

# Briefing Paper for the Health and Wellbeing Board

## June 2013

### Children and Families Bill – Implications and Changes Concerning Special Educational Needs Nationally

#### Introduction

The current government have been working on the “*most significant changes for a generation*” in the area of Special Educational Needs (SEN). These are included in the Children and Families Bill currently going through the democratic process. Although some detail will change there is cross party support, so the planned implementation date of 1<sup>st</sup> September 2014 is almost certain and the major changes highlighted below will not change. The implications are so significant that Blackpool (health, council, other agencies and parents) began detailed planning last year and are making good progress towards the required legislative changes.

The government initially discussed SEN and Disability within earlier proposals. This been changed to SEN in the latest document. Around 75% of pupils with a disability also have SEN.

This paper highlights the most significant changes with implications for Health and Clinical Commissioning Groups, briefly describes the work already underway and makes some recommendations for further discussion.

#### Significant Changes

##### **1. Education, Health and Care Plans (EHCPs)**

Currently children and young people with significant SEN, if early years or at school, have a Statement of SEN. There are approximately 560 statements for Blackpool residents. The new EHCPs will cover the age ranges of 0-25 (post 18 if in education or training) and will also include health and care needs and required provision. It will be the duty of the local authority to coordinate the assessments and write the plans, but assessments and duties to deliver provision will also be a requirement for health. The estimated numbers of children and young people who would receive EHCPs in Blackpool will be approximately 700-750. Government guidance later in the year may allow this figure to be calculated more accurately.

##### Implications

- a) Provision/ assessments will need to be made from both children and adult services in the local authority and health, so careful liaison and transition planning will need to take place as needs and provision are listed on the plan
- b) The local authority will be responsible for providing the education and care aspects of the plan, and health the health aspects, where parents/carers are not providing this.
- c) The relevant minister (Edward Timpson) has said there will be a duty on the local CCG to ensure that all health provision listed in the plan occurs. The ministerial statement has been confirmed in the draft regulations. This means that close links between the CCG, other agencies and the assessment process will need to be in place. The local authority will also have a duty to provide the relevant parts of the plan.

##### **2. Integrated Commissioning Between Health and Local Authorities in Regard to SEN**

##### Implications

- a) The regulations put this duty to jointly commission on local authorities and CCGs (see the section on current work for further details)

- b) The possibility of pooled budgets will need to be explored
- c) There are many system based issues (e.g. IT, what defines the catchment of health and the local authority in terms of commissioning) that need to be resolved

### **3. Joined up Assessment and Provision Across Statutory Agencies**

The idea of a single assessment has changed during national consultation to the notion of joined up assessments and provision, if a plan is produced.

Implications

- a) Work is required around processes and procedures across all statutory agencies
- b) The approach outlined in the indicative Code of Practice is a person centred approach and this may require cultural changes in terms of the types of assessments that occur in some cases.
- c) Assessments will need to be completed in less time than they are currently completed and may involve person centred planning meetings. This may have implications for resources for all teams involved in the assessment process.
- d) Early intervention/ meeting need as early as possible will be key in reducing the need for potentially more expensive EHCP provision. This will have implications for all services.
- e) Early identification will be important and the role of health visitors and others who have first contact with families / children will need exploring in regard to this. Children who develop needs at a later stage will need to be identified early, with appropriate interventions.
- f) The exploration of unified services for health and the local authority around SEN for 0-25 year olds should be explored as part of the process of change. This will provide many benefits but would require significant work over twelve months.

### **4. Key Working**

Initially this was a central approach to earlier versions of the proposed changes. The regulations discuss key working only where required but locally there is a desire to see this approach implemented as far as possible.

Implications

A decision very quickly will be needed by agencies concerning who become key workers and how this is progressed.

### **5. Personal Budgets**

Anyone with an EHCP, if old enough and/or their parents can apply for a personal budget. The extent of these is yet to be defined, but for health will definitely exclude medication, but could include, for instance therapy services.

Implications

- a) There will need to be a costing system for provision and very clear ways of accessing/ monitoring the outcomes of this if a parent/ young person wishes a personal budget and uses it elsewhere
- b) Methods of evaluating provision that parents wish to use, not outlined in the local offer (see below), will be required
- c) The joint commissioning process will involve a duty on both the local authority and CCG/ health commissioning boards to have processes in place to deliver personal budgets

### **6. Local Offer**

A duty on the local authority will be to produce a local offer of all that is available from statutory services to meet the needs of children and young people aged 0-25 with SEN. This offer is more than a directory, being a dynamic document, involving dialogue with parents and young people.

#### Implications

- a) Health and local authority provision for children and young people, aged 0-25 who have SEN, within Blackpool will need to be clearly defined within the offer, with processes to modify this dependant upon children/ young person and parental feedback.
- b) We have current agreement from voluntary and community organisations to be included in the offer
- c) The initial government proposals also included disability. This has been removed from the Bill, but locally we can include disability in our offer. Parent and young person feedback is in agreement with this.
- d) A process will be required for reviewing/ changing provision in relation to the feedback from parents/ young people on the local offer (a legal requirement)

### **7. Role of the Voluntary and Community Sector**

The role of this sector is seen as key in supporting families through the process of assessment and when they receive provision.

#### Implications

- a) An example is a recent draft regulation where services are working with families of children under the age of 2 (these are normally health). The duty is to give out a list of all voluntary bodies that can help and advise.

### **Summary of current work underway**

1. Papers have been discussed with all relevant bodies
2. A working group structure has been set up, involving representatives from health, the local authority, schools, colleges, parents, local charities and training providers. Feedback occurs via the strategic LDD Group and then into management structures within each organisation. The groups are meeting on a regular basis and working in the relevant areas.

The current groups are:

- i) Overall coordination to ensure cohesive work across the groups
  - ii) Local offer, with a parents conference that took place in April (involving over 100 parent) and work with young people to help define this
  - iii) Education , Health and Care Plans
  - iv) Previous work on personal budgets in social care and transition work will be built upon, in groups just commencing
  - v) Other groups/ work on change management and workforce development will occur as needed.
  - vi) When we are clearer re the changes in terms of exact detail, a group will meet to plan system changes (e.g. paperwork, meeting structure, IT)
3. Close work has taken place with the pathfinders set up by government to trial some of the approaches. Meetings have been held with one local pathfinder, where our approach for early years, called the Chronicle of Additional Need (CAN) was also shared. Feedback has confirmed that the CAN approach developed in Blackpool has helped define the proposed national changes.
  4. Work is taking place with local and national charities (e.g. Sign hi, Say hi , Aiming Higher, Early Support, In-Control) so that external scrutiny/ challenge can be established. In addition, training is occurring from the national bodies, for instance, person centred planning training in Blackpool in June/ July from Early Support. Local charities are full partners in all the work that is happening.

5. Parent/ young person views are seen as central and are helping drive all the proposed local changes. The Parent's conference provided an excellent opportunity to hear parent's views and work is underway to collect young people's views.