



Joint Commissioning Framework

**Children and Young People with Special Educational
Needs and Disabilities and their Families 2017 – 2019**

DRAFT V6 21 August 2017

Contents

INTRODUCTION.....	2
AIMS.....	3
PRINCIPLES	3
JOINT COMMISSIONING.....	3
<i>WHO ARE THE COMMISSIONERS?.....</i>	<i>4</i>
<i>WHERE DOES THIS HAPPEN?</i>	<i>4</i>
<i>RESPONSIBILITY FOR DECISION MAKING IN JOINT COMMISSIONING ARRANGEMENTS</i>	<i>5</i>
THE LANCASHIRE SEND LOCAL OFFER.....	5
CO-ORDINATED ASSESSMENT AND SERVICE DELIVERY – EDUCATION, HEALTH AND CARE PLANS (EHCPs)	6
PERSONAL BUDGETS	6
DISPUTE RESOLUTION	8
<i>DISAGREEMENT RESOLUTION PROTOCOLS</i>	<i>8</i>
<i>DISAGREEMENT ABOUT PROVISION WITHOUT AN EHCP</i>	<i>8</i>
<i>DISAGREEMENT IF AN EHCP IS IN EXISTENCE.....</i>	<i>8</i>
<i>DISAGREEMENT BETWEEN RESPONSIBLE COMMISSIONERS</i>	<i>9</i>
LANCASHIRE CHILDREN'S COMMISSIONING CYCLE	9
'UNDERSTAND' STAGE OF THE COMMISSIONING CYCLE	10
WHAT DO WE CURRENTLY COMMISSION?	15
PERFORMANCE - HOW WELL HAVE WE BEEN DOING?.....	16
GAP ANALYSIS AND THE DESIGN OF FUTURE PROVISION	16
HOW WILL WE KNOW WE HAVE GOT THERE?	17
RECOMMENDATIONS.....	18
APPENDICES.....	19
<i>APPENDIX 1</i>	<i>19</i>
<i>APPENDIX 2</i>	<i>20</i>

Introduction

This commissioning framework relates to children and young people, 0-25 years old, who have Special Educational Needs and/or disability (SEND) and covers the areas of education, health and care in terms of statutory services. As well as the local authority and health commissioning bodies, schools, colleges and early years settings will provide an element of provision or funding, as appropriate, to meet the needs of individual children and young people.

Much has been achieved since we first established the CYP SEND Joint Commissioning Framework covering the period 2014-2016, including the jointly commissioned Single Loan Store. Continued cultural change, workforce development and redesign is needed to fully and successfully implement the SEND reforms across the county which will both take time and require social care, health and education services and professionals working together closely and putting children, young people, their families and carers at the centre of commissioning. This process is ongoing and will continue to evolve as a result of feedback.

This document demonstrates the commitment of local commissioners in Lancashire to develop shared commissioning and delivery models to meet the diverse needs of children and young people with special educational needs and/or disabilities (SEND) in the county. It provides a framework for detailed Commissioning Plans in the areas of special educational needs and disability and seeks to develop support which is child, young person and family led as opposed to service led.

The Lancashire Children and Young People's Trust has identified shared commissioning as a tool with which to achieve its vision and meet the requirements of financial challenges and new policies. In particular, the Trust sets out to achieve the following through effective commissioning:

- Systematically review and remove duplication across our services and make the most effective use of the total resource available to us
- Children and young people will be separately consulted and involved in decisions which affect them
- Focusing on improved outcomes rather than activity and processes, and monitoring and holding each other to account for our progress towards them
- Stop delivery or commissioning of those services that do not demonstrably improve outcomes for children, young people and their families

This framework covers both local authority and health commissioning and commissioned services across children and young people's services and adult services for young people up until the end of the academic year in which they reach 25 years old.

NHS commissioning and service provision for Lancashire is very complex. Commissioning and planning responsibilities are shared across a number of commissioning bodies, including 6 Lancashire Clinical Commissioning Groups (CCGs), (plus 2 CCGs associated with unitary authorities) and NHS England.

NHS services are delivered by 6 hospital trusts, 2 community health trusts and one mental health trust that deliver services across CCG boundaries.

Service quality, stability and patient safety are of paramount importance to NHS commissioning bodies and this framework outlines the future direction for possible joint commissioning arrangements that will embed the values principles, and best practice embodied within the act, into service planning and delivery for this group of children and young people.

Aims

This framework outlines how partner agencies will jointly plan and commission support across all levels of identified need for children and young people with SEND. It provides a strategic overview for taking forward a set of commissioning strategies which are aimed at making sure that children and young people with SEND in Lancashire are enabled to understand their needs, access available support, achieve improved outcomes and to ensure that local and national requirements are met.

Arrangements will be sufficiently robust to reach a decision in every case, to ensure arrangements are regularly reviewed and to make sure we have the correct, relevant information to make decisions and enable joint commissioning. The arrangements we establish will allow for effective planning, enable progress to be measured and resolve any disputes that might arise between partners

Principles

The following principles have guided this Framework:

- Ensuring child and parent/carer contributions are valued and respected
- Allowing families and practitioners to be creative and not just restricted by what is available now
- Empowering practitioners to make responsible decisions with child and parent/carers
- Providing services at mainstream universal level wherever and whenever possible
- Supporting family resilience enabling them to manage their daily lives, building on their knowledge, skills and expertise
- Taking full account of child/young person's wishes
- Making effective use of available resources
- Enabling integrated service re-design, delivery and accountability across education, health and social care
- Facilitating responsible and effective commissioning.

Joint Commissioning

Joint commissioning is the process to decide how all resources available are used together to improve outcomes efficiently, effectively, equitably and sustainably.

It means special educational provision, health care provision and social care provision working together to improve outcomes for children, young people and their families and carers. This is an area where we can positively work together so that children and young people reach their full potential, receive the best support and services to assist this, have a positive experience while doing this and making sure

that this is achieved while getting the best possible value from our collective resources.

Work is continuing across Lancashire to meet the challenges of embedding the SEND Reforms, as detailed in the Children and Families Act 2014. The joint commissioning duty in this Act is a key driver for change. The work is being led and championed in Lancashire via the Transforming SEND Services Board.

Joint commissioning helps partners to work together to deliver personalised and integrated support that results in improved outcomes for the individual and improves systems and approaches and gives us opportunity in Lancashire to review, reconsider and redesign our services to improve the experiences of children, young people and their families whilst making the maximum use of our valuable local resources.

Together, education, health and social care will agree how they will work together to

- Provide personalised integrated support to deliver positive outcomes
- Bring together support across education, health and social care from early childhood through to adult life
- Improve planning for transition points between early years/school/college, children's and adult social care services and between paediatric and adult health services
- Raise aspiration and increase focus on improved life chances.

Who are the commissioners?

- Young people, parents and carers.
- Local Authority including extra schools provision funded by top up from the local authority's high needs block. The local authority is also responsible for the commissioning of Public Health services.
- Schools and colleges. This includes schools, free schools, academies and independent schools, and colleges. Current regulations stipulate that schools fund the core provision from core funding (element 1) and up to £6,000 of extra provision from the school's notional SEN budget (element 2).
- Health. This includes provision commissioned by the Clinical Commissioning Groups, NHS England, and NHS Trusts and/or other commissioned providers.
- Department of Work and Pensions.

Where does this happen?

- **Individual commissioning** – co-production between young people, parents, carers and support brokers. Lead professionals. Budget holders.
- **Community and operational commissioning** – targeted commissioning for groups and/or communities, groups of parents/carers/young people pooling budgets, self-directed support.

- **Strategic commissioning** – joint strategic plans to set future direction, allocating resources, performance management, review, development of supporting infrastructure. In consultation with children and young people, parents and carers key recommendations will be made at the Transforming SEND Services Board and joint commissioning decisions for the Local Authority and CCGs made by the Collaborative Commissioning Board.

Responsibility for decision making in joint commissioning arrangements

As an upper tier local authority, Lancashire has a Health and Wellbeing Board. A Collaborative Commissioning Board has been established to oversee collaborative and integrated planning commissioning that is required across NHS and local authority commissioning bodies. These strategic fora, supported by fora such as the Lancashire CYP Trust Board and Children and Maternity Commissioners Network, provide leadership across the health, public health and social care system for the whole of the county population and help shape collaborative commissioning arrangements in the future. The Health and Well Being Board's function is to improve health and wellbeing of the Lancashire population and reduce health inequality and has a duty to promote integrated partnership working through joint commissioning, integrating provision and pooling budgets.

Over the period of this refreshed framework, we will begin to align our approach with the direction of travel and footprint agreed as part of Sustainable Transformation Plan (STP).

The complexity of strategic governance arrangements, particularly as we move to the STP footprints, means that we should expect that all joint commissioning decisions are discussed through the Transforming SEND Board and Childrens and Maternity Commissioners Network as a minimum and are agreed through the Collaborative Commissioning Board.

The Lancashire SEND Local Offer

The SEND Local Offer brings together information that is intended to be helpful to children and young people with special educational needs and disabilities and their families. This is located on one easily searchable website. As a result of feedback the Local Offer will develop and grow. The Local Offer will be continually improved based on feedback from children and young people, parents and carers. Feedback to date has resulted in improvements to both the content and use of social media to ensure that information reaches those who need it.

www.lancashire.gov.uk/SEND

The SEND Local Offer outlines public services that are available within:

- Education: e.g. nurseries, playgroups, schools and colleges as well as support services like educational psychologists, early years and early intervention workers
- Health: e.g. GPs, paediatricians, school nurses and therapists
- Social care: e.g. respite services and children's disability services.

It also details all of the statutory processes.

The local offer is a platform to establish improved relationships between services and the users of those services. Children, young people and their families will continue to help to shape future services and identify gaps in provision by offering their views and feedback. It will map the provision available in Lancashire for children, young people and their families.

The local authority will host the local offer, but it is the responsibility of all respective agencies to present their services in an accessible, user friendly way and make sure that access to information is available for those who cannot access the internet.

New developments such as the "i-thrive" digital portal, which will provide a range of self-help materials and information on services for children and young people experiencing emotional wellbeing and mental health issues, must be developed taking account of local offer.

Overall provision available will be reviewed in the light of comments from children, young people and parents. This will happen annually and we will provide feedback on the comments received and what we have done in response. (If the comments received require immediate response then this will be acted upon sooner). This will support the process of identifying gaps in service provision as well as highlighting good practice.

Co-ordinated assessment and service delivery – Education, Health and Care Plans (EHCPs)

EHCPs bring together a child or young person's education, health and social care needs in to a single legal document. The EHCP sets out what extra support they will get to meet those needs.

We will develop arrangements to ensure that children, young people, parents and carers shape the EHCP process. We will achieve this through an EHCP evaluation feedback form, issued on a sample basis.

Commissioning of services requires that services provide co-ordinated and integrated assessments and provision in line with the agreed EHCP process. EHCPs will include expected outcomes for each individual and the attainment of these will act as an effective review process for individual commissioning. EHCPs will be person centred and outcome focused

Information on how to request an EHCP, the current EHCP Pathway and associated information for parents/carers and professionals is available on the Local Offer website:

<http://new.lancashire.gov.uk/children-education-families/special-educational-needs-and-disabilities/education-health-and-care-plans.aspx>

We are building and refreshing pathways but will ensure that the most up to date information is available through this website.

Personal budgets

Personal Budgets (PB) are one aspect of a personalised approach to supporting children and young people with Special Educational Needs or Disabilities (SEND).

They should not be seen in isolation but as integral part of Person/Family Centred assessments that inform the Education, Health and Care planning processes.

Personal budgets are only agreed by the commissioning bodies when a clear and sensible set of outcomes are agreed. So a personal budget does not pay for a service, instead it pays for whatever it takes to achieve these outcomes. This is not new money but a different way of using the available resources. When the money comes from the NHS it is referred to as a Personal Health Budget.

The Education, Health and Care Plan (EHCP) will offer a personal budget for aspects of the provision outlined in it, if parents or young people wish it and in line with statutory regulations. The request for a personal budget can be made either during a statutory assessment (at the draft Plan stage), or when an EHCP is being reviewed/re-assessed. Personal budgets are an allocation of funding made for children and young people with SEND and their families, after an assessment of their needs and will be outlined in an EHCP. Going forward, commissioning bodies will, with parent/carers and Children and young people, develop processes and agreements that will result in the availability of a single fund. It will cover aspects of the EHCP that can be offered as a personal budget. It will not cover the cost of a named educational placement.

Personal budgets can be made up in the following ways:

- Notional Budget
- Budget held by a third party
- Direct Payment.

Personal budgets are designed to pay for the elements of provision that the local authorities, health commissioning bodies, and education settings have agreed can be offered as a direct payment. A direct payment will be the mechanism of receiving the personal budget.

NHS commissioning bodies have to ensure that services are clinically safe and remain sufficiently robust to continue providing evidence based interventions for the whole population. Currently children and young person's paediatric and specialist therapies are commissioned by block contracts and the funding is "locked in" via contractual arrangements and at the moment this funding is not available to be included into a Personal Health Budget.

Currently only funding relating to Children's Continuing Care (top up funding) and long term health needs will be available to be included into personalised health budgets. Going forward, NHS commissioning bodies will work collaboratively with parents/carers, children and young people to consider a process that might enable the funding "locked" into NHS block contracts, in time to be utilised within personal health budgets.

Joining up three funding streams – social care, health and education – is a challenge given that the funds are provided for quite different purposes and channelled through very different routes, and at this point integration is a work in progress.

<http://new.lancashire.gov.uk/children-education-families/special-educational-needs-and-disabilities/finance/personal-budgets.aspx>

Dispute resolution

Disagreement Resolution Protocols

There will be three aspects of disagreement resolution processes. The first is where parent or the young person wants different levels or types of provision to meet SEN or a disability, where an EHCP is not required. The second relates to the same situation, where an EHCP is in place. The third is where there is disagreement between agencies over who should provide the provision listed in an EHCP.

Parents and young people will also recourse to the appropriate complaints procedure for the service/ agency concerned.

Disagreement about provision without an EHCP

If a parent/ child or young person feels that provision at the universal level (Common Assessment Framework) does not meet their needs they should take this up directly with the referrer. If at the specialist level, without an EHCP, they should discuss this with the universal and/or support service as appropriate. If a parent, or young person post statutory school age, wishes for an assessment for an EHCP, or a plan if one is not agreed following this process, they will have the right to lodge an appeal to Tribunal. Prior to this, independent mediation will be offered. All services will work in a mediation manner with parents in order to try to resolve any issues at as early a stage as possible.

Disagreement if an EHCP is in existence

Requests for different provision should be made to the appropriate agency. If agreed they should be part of the annual review process in order to ensure that these are part of the EHCP. The review itself may be the basis for recommendations about different types of provision. These should be for major changes listed on the EHCP, whilst day to day changes required as the child/ young person develops. If the parent/ young person (post statutory school age) wish for different provision than the local authority feel is appropriate in terms of education or care they can make an appeal to the tribunal. Independent mediation should be offered before this occurs. If the disagreement is with medical provision, mediation has to be offered but the parent/ young person cannot legally take the case to tribunal. Funding for mediation services is currently provided by the Local Authority. The need for Health contributions will be reviewed if there is any significant increase in requests for mediation as a result of disagreements with medical provision. At all times services should work in a mediation way with parents, seeking to resolve issues as early as possible.

If parents/ young people request provision that is not listed in the Local Offer then a process of verification in terms of cost effectiveness, safety, quality and efficacy in terms of outcomes will occur. If provision meets the criteria to be included in the Local Offer, this will occur, and be listed on the EHCP for the individual concerned.

Disagreement between responsible commissioners

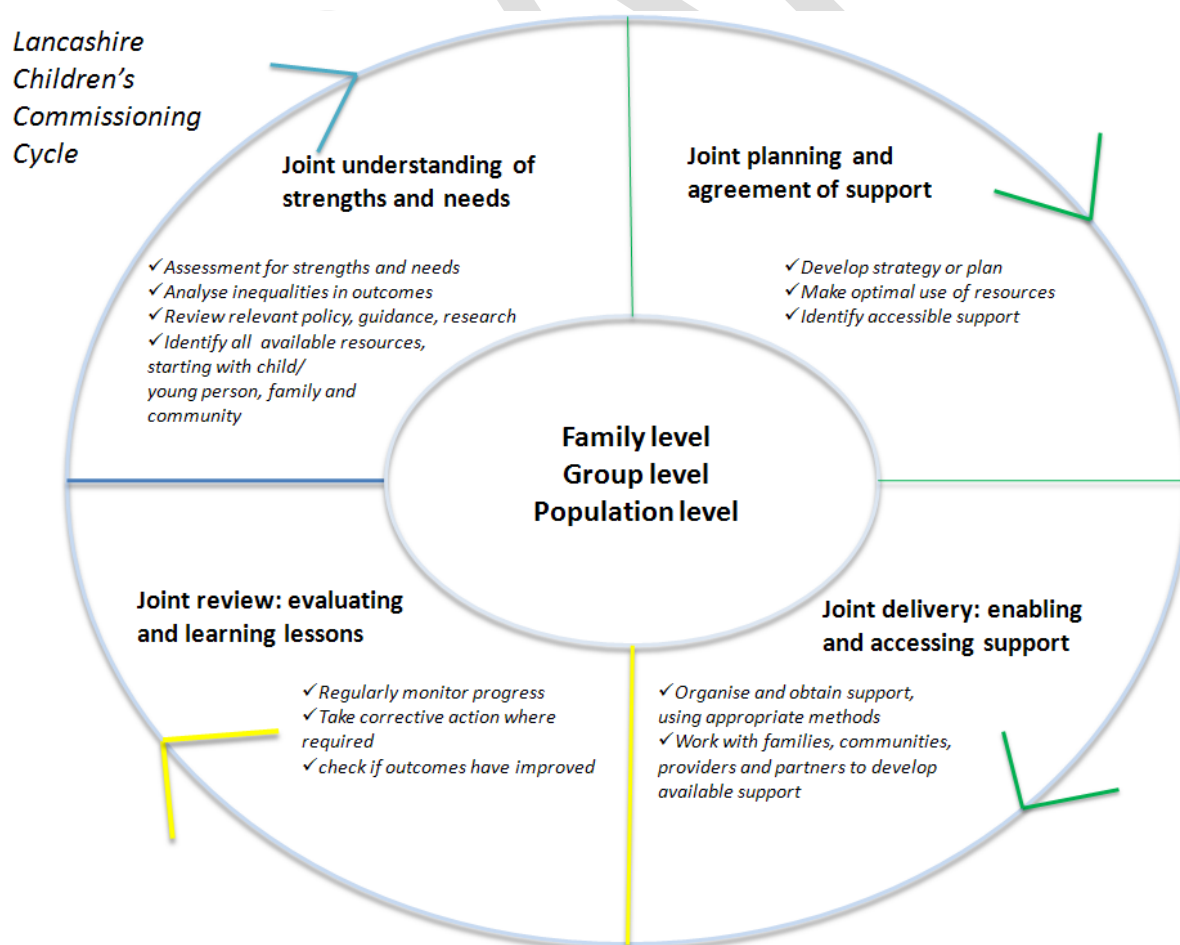
In the first instance, any disagreement between respective commissioners, e.g. local authority and NHS, regarding who should fund required provision to meet identified needs should try to be resolved between the staff immediately concerned. Where this is not possible, it should be escalated to their line managers and if resolution is still not agreed, resolution should be sought at Senior Commissioning Manager and/or Director level within the commissioning bodies. If required, provision has been made to access independent mediation and disagreement provision

Details of the mediation and disagreement provision in Lancashire can be found on the Local Offer website

<http://new.lancashire.gov.uk/children-education-families/special-educational-needs-and-disabilities/help-for-parents-and-carers/dispute-resolution,-mediation-and-appeals.aspx>

Lancashire Children's Commissioning Cycle

The Lancashire Children's Commissioning Cycle has been developed to reflect our commitment to working in partnership with children, young people and families. The cycle recognises the three levels at which we undertake commissioning; the family or individual level, the group or locality level and the population or strategic level and that these impact upon each other.



'Understand' Stage of the Commissioning Cycle

National and Local Guidance and Research

There are a number of key policy developments which will govern our local response to children and young people with SEND. This Framework is underpinned and will be influenced by a number of pieces of legislation and national guidance as well as local agreements and arrangements (see Appendix 1)

The key new legislation is the Children and Families Act 2014 and the Code of Practice.

- Children and Families Act 2014. Sections 23,25,28 and 31
- Special Educational Needs and Disability Code of Practice: 0-25 years (June 2014)
- Implementing a new 0-25 special needs system: LAs and partners. Further Government advice for local authorities and health partners

Children and Families Act 2014

Local authorities are required by Section 25 of the Children and Families Act 2014 to exercise their duties and powers under the Act with a view to ensuring the integration of special educational provision with health and social care provision where this would promote the wellbeing of children and young people in their area who have SEND or improve the quality of special educational provision.

Section 26 of the Children and Families Act 2014 requires local authorities, and clinical commissioning groups and other NHS commissioning bodies to jointly commission services for children and young people with SEN, including those without Education, Health and Care Plans. These arrangements must be robust enough to ensure a clear course of action in every case. The arrangements also require partners to establish effective dispute resolution procedures where local agencies disagree.

The Care Act 2014 requires local authorities to ensure co-operation between children's and adults' services to promote the integration of care and support with health services so that young adults are not left without care and support as they make the transition between child and adult social care.

The Children and Families Act includes a duty that means that Clinical Commissioning Groups have to secure health services outlined in education, health and care plans for children and young adults. There is a requirement for Local Authorities, health and care services to commission services jointly; to ensure that the children with special educational needs and disabilities have these needs met. This will include specialist services like physiotherapy, and speech and language therapy.

The legislation also requires:

- Local Authorities to publish a clear '**local offer**' of services, so parents and young people can understand what is available
- A more **streamlined assessment process**, which integrates education, health and care services and involves children and young people and their families
- The **option of a personalised budget** for families and young people with a plan, extending choice and control over their support
- New **statutory protections for young people aged 16-25 in FE** and a stronger focus on preparing for adulthood
- Academies, Free schools, Further Education and Sixth Form Colleges to have the **same SEN duties as maintained schools**.

Special Educational Needs and Disability Code of Practice: 0-25 years

The Special Educational Needs and Disability Code of Practice underpins the reforms detailed in the Children and Families Act. A key theme of the Code of Practice is engaging with children and young people with SEND and making sure they experience a system that involves them, lets them know what they can reasonably expect, picks up issues quickly and works with them to achieve their aspirations.

The Code encourages the local authority to start by building partnerships, and use those relationships to build a joint understanding of the needs of the area, before planning, delivering and reviewing that offer so it can improve the outcomes of 0-25 year olds with SEND, whether or not they have EHCPs.

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

www.lancashire.gov.uk/SEND

Consultation

Nationally, parents and professionals have said that they want

- Services that build around a child, irrespective of boundaries and don't compartmentalise need;
- Services viewed in the context of people's lives and their contribution to them, not the other way round;
- Services that are flexible personalised and meet family need;
- More streamlined assessment and review – services that talk to one another and work effectively together;
- Services that respond to variations and are there when families need them;
- Involvement/engagement in their care and support at a level that suits them, having different conversations, doing with rather than doing to;
- Services that are commissioned with family voice at the centre;
- Reducing adversary and moving towards partnership with services and professionals;

- Not having to retell their story, a single narrative, a single plan and a coordinated response;
- Clarity about how to get support and where to go for it;
- A system that doesn't create a burden and allows parents time to be parents rather than, keyworkers, care coordinators, case officers, legal experts etc etc.

(Support and aspiration: a new approach to special educational needs and disability, DFE 2011)

Locally, children, young people, parents and carers tell us:

To 'look at the whole picture rather than individual service provision', and that they would like 'One person for the family to phone, a central point of contact'. When asked how we can make the best use of the resource available, parents gave us many suggestions, but the following were mentioned repeatedly

- Increased knowledge of what is available
- Training for staff
- Joined up services
- More use of direct payments
- More locally delivered services
- More consultation with parents, carers and the community including the voluntary sector.

POWAR is Lancashire County Council's participation council group for children and young people with special educational needs and disabilities.

SEND Participation for parents and carers is delivered through 12 local parent carer forums facilitated by liaison officers. This is a place where parent carers can find out local, regional and national information that is relevant to them and their families. These forums are a place for parents to have their voice heard, raise local concerns and provide parent to parent support.

The SEND team also works closely with the independent Steering Group for the Lancashire Parent Carer Forum to enable parent carers to have their voices heard, arrange parent carer training and assist with shaping services.

The SEND communication strategy includes the SEND local offer, the FIND Newsletter and social media.

- The FIND newsletter is free to all families that live in Lancashire that include a child with SEND who have registered on the FIND Database
- The SEND local offer is the first point of contact for all families that include a child with SEND and has a wealth of information. The local offer will evolve through individual parent feedback and through partnership working with the Lancashire Parent Carer Forum Steering Group.
- Lancashire County Council has a local offer Facebook page which provides information about services across the county for families of children with

special educational needs and/or a disability (SEND), covering areas including health and social care, education, early years, finance, transport, leisure activities and support groups.

The support of all partners is needed to ensure that children, young people, parents and carers are able to shape services for the future. Locally, we are working with children, young people and parent carers through collaborative workshops to make a difference for all families in Lancashire. We have agreed 4 steps to shaping SEND together with children, young people, parents and carers:

- Engage – this means involving everyone to develop services in the right place at the right time
- Listen – We need to spend time listening to what people want so that we don't waste services on things they don't need. We need to make sure everyone has an equal voice and is heard.
- Participate – we need to work as a team and make sure collaboration is done equally with everyone involved.
- Co-produce – by building on what we know and using people's energy, experience and knowledge to shape our services.

<http://www.lancashire.gov.uk/children-education-families/special-educational-needs-and-disabilities/shaping-send-together.aspx>

Needs assessment

Joint commissioning should be informed by a clear understanding of local needs. There is a clear relationship between the needs of the whole population needs, what is provided for children and young people with SEND and individual EHCPs. This relationship is illustrated in the diagram below.

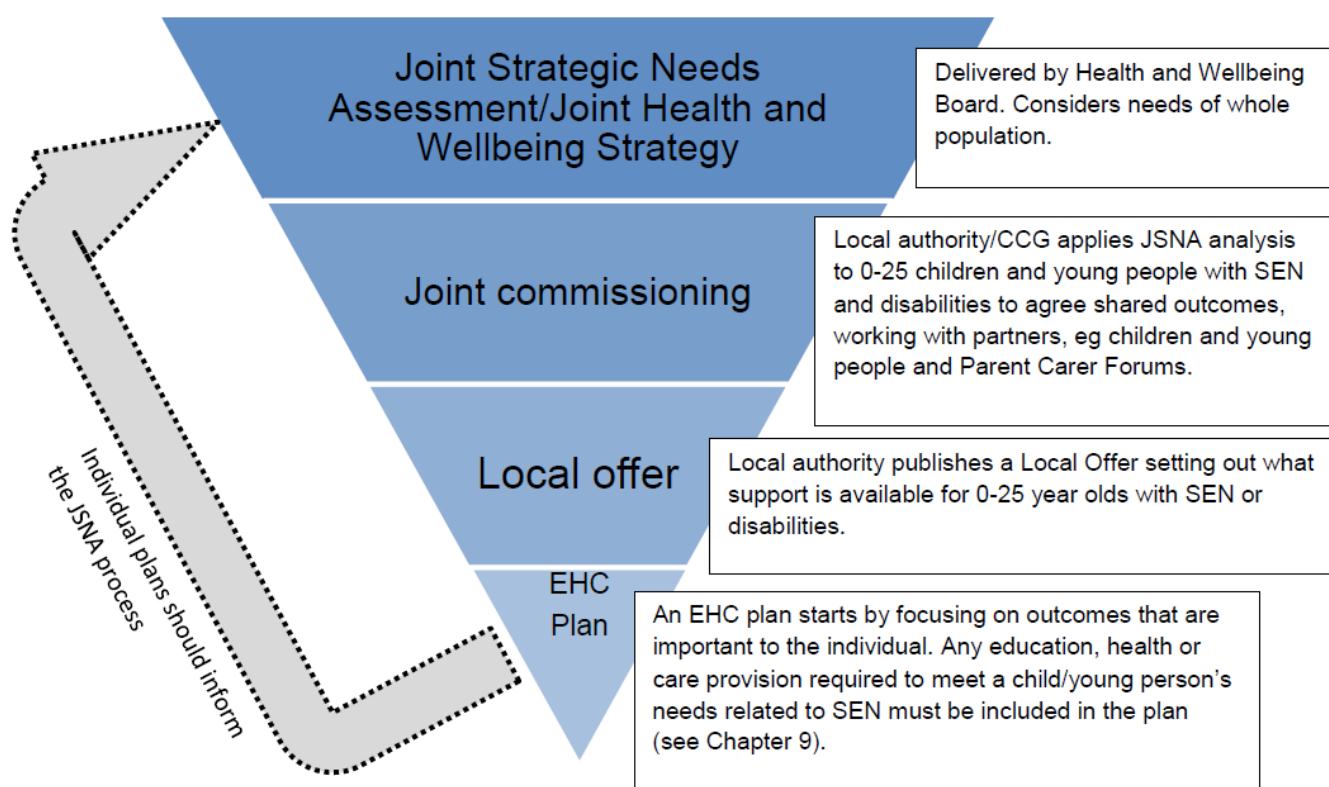
To inform commissioning under the SEND reforms partners from across Lancashire worked together to produce a [comprehensive needs assessment](#). This JSNA took an in-depth look at the population of children and young people with SEND, their outcomes and determinants of SEND.

Elements of data were refreshed in September 2016, indicating that:

- The percentage of children with statements or EHC plans is 2.9% (England 2.8%)
- Just over 5,200 young people aged 0-25 years have a statement/EHC plan, a decrease from 3.1% in January 2015 (Eng 2.8%).
- 9.1% have SEN support (Eng 11.6%), a decrease from 10.5% in 2015.
- 410 children and young people had a new EHC plan, while 10 new statements were issued.
- 275 statements/EHC plans were discontinued, primarily due to the end of compulsory education.

- Educational achievement of those with SEND is better than the national and regional figures, rating the county council as 'outstanding' for this indicator.
- The authority is also ranked as 'good' for the percentage of young people with a SEND not in employment, education or training (NEET)

There are a number of statutory definitions relating to disability used by central government, and no common definition is used across health, local authority or other relevant groups (see Appendix 2 for definitions).



Outcomes

Nationally it is reported that compared to their peers, children and young people with SEND are considerably more likely to be at risk of poorer outcomes:

- Children and Young People with SEN are:
 - less likely to achieve five or more A*-C grade GCSEs
 - more likely to live in poverty than their peers
 - more than twice as likely not to be in education, employment and training post 16

- having a healthy start in life during childhood has an impact on adult health and life expectancy
- The Millennium Cohort Study is collecting information on 18,000 children as they grow up in the UK
- The health of children with learning disabilities within the study was considered when they were seven years old.
- On most measures children with learning disabilities had poorer health than their peers
- For 13-15 year olds on every measure boys (but not girls) with learning disabilities had poorer health
- Children and young people who report being disabled are:
 - less likely to say that they are happy
 - less likely to say they have friends
 - more likely to be poor
 - more likely to live in poor areas
 - more likely to be bullied at school
 - more likely to be excluded - Children and young people with special educational needs are seven times more likely than their peers to be permanently excluded from school and six times more likely than their peers to have fixed term exclusions
 - more likely not to exercise
 - Young people with statements are over represented in the population of young offenders.

(DFE Green Paper, March 2010)

We require professionals to adopt person centred practice and planning, engage in co-production with children young people and their families, and to agree how to improve outcomes for this population of children and young people and to ensure that a life span approach is adopted to plan, write and deliver outcomes focused and evidence based work. The impact of this will be measured and clearly show that people's lives are getting better.

What do we currently commission?

The commissioners of services for this cohort are Lancashire County Council, the six Lancashire Clinical Commissioning Groups, NHS England and schools and colleges.

Lancashire's Local Offer website provides information on the wide range of services that are available as well as helping people to find answers to questions they may have about processes, finance and how they can help shape the SEND agenda. The Local Offer should always be consider before developing new commissioning intentions.

The local offer covers:

- Public services that are available within education, health and social care

- Voluntary and private sector support and services like charities and disability groups, nurseries or youth clubs.
- Activities for children and young people who have additional needs like cinema screenings for children with specific needs, evening clubs during the week and events throughout the school holidays.
- Information for young adults to help you make informed choices about things that are important to you like employment and where to live, options after school and transport and social activities
- Help for parents and carers like independent advice services and who to speak to if you think your child needs extra help

<http://www.lancashire.gov.uk/children-education-families/special-educational-needs-and-disabilities.aspx>

Performance - How well have we been doing?

In the year to January 2016:

- The percentage of children with statements or EHC plans is 2.9% (England 2.8%)
- Just over 5,200 young people aged 0-25 years have a statement/EHC plan, a decrease from 3.1% in January 2015 (Eng 2.8%).
- 9.1% have SEN support (Eng 11.6%), a decrease from 10.5% in 2015
- 410 children and young people had a new EHC plan
- 275 statements/EHC plans were discontinued, primarily due to the end of compulsory education.
- Educational achievement of those with SEND is better than the national and regional figures, rating the county council as 'outstanding' for this indicator.
- Lancashire is also ranked as 'good' for the percentage of young people with a SEND not in employment, education or training (NEET)

Gap Analysis and the Design of Future Provision

Financial pressures within public services continue to present challenges. It is therefore imperative that the future design and commissioning of services is done jointly to enable us to manage gaps that may appear and to provide the flexibilities needed to do more with less.

Commissioning will be undertaken collaboratively not only between all commissioning bodies but also with children, young people and families, building on their strengths and will provide real choice.

It is also vital we develop shared ownership, shared commissioning and service delivery which utilises shared locations and shared information. Ultimately providing for families shared pathways through support, which is simple to navigate.

In 2016 we undertook a joint self-assessment, highlighting the things that we do well together and also the areas in which we need to work together. The things we do well included:

- Collaborative working between NHS Partners and the County Council.
- Various joint planning meetings which include – SEND oversight, Provider forum, Health attendance at SEND inspection Board and Transforming SEND Board.
- An increase in the rate of health advice returns for EHC transfers.
- Pathway communication improvement across SEND and Health (Sharing knowledge).
- SEND Attendance at CDC team liaison meetings (Learner Support and EP's).
- Improved joint focus across health in preparation for adulthood.
- Providers/Commissioners increased recognition of the need/demand for SEND resulting in the commissioning of Commissioning Support Unit support in a project co-ordination role.

Our key areas for improvement included:

- Implementation of a single health advice form and associated health matrix.
- Improving how health engages with parents/carers/young people, through the use of the collaborative workshops.
- Developing and agreeing the person specification for the Designated Medical Officer (DMO) role which includes any agreed actions from the triangulation of audit tools and self-evaluation frameworks.
- Redesigning the EHCP pathway to include a more robust process for health input.
- Developing a SEND/Health data sharing protocol with a focus around need/demand/transfers.
- Sharing of good practices around advices/examples.
- Developing a review cycle to ensure the Health content within the local offer is current and relevant.
- Developing a plan/process to ensure that data is included within the 2017/18 JSNA.

How will we know we have got there?

We have made significant progress in our collective understanding of our strengths and areas for further development, evidenced through our Self Evaluation Framework. We have also developed the "data dashboard" providing the basis upon which we can now begin to develop a more comprehensive performance framework. The development of that framework will be an early priority in the period of this refreshed commissioning framework.

Next Steps

- Continue to embed the SEND reforms, led by the Transforming SEND Services Board.
- Ensure that joint strategic plans in respect of SEND joint commissioning by the local authority and CCGs are considered by the transforming SEND Services Board and agreed through the Collaborative Commissioning Board.
- Continue to maintain and refresh the Local Offer and ensure that related activity, such as the "i-thrive" digital portal, which will provide information to support emotional wellbeing and mental health, takes account of the Local Offer.
- Continue to work collaboratively to ensure that children, young people, parents and carers shape the Local Offer and EHCP pathways.
- Scope out the activity and resource necessary to develop processes and agreements that will result in the availability of a single fund that covers aspects of the EHCP that can be offered as a personal budget.
- Review on an ongoing basis requests for mediation linked to disagreements with medical provision and the associated resources required.
- Develop a joint plan to review and refresh service specifications and commissioning arrangements for jointly commissioned services, such as physiotherapy and speech and language therapy.
- Address the key areas for improvement identified through the joint self-assessment.
- Continue to develop the data dashboard and comprehensive performance framework.

Appendices

Appendix 1

Primary Legislation

Sections 23, 25, 28 and 31 of the [Children and Families Act 2014](#)

The [Care Act 2014](#)

Section 2 of the [Chronically Sick and Disabled Persons Act 1970](#)

Schedule 2, Sections 17 and section 47 of the [Children Act 1989](#)

Section 2 of the [Children Act 2004](#)

[National Health Service Act 2006](#) (Part 3, section 75 and 14Z2)

[Local Government and Public Involvement in Health Act 2007](#)

[Equality Act 2010](#) (including disability equality duty under s149)

[Health and Social Care Act 2012](#)

Lancashire

[Lancashire Children and Young People's Plan 2014 – 2017](#)

[Lancashire's Children and Young People's Commissioning Framework](#) - July 2013

Appendix 2

Definitions

Definition of Special Educational Needs (Education Act 2001)

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

Children have a *learning difficulty* if they:

- a) have a significantly greater difficulty in learning than the majority of children of the same age; or
- b) have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in schools within the area of the local education authority
- c) are under compulsory school age and fall within the definition at (a) or (b) above or would so do if special educational provision was not made for them.

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

Special educational provision means:

- a) for children of two or over, educational provision which is additional to, or otherwise different from, the educational provision made generally for children of their age in schools maintained by the LEA, other than special schools, in the area
- b) for children under two, educational provision of any kind.

See Section 312, Education Act 1996

Definition of Children with Disabilities (Children Act 2004)

A child is disabled if he is blind, deaf... or suffers from a mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed.

Section 17 (11), Children Act 1989

Definition of Children with Disabilities (Disability Discrimination Act 1995)

A person has a disability for the purposes of this Act if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.

Section 1(1), Disability Discrimination Act 1995

Definition of Disability (Equality Act 2010)

A person is disabled, if he or she has a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on his or her ability to do normal daily activities:

- 'substantial' is more than minor or trivial - e.g. it takes much longer than it usually would to complete a daily task like getting dressed
- 'long-term' means 12 months or more - e.g. a breathing condition that develops as a result of a lung infection

Equality Act 2010