

Scrutiny Review of Special Educational Needs and Disabilities (SEND) Preparing for Adulthood

24th July 2017

1. Introduction

1.1 This report is presented to inform the committee of the CCG's role and responsibilities in relation to SEND. It will also outline some of the key lessons learnt from previous Ofsted/CQC inspections which have taken place, including that which took place in the Hartlepool locality. The report will conclude by providing an update on progress made and next steps in relation to becoming SEND compliant.

2. Background

2.1 The SEND code has been broken down into five key areas where actions is required these are defined as; Information and advice, Identifying Joint Outcomes for Children and Young People (C&YP), Working together to deliver Outcomes for (C&YP), Developing the Local Offer and Assessing and developing Education Health and Care Plans.

2.2 The CCG has responsibilities within each of these domains below is a summary of a number of those responsibilities and where they fit I relation to the SEND reforms.

2.3 Information and Advice

2.3.1 CCGs must ensure that they publicise the availability of information and advice and opportunities to participate in strategic decision making

2.3.2 CCGs must ensure that children, young people and parents are provided with information, advice and support to enable them to make decisions about their care

2.4 Identifying Joint Outcomes for C&YP

2.4.1 CCGs must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities

2.4.2 CCGs must promote the integration of services

2.4.3 CCGs must develop effective ways of harnessing the views of their local communities so commissioning decisions are shaped by users experiences

2.4.4 CCGs have a statutory duty to consider the extent to which children and young people's needs could be met more effectively through integrating services and aligning or pooling budgets in order to offer greater value for money, improve outcomes and/or better integrate services for children and young people with SEN or disabilities

2.5 Working together to deliver outcomes for CYP

2.5.1 CCGs must give the childs parents opportunity to discuss their opinion before informing the local authority

2.5.2 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

2.6 Developing the Local Offer

2.6.1 CCG are required to co-operate with the local authority in relation to the local offer.

2.6.2 CCGs must work together with local authority to ensure information is available through the Local Offer.

2.6.3 CCGs must ensure that they publicise the availability of information and advice and opportunities to participate in strategic decision making.

2.6.4 The CCG must make sure that the Local Offer is accessible for people with different abilities

2.7 Assessing and developing education Health and Care Plans

2.7.1 CCGs must place children, young people and families at the centre of their planning, and work with them to secure better outcomes

2.7.2 *CCGs must co-operate with the local authority in supporting the transition to adult services*

2.7.3 CCGs must determine which services it will commission to ensure they meet the reasonable health needs of children and young people with SEN or disabilities for whom it is responsible. These services should be described within the Local Offer.

2.7.4 CCGs must ensure that commissioned services are mobilised to participate in the development of EHC plans

2.7.5 CCGs are responsible for decisions in relation to health

2.7.6 CCGs can delegate key decisions to Designated Medical Officers (DMO) or designated Clinical Officers (DCO's)- this can include agreeing the health services in an EHC plan.

2.8 In relation to preparing for adulthood the CCG/NHS have a responsibility across all ages, specifics which are relevant to note in relation to this transition. Are to ensure that all C&YP have transitions plans in place to facilitate the smooth movement into adult services. This is inclusive of both physical and mental health services.

2.9 The SEND agenda covers the 0-25 age range, which at present poses a challenge for health services as the cut off for C&YP services is 18years of age. An area which the CCG are reviewing is in relation to identifying any services that could be commissioned differently to cover the 0-25yrs which would reduce the number of transitions a young person makes at this difficult point.

3 Lessons Learnt

3.1 There have now been a number of inspections carried out, as a CCG we have been involved in the Hartlepool inspection (lessons and progress made will be highlighted below), but have also contacted neighbouring CCGs to learn from areas which have

been deemed to adhere to good practice. Areas which have been contacted include Gateshead, Brighton and Durham.

- 3.2 Both Gateshead and Durham were able to share insight in relation to the DMO/DCO role which as a CCG we will adopt to ensure there is the maximum assurance provided around the EHCP process. It will also ensure that we maximise our understanding of the needs of current and future SEND cohorts to ensure that we have services available to meet the C&YP needs.
- 3.3 The latter work has already commenced with the one year appointment of an analyst that is linked to the work of the Transforming Care agenda. This post has developed a database to allow for the early identification of C&YP who will need to transition into adult services, to ensure that the health and care needs of those young people are managed and there is no break in the services they receive.
- 3.4 A key lesson which has been learnt through the Hartlepool inspection, was the need to develop a needs assessment which would allow for strategic planning of services. Having an assessment of need will allow us as a CCG and locality to understand the needs of the SEND cohort at a population level. To ensure that we are commissioning services which meet individual and cohorts of C&YP needs.
- 3.5 In line with the above we identified that we were not able to identify C&YP with SEND from health information, therefore we need to develop a system where this is possible. This will allow for the on-going review of access to services and any gaps/barriers in provision.
- 3.6 Another key lesson was related to the identification and on-going measurement of outcomes for C&YP at an individual level but also as a cohort. It was also identified that the outcomes needed to be aspirational and reflect the voice of the child or young person
- 3.7 The Hartlepool inspection also identified that there was no clear process for ensuring the quality and consistency of EHCP.
- 3.8 The approach applied to taking forward the above lessons with Hartlepool, has been the development of 5 workstreams; the CCG are directly involved with two of these- data/needs assessment development and outcomes.
- 3.9 The progress made in relation to these two areas are as follows;
 - 3.9.1 A process has been developed which will allow for a snapshot of the EHCP cohort data from within health services to be reviewed. The data which has been identified through this process is currently being analysed (this has also been progressed for Stockton on Tees CYP).
 - 3.9.2 A mechanism has been identified to allow for the on-going identification of this cohort, to ensure that continued analysis can be undertaken (on annual basis) to assess for any changes which may be needed in relation to service provision.

- 3.9.3 Information Sharing agreements are being reviewed and developed across all statutory organisations to ensure that the on-going work meets Information Governance standards.
- 3.9.4 An application has been submitted to NHS digital (non-departmental body, responsible for national information, data and IT systems for health and care services), once approved this will allow for the full analysis of a SEND cohort across health and social care.
- 3.9.5 The outcomes workstream has begun to explore the development of a combined performance framework, which will allow for the tracking of outcomes for C&YP
- 3.9.6 A review has been undertaken of all available tools for measuring and setting outcomes, this work is being refined when it will then be proposed as the a model for on-going outcome setting and measuring.
- 3.9.7 Work has also commenced on the development of a framework to measure the effectiveness of the SEND pathway.

4 Next Steps

- 4.1 The CCG has a responsibility to provide a personal health budgets offer under the SEND reforms, work has commenced to ensure that this offer is clear to families and is transparent and consistent.
- 4.2 A communication briefing will be developed for all staff outlining their roles and responsibilities in relation to SEND. A mechanism will be established to ensure that this briefing can be amended and shared on an on-going basis, to ensure any changes in staff personal are captured
- 4.3 The CCG's executives have agreed for a DCO to be recruited to work within the CCG. This post will provide assurance in relation to the quality of EHCP's, act as the single point of contact for both education and social care services, ensure mechanisms are in place for transitions into adult services and identify any trends and/or gaps in needs and service provision. This post will be out to advert and recruited during 16/17.
- 4.4 The CCG continues to be involved in Workstreams and task and finish groups across Hartlepool, Stockton and Darlington. All good practice and lessons learnt are continually shared across each locality.

5 Recommendations

- 5.1 The committee are asked to receive this report as an update of the CCGs responsibilities in relation to SEND, and note the references in relation to transitions.
- 5.2 The committee are also asked to review the next steps and advise if they require a further update