



Appendix A

Nottinghamshire Integrated SEND Commissioning Strategy 2017-2019



Date	Version	Author	Amendments
28.9.16	Draft v1	Nicole Chavaudra, Senior Public Health and Commissioning Manager	First draft
21. 12. 16	Draft v2	Nicole Chavaudra, Senior Public Health and Commissioning Manager	Amends following meeting with JN, KM, NH and CJ
09.01.17	Draft v3	Chris Jones, SEND Strategic Development Lead	Revised document to reflect its relationship with the SEND Strategic Action Plan

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1. Introduction

The Nottinghamshire Children's Trust is committed to making the experience of childhood and early adulthood a good one. We want every child and young person to have the opportunity to be confident in their relationships, achieving personal success as they grow into adulthood, and children and young people with special educational needs and disabilities (SEND) are no exception.

This strategy sets out how Nottinghamshire commissioning partners, including the County Council and the Clinical Commissioning Groups (CCGs), will deliver the best possible services for children and young people with SEND through effectively utilising our reducing resources. It will also ensure that Nottinghamshire meets its duties for commissioning of SEND services as required in the Children and Families Act 2014, and the Special Educational Needs and Disability (SEND) Code of Practice.

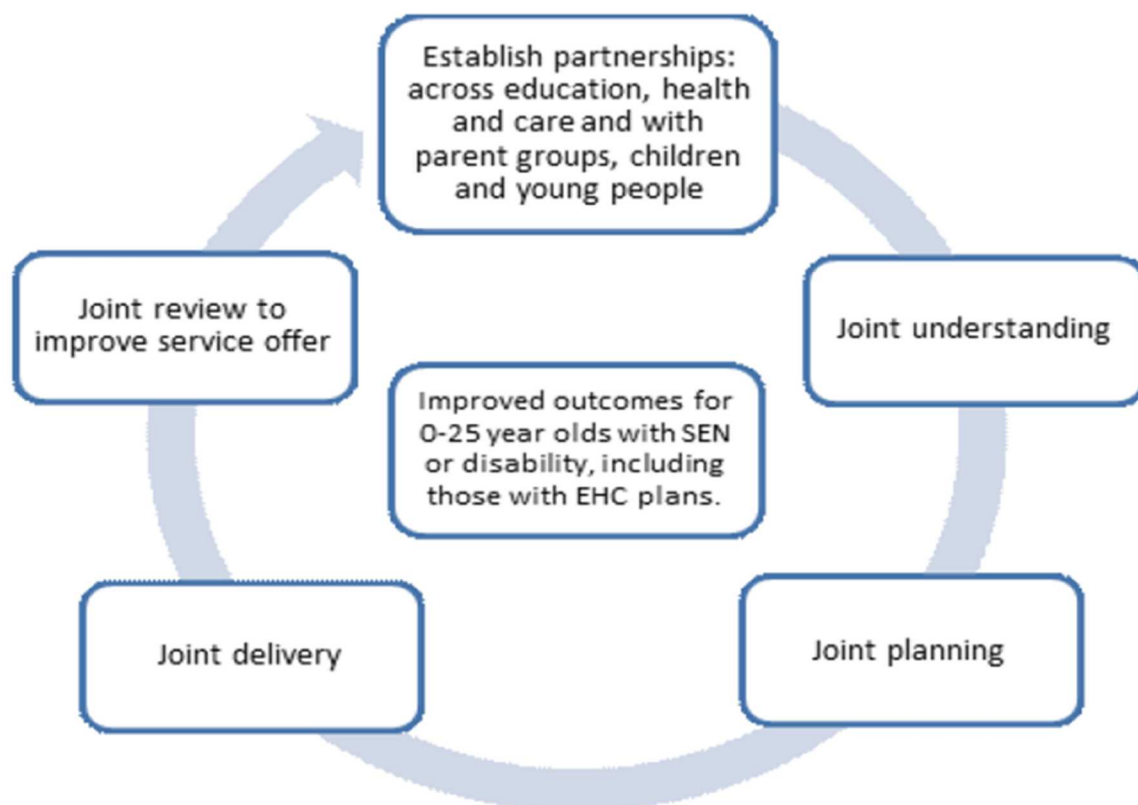
Joint commissioning is a continuous improvement cycle. As stated in the Code of Practice for SEND (2014), over time, partners may shift the focus of their activity as the needs of the local population change and delivery of services improves. Building on its predecessors - the Joint Commissioning Strategy for Disability and Special Educational Needs 2012-2014, and Nottinghamshire Children and Young People's (aged 0-25) Special Education Needs and Disability Integrated Commissioning Strategy 2015-2017 – this Strategy draws upon the learning from the Care Quality Commissioning (CQC) and Ofsted local area inspection of SEND in Nottinghamshire (June 2016) and the County Council's Review of SEND Arrangements (November 2016).

The Strategy will be monitored and reviewed annually by the SEND Accountability Board reporting on a regular basis to the Children's Trust and the Health and Wellbeing Board. This Strategy is a supporting document of the SEND Strategic Action Plan.

2. Commissioning Responsibilities and Approaches

Joint commissioning is the process of meeting needs and improving outcomes through joint planning, agreeing and monitoring services across agencies.

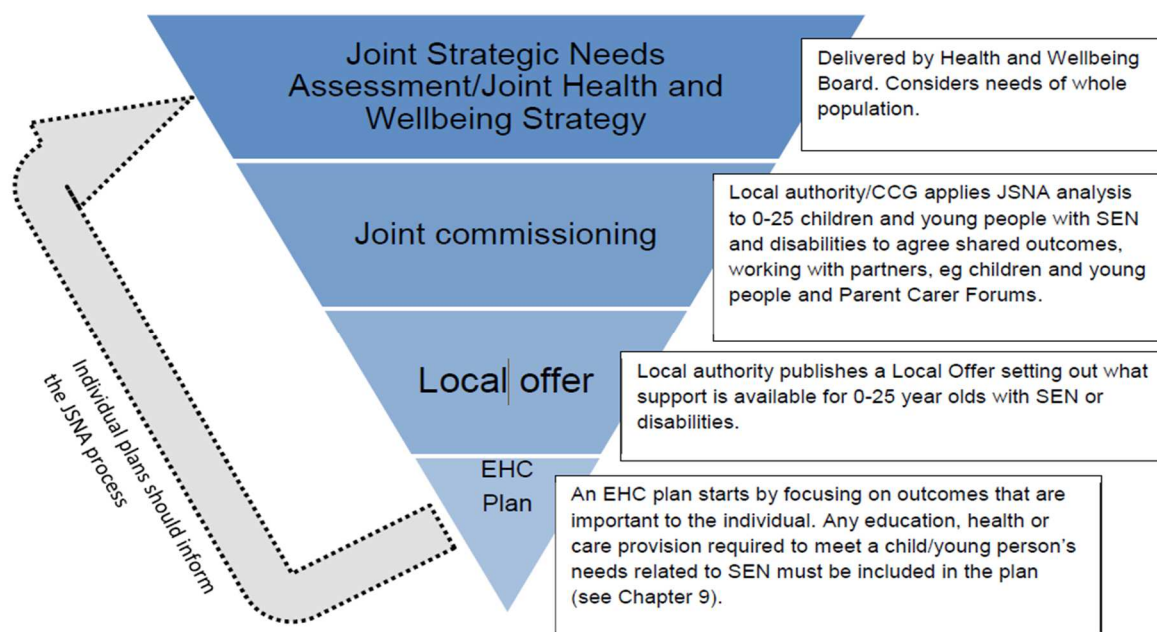
Figure 1.1: The Joint Commissioning Cycle



The Children and Families Act (2014) and Code of Practice for SEN (2014) places explicit duties on local authorities and Clinical Commissioning Groups (CCGs) for developing joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities. The duty includes the joint arrangements for commissioning services to improve outcomes for 0 to 25-year-old children and young people with SEND, including those with Education Health and Care (EHC) plans.

The duties for joint commissioning of SEND services extend to a range of partners, including: local authorities, Clinical Commissioning Groups, NHS England, Health and Wellbeing Board, Healthwatch and education providers. Further details of commissioning responsibilities for agencies are set out in **Appendix A**.

Figure 1.2: Commissioning Accountabilities



The priorities outlined in section 8 of this Strategy are cognisant of, and underpinned by, the duties for joint commissioning, including the requirements to:

- Be informed by a clear assessment of local needs;
- Enable partners to make best use of all the resources available in an area to improve outcomes for children and young people in the most efficient, effective, equitable and sustainable way;
- Cover the services for 0-25 year old children and young people with SEN or disabilities, with and without EHC plans;
- Include arrangements for: securing EHC needs assessments, securing the education, health and care provision specified in EHC plans, and agreeing Personal Budgets;
- Engage children and young people with SEN and disabilities and children's parents in commissioning process and decisions, including the review of processes to enable improvements to be made to services;
- Use the Joint Strategic Needs Assessment (JSNA) to inform the joint commissioning priorities made for children and young people with SEN and disabilities, which will in turn be reflected in the services set out in the Local Offer;
- Put local governance arrangements in place to ensure clear accountability for commissioning services for children and young people with SEN and disabilities from birth to the age of 25;
- Be based on evidence about which services, support and interventions are effective;
- Agree how they will work together to monitor how outcomes in education, health and care are being improved as a result of the provision commissioned.

3. Underpinning Principles of Commissioning SEND Services

3.1 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:

- To keep children and young people safe through effective safeguarding practice.
- To improving outcomes for children, young people and their families.
- To ensure children, young people and families are engaged effectively in all the stages of the commissioning cycle.
- To work within a framework of fair, open and transparent processes.
- To make evidence-based decisions about the commissioning and decommissioning of services.
- To focus where resources allow on early intervention and prevention to reduce high cost services in the future.
- To promote equality (including equality of access to services) in relation to age, disability, gender/gender reassignment, race, religion or belief and sexual orientation.
- To deliver efficiencies and quality through robust risk, contract and performance manage
- To achieve value for money by securing effective services which meet local needs and deliver improved outcomes.

4. Local needs

It is estimated that there are currently between 6,598 and 11876 children and young people aged 0-24 year old (up to 25th birthday) who experience some form of disability or long term health condition in Nottinghamshire.

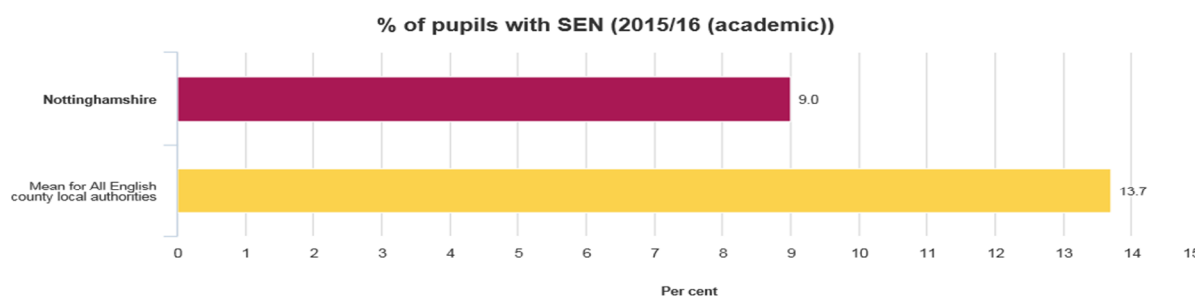
Table 4.1: Estimated numbers of children and young people with a disability in Nottinghamshire County (JSNA 2014)

Source	Numbers
Thomas Coram Research Unit (2010) based on 2014 population and a prevalence of 3-5.4%	6,598-11,882 (0-24 year olds)
Child and Maternal Health Observatory (2000) Census (2011)	7,615 (0-19 year olds)
CYP with life limiting long term health problems	7,891 (0-15 year olds)
Disability living allowance (2011)	9,198 (16-24 year olds)
Statements, or Education, Health and Care Plans (January 2016)	1,845 (0-25 year olds)
Pupils in Nottinghamshire at SEN Support in maintained schools and academies (October 2016)	8,444 (2-18 year olds)

In Nottinghamshire 9.0% of pupils in maintained schools or academies have a statutory plan of SEN (statement or EHC plan) or are receiving SEN support (previously

school action and school action plus). This compares to an average of 13.7% across All English county local authorities.

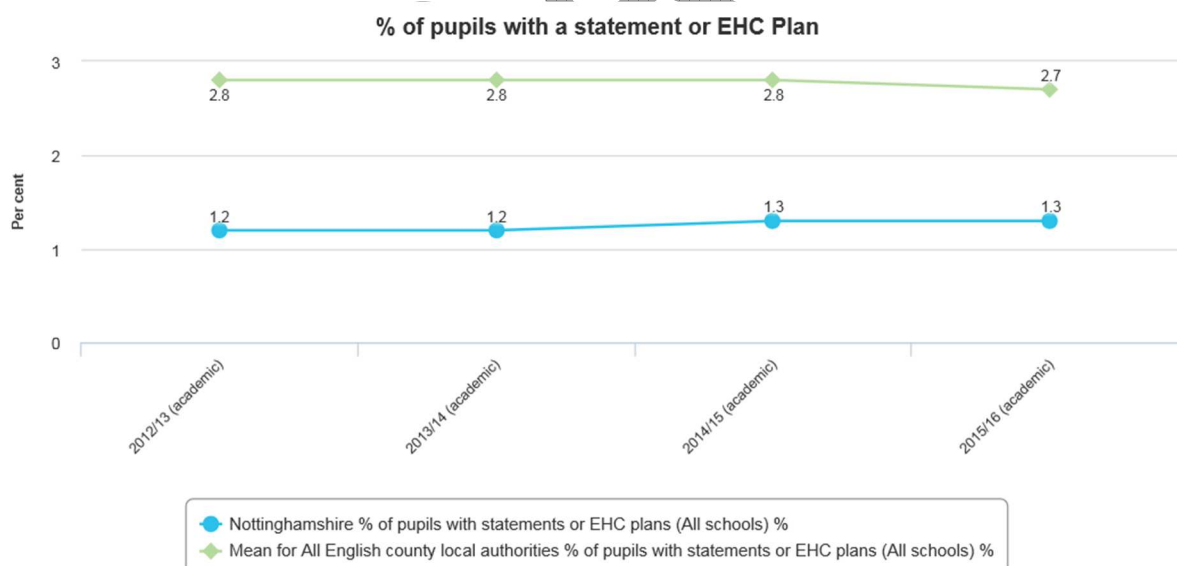
Figure 4.2: Percentage of pupils in Nottinghamshire with SEN



Source:
Metric ID: 2212, Department for Education, Special Educational Needs in England

Across All English county local authorities, the proportion of pupils with statements or education, health and care (EHC) plans ranges from 1.3% to 3.7%. Nottinghamshire has a value of 1.3%, compared to an average of 2.7% in all English county local authorities. For SEN support the proportion for all English county local authorities ranges from 7.6% to 14.0%. Nottinghamshire has a value of 7.6%, compared to an average of 11.0% in all English county local authorities.

Figure 4.3: Percentage of pupils with a statement or EHCP



The most prevalent primary special educational needs and/or disabilities in Nottinghamshire **primary schools** are as follows:

- Moderate learning disability (27.2% Nottinghamshire, 23.9% all England LAs)
- Speech, language and communications (19.7% Nottinghamshire, 28.5% all England LAs)

- Social, emotional and mental health (16% Nottinghamshire, 15% all England LAs)
- Autism spectrum disorder (12.6% Nottinghamshire, 6.3% all England LAs)
- Specific learning disability (8.7% Nottinghamshire, 10.5% all England LAs)

The most prevalent primary special educational needs and/or disabilities in Nottinghamshire secondary schools are as follows:

- Social, emotional and mental health (24.3% Nottinghamshire, 17.4% all England LAs)
- Moderate learning difficulty (20.6% Nottinghamshire, 23.1% all England LAs)
- Autism spectrum disorder (17.8% Nottinghamshire, 9.4% all England LAs)
- Specific learning disability (16.4% Nottinghamshire, 25% all England LAs)
- Other difficulty/ disability (5.9% Nottinghamshire, 6.2% all England LAs)

The most prevalent primary special educational needs and/or disabilities in Nottinghamshire special schools are as follows:

- Autism spectrum disorder (38% Nottinghamshire, 22.6% all England LAs)
- Severe Learning Disability (18% Nottinghamshire, 26.2% all England LAs)
- Moderate learning difficulty (13.3% Nottinghamshire, 16.8% all England LAs)
- Profound and multiple learning difficulties (7.7% Nottinghamshire, 7.4% all England LAs)
- Physical disability (5.3% Nottinghamshire, 3.3% all England LAs)

In Nottinghamshire, a higher percentage of children and young people with a statement or EHCP are in maintained special schools (43.8%) than nationally (32.1%), but a lower percentage in maintained mainstream schools (11.3%) than the national average (24%) (2015/16 data).

The average weekly spend per child with a statement or EHCP is also higher than the national average (Nottinghamshire - £135 per week, national average - £100 per week). This is likely to be due to Nottinghamshire issuing fewer statutory plans than the national average.

In terms of preparation for adulthood, Nottinghamshire has a high percentage of adults with learning difficulties in settled accommodation (66%) than the national average (57.9%), although a lower percentage in paid employment (2.9% in Nottinghamshire, compared to 5.6% nationally) (2010/11 data).

Local projections suggest that the numbers of children and young people with SEND is likely to increase by approximately 1% by 2021, from a 2012 baseline as illustrated in Table 4.4 below:

Table 4.4: Local Projections – numbers of children, and young people with SEND

	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

5. 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 Programme for Improving the Outcomes for Children and Young People with disabilities, 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. The full statement is attached as **Appendix B**.

6. Key achievements

6.1 Much has been achieved over the lifetime of the SEND reforms in Nottinghamshire. This has recently included the following:

- Progress has been made in aligning local authority and health commissioning with regard to funding arrangements in a newly established non-core commissioning panel – more now needs to be done to facilitate joint commissioning with education resources;
- All current local advice and information services have been reviewed and a new impartial advice and information service has been established through the Local Offer;
- An integrated system for collecting and analysing data and information that will inform the JSNA is now under development. This is being developed through an integrated case recording and reporting facility for CDS and SEND that is being built on MOSAIC and is on track to be fully operational by September 2017;
- The development of Integrated Children's Disability Service brought together the statutory Education, Health and Care assessment processes and some social care functions such as Occupational Therapy, Short Breaks and Personal Care.
- A new transitions protocol has been developed to support better preparation for adulthood;
- The new 'Community Children and Young People's Service', providing integrated health care for children with additional needs has launched, with more joined up assessments and shorter waiting times.

6.2 The joint local area SEND inspection in Nottinghamshire identified strengths in the effectiveness of the local area in identification of children and young people with SEND. These strengths include:

- Systems of funding for schools have supported more effective identification and meeting of special educational needs;
- Effective early identification by health visitors and school nurses, enabling a timely response;
- The 'Concerning Behaviours Pathway' provides comprehensive assessment and diagnosis for children with social communication needs;
- Strong and easily accessible early years speech and language support;
- Good quality work by Special Educational Needs Coordinators (SENCOs), including Family SENCOs;
- Rigorous assessment of education, health and care needs, through multi-agency meetings and commissioning;
- The resource allocation system (RAS) is usually successful in identifying needs for short breaks, with innovative funding use to identify and meet needs;
- Beneficial support provided to looked after children with SEND from the virtual school.

6.3 Strengths were also identified by the inspectors in the assessment and meeting the needs of children and young people with SEND, including:

- Excellent relationships with parents, with children's needs at the heart of services' work;
- Strong parental involvement in meeting the needs of children;
- The Nottinghamshire Family of Schools model provides high quality information to support the transition from primary to secondary education;
- Universal health teams have good access to the support provided by the schools and families specialist support service;
- The single point of access for support to teachers and school leaders is providing helpful advice and support;
- Effective support in early year's settings.

6.4 Further strengths were identified in improving outcomes for children and young people with SEND, including:

- Tenacious leadership and a willingness to try new approaches;
- Effective issuing of education, health and care plans within the 20 week timescale;
- The development and agreement of the multi-agency transitions protocol;
- Parents find meetings such as the annual reviews useful;
- Effective approaches to meeting the needs of children and young people with social, emotional and mental health issues.

7. Key areas for development for the Integrated Commissioning Strategy

The joint local area SEND inspection and the SEND Review identified a number of areas for development. The SEND Strategic Action Plan sets out these areas under four workstreams, with the relevant key activities:

1. Plans and Pathways
2. Health
3. Education Provision (Quality & Sufficiency)
4. Preparing for adulthood

8. Commissioning Priorities for 2017-2019

Strong leadership and coherent planning of developments are critical to the success of the SEND reforms in Nottinghamshire and this will be provided by the Partnership SEND Accountability Board. The Board together with its multi-agency work stream groups is tasked with delivering the priorities identified in the SEND Strategy Action Plan.

Table 8.1 below summarises the joint commissioning priorities for SEND in Nottinghamshire during 2017-2019.

Table 8.1 Joint commissioning priorities for Nottinghamshire - 2017-2019

Joint commissioning priorities for Nottinghamshire - 2017-2019	
1. Personal Budgets	
<p>Personal budgets can be a key enabler of more personalised and responsive support for children and young people with SEND, and delivering these in an integrated way provides more effective use of resources, reduces duplication and improves the experience of families.</p>	<p>Action: To review individual service personal budget policies with the view to developing a single policy for the partnership, which identifies opportunities for integrated personal budgets.</p> <p>Action: To review equipment budgets in order to improve alignment across partners.</p> <p>Action: To implement joint social care / health personal budget pilot.</p>
2. Aligning individual commissioning across education, health and social care	
<p>Joint commissioning at specialist, strategic and individual levels supports better outcomes for children and families. Much has been achieved in integrating functions across education, health and social care</p>	<p>Action: To review and develop multi-agency decision making processes for children with the most complex needs.</p>
3. Developing the effectiveness of Integrated Community Children and Young People's Health Services	
<p>Integrated health services programme is subject to a programme of transformational change, which is driving more efficient, effective and aligned health services, with services following the child and provided equitably across Nottinghamshire, with a focus on outcomes.</p>	<p>Action: To develop transitions to adult services, including training and development for the adult and children's health workforce (including primary care).</p> <p>Action: To align health assessment and review processes, and pathway plans, to EHCP processes.</p> <p>Action: To transition cases currently receiving independent provision via SEND processes into ICCYPH services.</p> <p>Action: To reduce waiting times for assessments.</p> <p>Action: To develop and implement care coordination/ key working, and agile working 7 days per week.</p>
4. More Effective Preparation for Adulthood	
<p>Ensuring that young people are well supported and prepared for adulthood is essential to achieving good life outcomes.</p>	<p>Action: To complete the development of the interactive transitions pathway and share it with key delivery partners.</p>

	<p>Action: To embed & monitor the implementation of the Transitions Protocol through the development of a quality assurance monitoring tool.</p> <p>Action: To review the Post-16 Curriculum across all educational settings.</p> <p>Action: To develop an Employability Strategy.</p>
5. Workforce Development	
<p>The diversity and scope of SEND practitioners is such that a coordinated and strategic approach to workforce development is necessary to ensure consistency and quality across SEND services.</p>	<p>Action: To utilise a proportion of the SEND Reform Grant to deliver workforce development activities across the partnership to ensure the consistency and quality of SEND services.</p> <p>Action: To develop a SEND toolkit of resources which practitioners across the partnership can access.</p>
6. Improved Advice and Information	
<p>Families tell us that we can support them better by providing good access to advice and information.</p>	<p>Action: To strengthen current advice and information arrangements through the re-commissioning of the SENDIASS advice and information service in 2018-2019, co-producing with children, young people and families the shape of the future service.</p> <p>Action: To undertake an annual audit of families and professionals to gain feedback on the use and quality of the Local Offer.</p>
7. Co-production	
<p>Co-production is the process by which service users are able to influence the way that services are designed, commissioned and delivered.</p>	<p>Action: To employ a co-production champion to work with parents and carers across the partnership to develop a charter for working together with families to co-design services and to develop effective systems for coproduction and consultation.</p>
8. Development of a revised Short Breaks Offer	
<p>Short breaks are an important part of supporting families to meet the needs of children with additional needs and disabilities.</p>	<p>Action: To ensure a fair and effective short breaks offer in Nottinghamshire through a comprehensive review of short-breaks provision and thresholds, in co-production with parents and carers. The reviews recommendations will be implemented from April 2018</p>

Appendix A: Commissioning Roles and Responsibilities (Code of Practice for SEN, 2014)

The roles and responsibilities of bodies involved in joint commissioning arrangements are summarised below:

Agency	Key responsibilities for SEND	Accountability
Local authority	Leading integration arrangements for Children and Young People with SEN or disabilities.	Lead Member for Children's Services and Director for Children's Services (DCS)
Children's and adult social care	Children's and adult social care services must co-operate with those leading the integration arrangements for children and young people with SEN or disabilities to ensure the delivery of care and support is effectively integrated in the new SEN system.	Lead Member for Children and Adult Social Care, and Director for Children's Services (DCS), Director for Adult Social Services (DASS).
Health and Wellbeing Board	The Health and Wellbeing Board must ensure a joint strategic needs assessment (JSNA) of the current and future needs of the whole local population is developed. The JSNA will form the basis of NHS and local authorities' own commissioning plans, across health, social care, public health	Membership of the Health and Wellbeing Board must include at least one local elected councillor, as well as a representative of the local Healthwatch organisation. It must also include the local DCS, DASS, and a senior CCG
Clinical Commissioning Group	To co-operate with the local authority in jointly commissioning services, ensuring there is sufficient capacity contracted to deliver necessary services, drawing the attention of the local authority to groups and individual children and young people with SEN or disabilities, supporting diagnosis and assessment, and delivering interventions and review.	CCGs will be held to account by NHS England. CCGs are also subject to local accountability, for example, to the Health and Wellbeing Board for how well they contribute to delivering the local Health and Wellbeing Strategy. Each CCG has a governing body and an Accountable Officer who are responsible for ensuring that the CCG fulfils its duties to exercise its functions effectively, efficiently and economically and to improve the quality of services and the health of the local population whilst maintaining value for money.
NHS England	NHS England commissions specialist services which need to be reflected in local joint	Secretary of State for Health

	commissioning arrangements (for example augmentative and alternative communication systems, or provision for detained children and young people in relevant youth accommodation).	
Healthwatch	Local Healthwatch organisations are a key mechanism for enabling people to share their views and concerns – to ensure that commissioners have a clear	Local Healthwatch organisations represent the voice of people who use health and social care services and are represented in the planning and delivery of local services. This can include supporting children and young people with SEN or disabilities. They are independent, but funded by local authorities.
Maintained nurseries and schools (including academies)	Mainstream schools have duties to use best endeavours to make the provision required to meet the SEN of children and young people. All schools must publish details of what SEN provision is available through the information report and co-operate with the local authority in drawing up and reviewing the Local Offer. Schools also have duties to make reasonable adjustments for disabled children and young people, to support medical conditions and to inform parents and young people if SEN provision is made for them.	Accountability is through Ofsted and the annual report that schools have to provide to parents on their children's progress.
Colleges	Mainstream colleges have duties to use best endeavours to make the provision required to meet the SEN of children and young people. Mainstream and special colleges must also co-operate with the local authority in drawing up and reviewing the Local Offer.	Accountable through Ofsted and performance tables such as destination and progress measures.

Appendix B: Families Statement of Expectations¹

Our values are...

- Respect
- Collaboration
- Continual improvement

1. “No decision about me without me”

We are consulted and listened to, heard and treated with respect as experts on our/our own child’s condition and have our views taken into account at all times.

2. Access to information and supplies

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. Whole systems working

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. Child/young person centred care

Every child/young person is treated as an individual.

5. Communication and record sharing

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. Capacity, competency and empathy.

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. Transition.

Children/young people 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. Continual improvement.

We can see that everyone involved in our children’s care is committed to continually improving what they do.

9. Care environment.

Children/young people are seen in age appropriate environments furnished and equipped to meet their needs, taking into account chronological and developmental age.

¹ As part of the Integrated Community Children and Young People Healthcare Programme this ‘Families statement of expectation’ was co-produced with young people, parents and carers.

10. Safety.²

At all times our children are protected from harm.

DRAFT

² Please note this is wider than safeguarding - consider points such as moving and handling training for parents, safe use of equipment etc.