www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/caf/a0068957/the-caf-process>

DH (2009) Reference guide to consent for examination or treatment Second edition [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_103653.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103653.pdf)

DfES (2007) Aiming High for Disabled Children: Better support for families <https://www.education.gov.uk/publications/eOrderingDownload/PU213.pdf>

DH (2007) Mental Health Act <http://www.legislation.gov.uk/ukpga/2007/12/contents>

DH (2004) National Service Framework for Children, Young People and Maternity Services – Standard 8: Disabled Children and Young People and those with Complex Health Needs [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/di](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/di)

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The Children Act 2004 <http://www.legislation.gov.uk/ukpga/2004/31/contents>

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Multi-agency working (2012)  
<http://www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/a0069013/multi-agency-working>

'Your Welcome': quality criteria for young people friendly health services  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_126813](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126813)

DH (2001) Seeking consent: working with children  
[http://www.health.wa.gov.au/mhareview/resources/documents/UK\\_DoH\\_Consent\\_children.pdf](http://www.health.wa.gov.au/mhareview/resources/documents/UK_DoH_Consent_children.pdf)

Children and Families Act (2014)  
<http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

NHS Mandate 2014-15  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/256406/Mandate\\_14\\_15.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256406/Mandate_14_15.pdf)

Department of Health (2012) Children and Young Peoples Outcomes Forum Pledge for better outcomes  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/207391/better\\_health\\_outcomes\\_children\\_young\\_people\\_pledge.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207391/better_health_outcomes_children_young_people_pledge.pdf)

Department for Education (2014) Supporting pupils at school with medical conditions: statutory guidance from the Department for Education  
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

The Mental Capacity Act Code of Practice: Protecting the vulnerable (2005)  
<http://www.legislation.gov.uk/ukpga/2005/9/contents>

Equality Act (2010) <http://www.legislation.gov.uk/ukpga/2010/15/contents>

There is also a range of guidance from the **National Institute of Health and Care Excellence** on issues related to children and young people with SEND including:

- PH28 Looked After Children and Young People (2010)
- CG28 Depression in Children and Young People (2005)
- CG72 Attention Deficit Disorder (2008)
- CG89 When to suspect child maltreatment (2009)

- CG111 Nocturnal enuresis- the management of bedwetting in children and young people (2010)
- CG113 Anxiety (2011)
- CG128 Autism in Children and Young People (2011)
- CG158 Conduct Disorders in Children and Young People (2013).

#### **PH Outcomes Framework 2013-16**

- 1.1 Children in poverty
- 1.4 First time entrants to the youth justice system
- 1.5 16-18 year olds not in education not in training
- 1.6 Adults with a learning disability/in contact with secondary mental health services who live in stable and appropriate accommodation
- 1.7 People in prison who have a mental illness or a significant mental illness
- 1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services (also NHSOF 2.2)
- 2.8 Emotional wellbeing of looked after children
- 2.17 Recorded diabetes
- 2.23 Self-reported wellbeing (measured for those 16 years and over)
- 4.9 Excess under-75 mortality rate in adults with serious mental illness (also NHSOF 1.5)
- 4.16 Estimated diagnosis rate for people with dementia (also NHSOF 2.6i)

#### **NHS Outcomes Framework 2014/15**

- 1.5 Excess under-75 mortality rate in adults with serious mental illness (also PHOF 4.9)
- 1.7 Excess under 60 mortality rate in adults with a learning disability
- 2.0 Health related quality of life for people with long-term conditions
- 2.1 Proportion of people feeling supported to manage their condition
- 2.2 Employment of people with long-term conditions (also PHOF 1.8)
- 2.3i Unplanned hospitalisation for chronic ambulatory care sensitive conditions
- 2.3ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under-19s
- 2.4 Health-related quality of life for carers
- 2.5 Employment of people with mental illness
- 2.6i Estimated diagnosis rate for people with dementia (also PHOF 4.16)
- 2.6ii A measure of the effectiveness of post-diagnosis care (dementia) in sustaining independence and improving quality of life
- 4.1 Patient experience of outpatient services
- 4.4i Access to GP services
- 4.7 Patient experience of community mental health services
- 4.8 Children and young people's experience of outpatient services
- 4.9 People's experiences of integrated care

#### **CCG Outcomes Indicator Set 2014/15**

- People with severe mental illness who have received a list of physical checks
- Severe mental illness: smoking rates
- Health related quality of life for people with long-term conditions (also NHSOF 2.0)
- Proportion of people feeling supported to manage their condition (also NHSOF 2.1)
- People with COPD & Medical research Council Dyspnoea scale <3 referred to pulmonary rehabilitation programme
- People with diabetes who have received nine care processes
- People with diabetes diagnosed less than one year referred to structured education

- Unplanned hospitalisation for chronic ambulatory care sensitive conditions (also NHSOF 2.3i)
- Unplanned hospitalisation for asthma, diabetes and epilepsy in under-19s (also NHSOF 2.3ii)
- Complications associated with diabetes incl. emergency admission for diabetic ketoacidosis and lower limb amputation
- Health-related quality of life for carers (also NHSOF 2.4)
- Access to community mental health services by people from BME groups
- Access to psychological therapy services by people from BME groups
- Recovery following talking therapies (all ages and older than 65)
- Health related quality of life for people with a long-term mental health condition
- Estimated diagnosis rate for people with dementia (also PHOF 4.16 & NHSOF 2.6i)
- People with dementia prescribed anti-psychotic medication

### **The local context**

- Health and Wellbeing Strategy 2014-17 (NCC 2014)
- Education Health and Care Plan Pathway (NCC 2013)
- The SEND Local Offer (2014)
- The Early Help Offer (draft 2014)
- The ICCYPH Programme Report (2013)
- Concerning Behaviours Pathway (2014)
- The Nottinghamshire County Health and Wellbeing strategy (NCC 2014-17)
- Children, Young People and Families Plan (NCC 2014-16)
- Early Years Strategy (NCC 2013-15)
- Pathways to Provision (NCC June 2014)
- The Early Help Development Plan (NCC 2013-2016)
- Nottinghamshire and Nottingham City Safeguarding Children Boards" Safeguarding Children Procedures ( 2013)
- Nottingham and Nottinghamshire Safeguarding Adults Procedures and Practice Guidance
- No Health Without Mental Health (Draft December 2013)

The Local Authority indicator set is in development by the Performance Board