

Joint Commissioning Strategy for SEND 2017-2019

Haringey Council and Haringey Clinical Commissioning Group

1. Background

The Child and Families Act 2014 included Special Educational Needs and Disabilities (SEND) reforms, which place a duty on agencies to work together across education, health and care for joint outcomes. Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Act). Both the Council and the CCG face financial challenges which mean it is increasingly important to work closely together to eliminate duplication and improve value, whilst striving to improve quality and improve outcomes for Haringey families. In Haringey these joint outcomes are outlined in a number of strategic planning documents including:

- Haringey Health and Wellbeing Strategy 2015-2018
- Haringey Council Corporate Plan 2015-2018
- Haringey CCG's Five Year Plan 2014/15-2018/19
- Haringey's special educational needs and disabilities strategy: promoting fairness, inclusion and opportunity for all
- Haringey's Child and Adolescent Mental Health Services (CAMHS) Transformation Plan 2015-2020
- Haringey's Early Help Strategy 2015-2018
- North Central London Transforming Care Plan 2016-2019
- Haringey Parenting Plan
- Preparing for Adulthood

The focus of this Strategy is to provide a commissioning approach to meet the guiding principles outlined in 'Haringey's Special Educational Needs and Disabilities Strategy: promoting fairness, inclusion and opportunity for all' and specifically the meet the following outcomes.

1) A comprehensive offer of support accessible in our local community

This means that:

- We will develop the range and quality of support available for the whole person and family, taking a holistic approach across their health, care and education needs from childhood into adulthood
- We will improve the accessibility and quality of mainstream and universal services (including leisure and community facilities, GP surgeries and health clinics, transport, schools, early years and colleges) for children, young people and adults with special education needs and disability.
- We will ensure everyone can easily access quality information, advice and guidance on the full range of support and services available in our local community, which helps to support independent living and wellbeing

2) High aspirations for all our children and young people

This means that:

- We strive for all children and young people with special educational needs and disability to make good progress and achieve their highest potential in education and employment. This requires access to high quality early years, schools and further education, and to career pathways.
- We will prepare young people who have special educational needs or disability with the skills they need to live as independent and healthy life as possible when they reach adulthood.
- We will make sure those who have had disrupted educational experiences, due to frequent moves or involvement in youth justice, have access to the extra support necessary to overcome barriers and realise their full potential

3) Providing support at the earliest opportunity

This means that:

- We will identify those who have special educational needs or a disability at the earliest opportunity. Where possible, this should be from birth and during a child's early years.
- We will provide support based around the individual needs of the person and their family. Depending on the person's circumstances, this may include support across multiple agencies including education, health and care services. We will ensure each child who requires it has a lead professional or key worker building on the principles of [Early Support](#).
- We will build on the strengths of the person and their family, and develop their ability to live an independent, fulfilling and healthy adult life.
- We will enable all children and young people to communicate to their best advantage, using technology where required

4) Fairness and equality

This means that:

- We will remove barriers that discriminate against or prevent children, young people or adults with special educational needs or disability from participating in everyday activities and accessing mainstream and universal services
- We will ensure that Haringey's education facilities (including schools, early years and further education) are inclusive of pupils with different special educational needs and disabilities, and are able to adapt teaching approaches and deliver high standards of education for all
- We will ensure that there are sufficient school and early year places for all children and young people living in Haringey. Children and young people with special educational needs and disabilities should be able to attend their local mainstream or special school.
- We will promote opportunities and good outcomes for children, young people and adults with special educational needs or disability in our local community, including employment and training opportunities

5) Working together with the person and families

This means that:

- We will involve the person and their family in making choices and decisions affecting the health, care and support services they receive. The person and family should feel a sense of control, and understand the different options available to them.
- We will seek the views of those with special educational needs and disability, and their families and carers, to co-produce and improve the range of support and help available locally.

6) An engaged and confident local workforce

This means that:

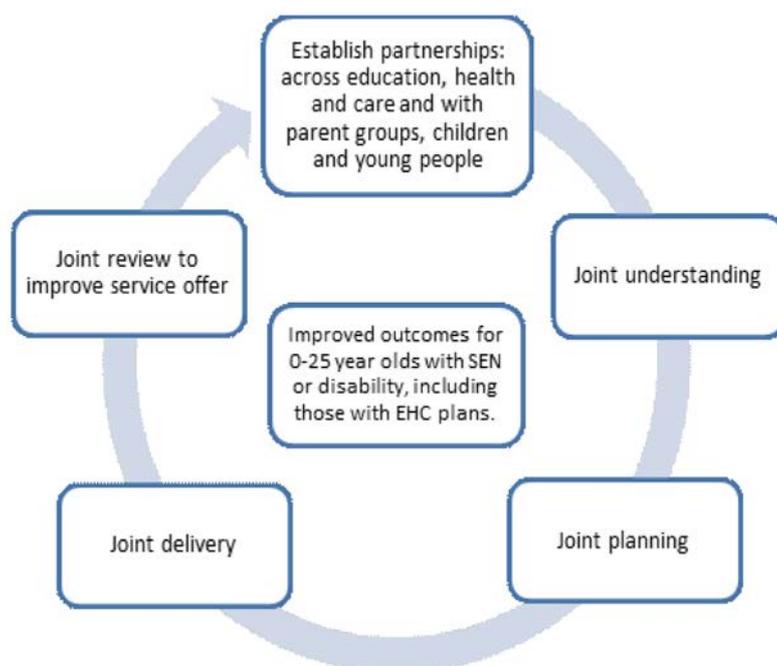
- We expect all organisations in Haringey to train and employ workers that are skilled and experienced in working with those with special educational needs and disability. All workers should be confident in identifying potential risks to a child, young person or adult’s welfare or safety, and know how to respond or enable others to do so.
- We will ensure education, health and care services work effectively and closely together to provide joined-up support for children, young people and adults with special educational needs or disability.
- We will ensure that everybody working in education, health and care services knows they have a part to play in achieving this strategy

2. What is Commissioning?

Commissioning is the process of understanding the needs of a population or group, and using available resources to meet those needs through procurement and contracting processes. Joint commissioning is where this is done in partnership to increase efficiency and enable joined up services. Commissioning can be done on a strategic level, looking at the needs of a whole population, or on an individual level where a package of education or care is put into place.

Children and young people with special educational needs and disability (SEND) need services across health, social care and educational services to work together in order to achieve their full potential. Crucially, they need person-centred support to help them achieve their ambitions. The importance of this challenge is reflected in the Children and Families Act 2014, the NHS Mandate and the Five Year Forward View. The diagram below describes the stages of the commissioning process and provides more detail of the stages.

Fig 1: Commissioning Cycle (DfE SEN Code of Practice, January 2015)



Joint understanding: needs of children and young people with SEN are identified, reviewing services that meet these needs and identify the resources available.

Joint Planning: identify gaps in services, develop a commissioning strategy which explains the services required and the outcomes we want to achieve with the resources we have.

Joint delivery: services are procured and contracts put in place to deliver the services.

Joint review: services are reviewed to see if they have met the outcomes of the specification. This includes feedback from service users and their families to help improve current service delivery and feed into future needs assessment.

3. Needs Assessment- Key Messages

The needs assessment is included as appendix one. It demonstrates that in January 2016 there were 1395 Haringey children and young with a statement or EHC plan. Within Haringey Schools there are 1288 children and young people with an SEN, who will be a mixture of Haringey children and those placed by other boroughs, a further 5503 are receiving SEN Support. Changes to eligibility under the Children and Families Act 2014 mean that the number of children and young people with a statement is likely to increase as the age range now extends to 25 and the EHC figures now include all those who previously had a Learning Disability Assessment, which was previously statutorily reported as part of statementing. The implication of this financially is an increase in those eligible for support within existing resources. This provides an imperative to review how we are delivering and commissioning services to improve value for money.

The needs assessment identifies higher levels of Autistic Spectrum Disorder than comparative boroughs. We need to explore the reasons for these higher levels, and examine the diagnostic pathway to ensure the skill mix and information gathering during the process of assessment is sufficiently sensitive to ensure accurate diagnosis, and identification of other conditions. Nationally, there is evidence to suggest that autism diagnosis rates are increasing, which could be partially due to increased awareness of autism. New developments within mental health research indicate the condition may have been confused with eating disorders and emerging personality disorder in girls. There is a specific autism needs assessment in development that will feed into work in this area. A number of issues are identified including that there is a need to review capacity within specialist therapies (occupational therapy, speech and language therapy and physiotherapy) and to improve data recording.

http://www.haringey.gov.uk/sites/haringeygovuk/files/autism_needs_assessment_2017.pdf

The needs assessment also identifies that communication is a significant challenge for the Borough, although there are relatively few children and young people with SEN for whom this requires an Education Health and Care Plan. What it demonstrates is that especially at primary school age significant SEN support is required for this. Services are currently delivered by an integrated service delivered by Whittington Health and require review in the context of the identified need.

Haringey secondary schools have higher rates of pupils with social/emotional/mental health than comparator boroughs. Some communication issues as children become older can be seen as behavioural, and this is consistent with data which shows the increase in the numbers with this need in secondary, and the reduction in identified communication needs. The implication of this is that these children and young people are at heightened risk of exclusion in secondary school.

We need to ensure that our commissioned services are able to meet the new duties outlined in the SEND reforms to assess and deliver services to those young people known to the Youth Justice System, who have a higher than average likelihood of having communication difficulties.

Data on future projections for school places (Place Planning report 2014) reveal that by 2018 across all Haringey schools we expect to need an additional two year 7 classes rising to an additional seven classes by 2023. The long term trend for secondary school places is increasing demand although there are smaller cohorts currently in the primary sector which means we expect to have sufficient places in year 7 up to 2018. Additional school places will need to be provided in the form of expansion of existing schools and provision of new schools. For children and young people with SEND areas for local development are places for children and young people with social, emotional, and mental health concerns and spaces for children with Autism.

The Council for Disabled Children estimate that over the ten years from 2004 the numbers of children and young people with complex or life-limiting conditions has increased by over 50%. This has particular relevance for those children and young people who are eligible for Childrens Continuing Care; there are currently 20 children and Haringey who meet the criteria. This cohort has extremely complex needs and requires robust joint planning for health, education and social care services.

Employment rates of both adults with mental health problems and learning disabilities are low in the Borough, in order to improve these rates in the future we need to work on developing the education and employment preparation for children and young people through schemes such as apprenticeships.

4. Focus for Joint Commissioning

Commissioning in Haringey for Children and Young People with SEND is completed by a range of agencies and people. Haringey Council, Haringey Clinical Commissioning Group and Schools all commission both for their populations and on an individual basis where bespoke solutions are required. Families are now commissioning directly on their own behalf through personal budgets, both within health and social care. http://www.haringey.gov.uk/sites/haringeygovuk/files/personal_budget_policy_haringey_final_version.pdf

The below action plan outlines how we start the process of joining up commissioning over the next three years, and how we will use a commissioning approach to improve outcomes for families and ensure better use of resources.

The Council currently spends approximately £31million on education and social care services for children and young people with SEND. Additionally Haringey CCG commissions a number of services which lie within block contracts for this group of children and young people and spends a further £1.6 million on individual packages for those with complex needs. In order to deliver services that meet the principles outlined we will focus on ensuring quality and value through an integrated commissioning approach that achieves best use of available resources across the system. Our commissioning approach will be to:

- Develop an integrated method for resource allocation that provides fairness and parity
- Monitor, evaluate and review what we do with families, children and young people to develop better services which deliver improved outcomes.
- Work with providers to disaggregate block NHS contracts to ensure better management and planning of NHS resources
- Ensure we have contracts in place with all providers which deliver value through the use financial benchmarking data
- Use a commissioning approach where better value and quality services can be delivered through commissioning rather than direct delivery
- Work with neighbouring boroughs in the planning and commissioning of services
- Review existing arrangements for the commissioning of equipment services, looking at how this can be commissioned jointly for greater efficiency.

5. What we have done so far

- We have established an autism steering group as part of ongoing joint work between CAMHS and paediatrics to review the diagnostic pathway for children and young people to ensure more timely assessment.
- We are constantly reviewing and refining our alternative provision offer for those unable to access education due to social, emotional and mental health problems (SEMH) and have established additional support for schools through the Anchor Project to meet the needs of students with emotional wellbeing concerns through supporting Schools to develop an emotionally and attachment aware environment. We are currently developing a strategy for alternative provision and SEMH support that incorporates specialist therapeutic provision.
- We are on track to complete the conversion of all of our children's statements into EHC plans, and have converted all those with an LDA and staying on in education into an EHC. This includes converting all the statements for vulnerable young people known to youth justice system into EHC plans and establishing a pathway for their referral if needs are identified.
- We are working with providers to develop apprenticeship opportunities for young people with SEND
- We have sponsored free school bids to support the sufficiency of school and college places including working with partners to support the development of the Grove Free School to ensure sufficient school places for children and young people with autism. We are also supporting the development of a free school as an alternative to custody for young people in the youth justice system, and for those exiting secure units.
- We are reviewing our respite and support offer to ensure that the providers on the framework can meet local needs in a way that families can afford
- Reviewed support and are developing a strategy for young carers many of whom are providing support to their siblings with SEND.
- We have developed a transport policy for SEND

6. What we need to do from now until 2019

The Council and the NHS are both facing financial pressures which mean that we need to improve the efficiency of how we commission services. Changes to the funding arrangements for the High Needs Block of the Dedicated Schools Grant place further pressure on Council budgets which are already overspending. This coupled with increased age range introduced by the SEND reforms creates additional challenges for the system. In order to address these challenges we must work more closely together to ensure integrated planning and commissioning between Haringey Council and Haringey NHS Clinical Commissioning Group. It also means modernising models of care to ensure that quality is maintained and where necessary improved. In order to ensure that we are getting value for money we need to benchmark and look at opportunities for commissioning across North Central London where this offers improved services and better value. Below is an action plan which outlines the specific actions to be taken. The action plan will be refreshed annually to ensure that we are achieving what we set out to achieve and give us the opportunity to add new actions as work progresses. The key areas of focus applied to the outcomes of the SEND Strategy are:

1) A comprehensive offer of support accessible in our local community

In order to ensure a comprehensive offer of support commissioners must first understand the needs of the population, must listen to families who use services and then must commission good value, effective services that are regularly reviewed and monitored. We are committed to keeping families together, through providing the right support for children and young people to remain in their own homes.

2) High aspirations for all our children and young people

We must work to develop provision for those 16-25 who wish to remain in education to ensure coordinated education, health and social care support through the development of more robust multi-agency transition planning arrangements.

3) Providing support at the earliest opportunity

In order to deliver help and support at the earliest opportunity commissioners and providers need to work in a more integrated way both in the planning and delivery of services. For families that means receiving an early integrated response through a shared assessment and outcome focused planning process.

4) Fairness and Equality

Haringey will offer education, health and care services for children with SEN and disabilities as close to home as possible and will work with families to enable and empower them to support the needs and development of their children and young people. In order to do this we need to ensure appropriate services are in place to enable and support families, and we are working with families to review our Local Offer to achieve this.

5) Working Together with the person and their families

Families should have choice and control over the education, health and care provision that they receive. We will work closely with children and young people and their families to ensure that their views inform both our strategic commissioning and commissioning on an individual basis.

6) An engaged and confident local workforce

Services in Haringey are delivered by a number of commissioned providers within education, health and social care in addition to those directly provided by the Council. Commissioning has a role in setting expectations and specifying how these services should be delivered.

7. Appendices

Appendix One- Trends among SEND in Haringey



Trends among SEND
in Haringey v4.docx

Haringey Joint Commissioning Strategy Action Plan 2017-2019

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| 1. A comprehensive offer of support accessible in our local community In order to ensure a comprehensive offer of support commissioners must first understand the needs of the population, must listen to families who use services and then must commission good value, effective services that are regularly reviewed and monitored. We will: | | |
| 1A | <ul style="list-style-type: none"> Work with Public Health to develop and refresh the JSNA so that we are basing commissioning decisions on evidenced needs. | Ongoing |
| 1B | <ul style="list-style-type: none"> Ensure that commissioned services provide clear information on eligibility and access criteria as well as what services deliver, and that this information is included in the local offer. | Ongoing |
| 1C | <ul style="list-style-type: none"> Place expectations on commissioned services to promote access to those in the community with special educational needs or disabilities | Ongoing |
| 1D | <ul style="list-style-type: none"> Work with health providers to develop mechanisms to gather and monitor feedback from children and young people with SEND and their families, so we can be assured that provision is accessible and good quality. | September 2017 |
| 1E | <ul style="list-style-type: none"> Develop a strategy for the borough that will ensure families with disabled children have access to a broad range of universal services including play and leisure provision and education provision. | September 2017 |
| 1F | <ul style="list-style-type: none"> Review existing arrangements for the commissioning of equipment services | December 2017 |
| 2. High aspirations for all our children and young people We must work to develop provision for those 16-25 who wish to remain in education to ensure coordinated education, health and social care support through the development of more robust multi-agency transition planning arrangements, this includes: | | |
| 2A | <ul style="list-style-type: none"> Working with CAMHS and Adult Mental Health Providers to ensure that access to services takes into consideration the developmental stage of the young person to provide seamless care. | July 2018 |
| 2B | <ul style="list-style-type: none"> Implementing the Preparing for Adulthood Action Plan to support young people with ASD who are not eligible for Adult Learning Disability or Adult Mental Health services at point of transition. | December 2018 |
| 2C | <ul style="list-style-type: none"> Refining current transition protocols and inter-agency mechanisms for agreeing joint packages and improving transition planning for independence through starting earlier. | September 2017 |

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| <p>3. Providing support at the earliest opportunity</p> <p>In order to deliver help and support at the earliest opportunity commissioners and providers need to work in a more integrated way both in the planning and delivery of services. For families that means receiving an early integrated response through a shared assessment and outcome focused planning process. In order to achieve this we will:</p> | | |
| 3A | <ul style="list-style-type: none"> Develop integrated assessments for those with complex or continuing care needs between health and social care professionals, so that the needs of families are considered holistically. This will start with coordinated assessments with the intention to move to an integrated model | September 2017 |
| 3B | <ul style="list-style-type: none"> Review current continuing care provision and capacity collaboratively with Camden and Islington in light of SEND reforms, the introduction of personal health budgets and increased demand | December 2017 |
| 3C | <ul style="list-style-type: none"> Establish clear mechanisms for agreeing joint funding so that EHC process is seamless from the perspective of the family, this may include consideration of a single resource allocation system. | June 2017 |
| 3D | <ul style="list-style-type: none"> Develop method for joint personal budgets to improve efficiency of monitoring and administration and provide a simpler system for families | December 2017 |
| 3E | <ul style="list-style-type: none"> Work with partners in public health to review the impact of the Healthy Child Programme and 2 year checks on health services, moving resources to apply support where screening provides the opportunity of earlier intervention. | April 2018 |
| 3F | <ul style="list-style-type: none"> Work with providers to complete a review of existing arrangements for specialist therapies (occupational therapy, physiotherapy and speech and language therapy) to target resources and modernise the service model, working with families and benchmarking models, funding and activity against other areas. | September 2017 |
| <p>4. Fairness and Equality</p> <p>Haringey will offer education, health and care services for children with SEN and disabilities as close to home as possible and will work with families to enable and empower them to support the needs and development of their children and young people. In order to do this we need to ensure appropriate services are in place to enable and support families, and we are working with families to review our Local Offer to achieve this.</p> | | |
| 4A | <ul style="list-style-type: none"> Complete a review of current respite and short breaks provision, working with families and looking at models in other parts of the Country to diversify the current offer. | April 2017 |
| 4B | <ul style="list-style-type: none"> Implement a commissioning approach to improve the quality of provision at Haslemere, particularly for those children with complex physical and medical needs. The respite is currently a directly delivered 6 bedded respite centre through open tender | 2017-2018 |
| 4C | <ul style="list-style-type: none"> Work with local providers to develop respite opportunities for families after school and in holidays in response to feedback from families and develop the market, particularly for those with complex medical needs or challenging behaviour | December 2017 |

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| 4D | <ul style="list-style-type: none"> Work across education, health and social care to ensure adequate local provision for children and young people with learning disabilities/autism who display challenging behaviour to reduce the need for residential placements out of Borough. Link this work into the Transforming Care programme across NCL and commission Positive Behaviour Support, working with adult services to implement | December 2017 |
| 4E | <ul style="list-style-type: none"> Develop a local autism assessment pathway for children and young people which is able to see children and young people for assessment in a timely way and continue work on post-diagnostic support services for children and young people with neurodevelopmental conditions | April 2018 |
| 4F | <ul style="list-style-type: none"> Ensure sufficient local school places through joint planning between health and education to support developing free schools in the area | Ongoing |
| 4G | <ul style="list-style-type: none"> Commission independent travel training and extend use of personal budgets to achieve greater choice and control for families in how they support their children and young people to travel to school and college. | December 2018 |
| 4H | <ul style="list-style-type: none"> Ensure local service capacity is in line with the focus on bringing people back into local provision by working across the North Central London boroughs to stimulate and develop the market. | Ongoing |
| 4I | <ul style="list-style-type: none"> Re-commission SEMH provision to ensure a graduated response to those with SEMH needs and at risk of exclusion. | September 2018 |
| <p>5. Working Together with the person and their families</p> <p>Families should have choice and control over the education, health and care provision that they receive. We will work closely with children and young people and their families to ensure that their views inform both our strategic commissioning and commissioning on an individual basis. In order to do this, we will:</p> | | |
| 5A | <ul style="list-style-type: none"> Promote the use of personal budgets and personal health budgets and establish mechanisms in order to combine the assessment, allocation, management and monitoring of personal budgets. | December 2017 |
| 5B | <ul style="list-style-type: none"> Engage with families to get meaningful feedback and co-production in the design and commissioning of services | Ongoing |
| 5C | <ul style="list-style-type: none"> Identify areas where families want more choice and control and which are currently within block arrangements so that future commissioning can be more individually tailored | April 2018 |
| 5D | <ul style="list-style-type: none"> Robustly monitor all providers to ensure that all commissioned services listen to children, young people and their families in their delivery of provision | September 2017 |
| 5E | <ul style="list-style-type: none"> Improve the availability of information to families on what is available and use feedback from families to inform commissioning | Ongoing |

6. An engaged and confident local workforce

Services in Haringey are delivered by a number of commissioned providers within education, health and social care in addition to those directly provided by the Council. Commissioning has a role in setting expectations and specifying how these services should be delivered. We will support this outcome by:

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| 6A | <ul style="list-style-type: none">Ensuring all commissioned services are able to make reasonable adjustments in their delivery of provision through ensuring providers access appropriate training for staff. | Ongoing |
| 6B | <ul style="list-style-type: none">Ensuring understanding and inclusion of health services in the EHC process, through appropriate training opportunities | April 2017 |