

# Appendix 7b - Joint SEND Commissioning Plan Blackpool Council and Blackpool CCG Draft Version 1.7

Logos to be inserted following agreement

Draft Version

**Document Control**

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<b>Date</b>	<b>Version</b>	<b>Amended by</b>	<b>Description of changes</b>
31/1/14	1.4	SJ/ Commissioning work stream	Format/ separated out 3 categories of commissioning
11/4/14	1.5	SJ	Update from Children and family Act. Typos corrected. Work from other CAF implementation groups fed into plan.
25/4/14	1.6	SJ	Changes in light of the 2 <sup>nd</sup> Draft Code of Practice
2/5/14	1.7	SJ	New commissioning diagrams included from 2 <sup>nd</sup> Code

**Approved By:**

<b>Name</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>

Draft v. 1.7

## **1. Introduction and overview**

The following document fulfils the duty under the Children and Families Act, 2014, section 26, to produce joint commissioning arrangements, including disagreement resolution agreements (between agencies). It also meets the requirements in the Code of Practice for 0-25 year olds with SEN and/or a disability, especially Chapter 3, which is specially concerned with joint commissioning arrangements. The strategy relates to children and young people who have Special Educational Needs (SEN) and/or a disability. An Education, Health and Care Plan can only occur legally for children and young people who have been identified with significant SEN. The Local Offer covers 0-25 year olds with SEN and/or a disability and their families.

The plan covers the areas of education, health and care in terms of statutory services. As well as the local authority and health, schools, colleges and early years settings will provide an element of provision or funding, as appropriate, to meet identified needs of individual children and young people.

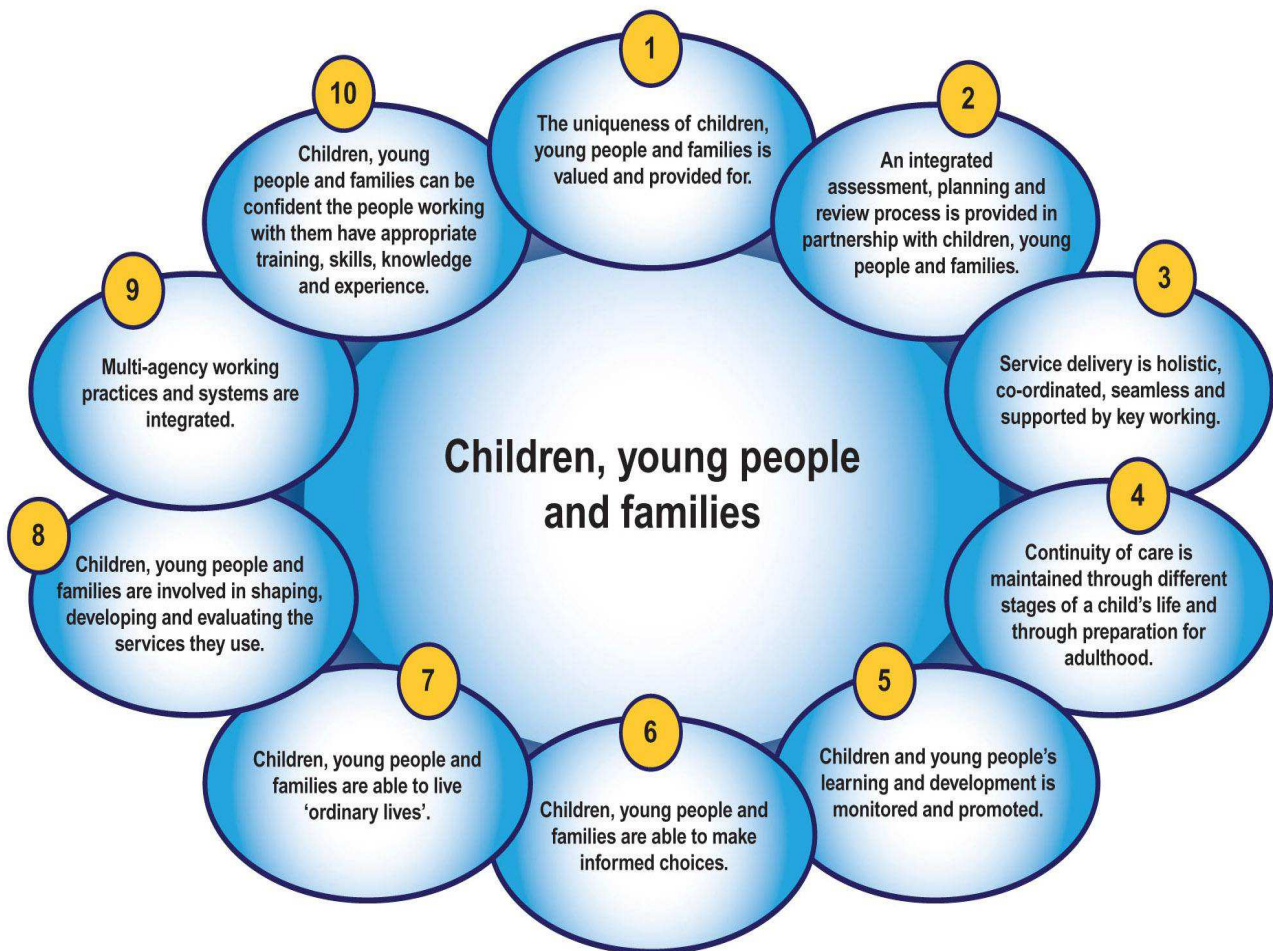
The commissioning plan will outline how children and young people's needs will be met, within financial constraints across agencies, and the duty of each agency towards this

The document will outline the process of jointly commissioning provision for 0-25 year olds, and their families, with Special Educational Needs who are resident within Blackpool. It will outline the process for both those with an Education, Health and Care Plan and those with identified needs who do not require this level of provision.

The following process will be implemented from 1-9-14, when the Children and Families Act becomes law, unless otherwise prescribed, and outlined below.

## **2. The Underlying Principles**

1.1 The commissioning strategy will be underpinned, as the rest of the work within Blackpool around SEN, by the Early Support principles



2.1 These principles have underpinned much of the SEN aspects of the Children and Families Act and Blackpool’s strategy in terms of SEN

They are described below in terms of how they impact on the commissioning strategy

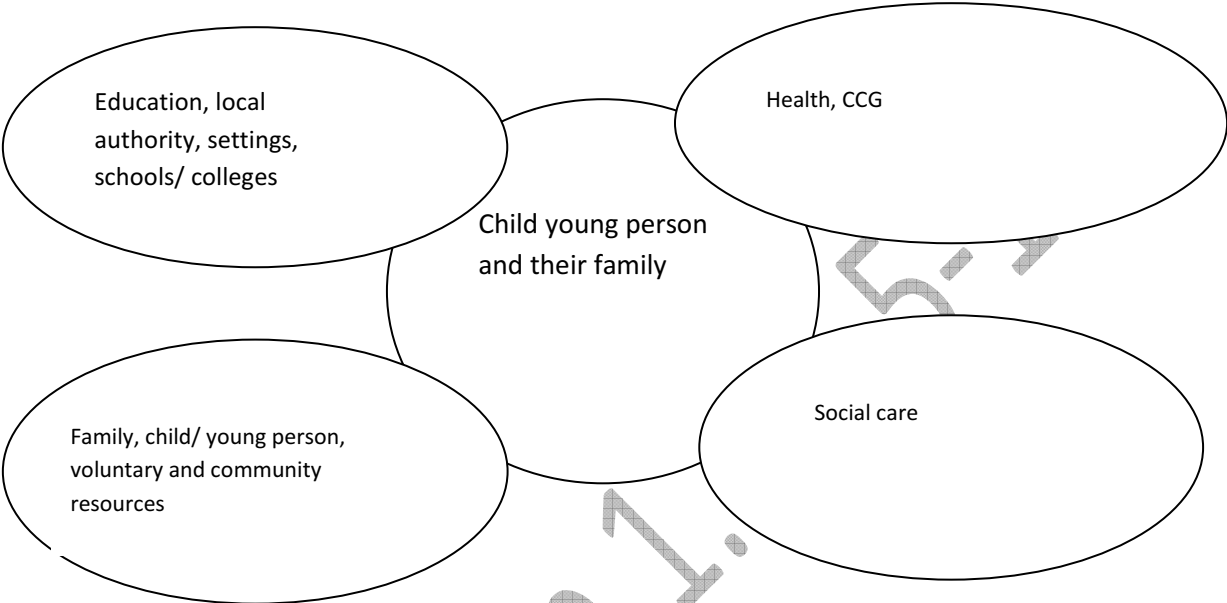
Principle	Impact on Commissioning Strategy
1. The uniqueness of children, young people and families is valued and provided for	There will be 3 levels of commissioning, described in sections 3 and 9. Overall provision will be commissioned and described in the local offer (section 4). Commissioning for communities or against unique needs will occur by the Education, Health and Care Plan or targeted commissioning (section 6)
2. An integrated assessment, planning and review process is provided in partnership with children, young people and families	The commissioning process will ensure this is part of service specifications. Families/ children/ young people will be part of the commissioning

	process.
3. Service delivery is holistic, coordinated, seamless and supported by key working	The strategy will link into all other SEN processes across agencies, which will emphasise these. Any commissioning will be holistic, seamless and coordinated
4. Continuity of care is maintained through different stages of a child and young persons life including transitions	Assessments and provision following these will have short, medium and long term positive outcomes at their heart. Commissioning will occur across statutory agencies, children and young people services and adults up to the age of 25.
5. Children and young peoples' learning, social and health development is monitored and promoted	Commissioning of provision will include positive outcomes and regular monitoring to ensure that this occurs
6. Children, young people and families are able to make informed choices	The commissioning of the local offer will ensure that this is informative, giving all available options. There will also be a process of children/ young people and families being able to express a preference for something not in the local offer, as long as it is cost effective
7. Children, young people and families are able to live fulfilled lives	All commissioning arrangements will look for local options, involving the community when ever this can be achieved to meet the needs of the children/ young people.
8. Children, young people and families are involved in shaping, developing and evaluating the service they use.	Young people and children will be consulted with at regular intervals in regard to needs and provision. Parent representatives will be involved in all strategic decision making. In terms of commissioning around individual need full consideration of parent and young person views will occur.
9. Multi- agency practices and systems are integrated.	Integration of processes and service delivery will be at the heart of commissioning. The long term aim will be to have unified services and pooled budgets
10. Children, young people and families can be confident the people that are working with them have appropriate training, skills, knowledge and experience.	Commissioning arrangements will ensure that staff are appropriately qualified with skills to work in true partnership with them

**3. Who is involved in joint commissioning?**

3.1 The model below indicates where separate budget or resource (including people/ time/ emotional support) unify around the family and child/ young person. In time the option of pooled budgets between health and the local authority (social care and the local authority aspects of education) will be explored.

*Person centred planning leading to improved outcomes for children, young people and families*



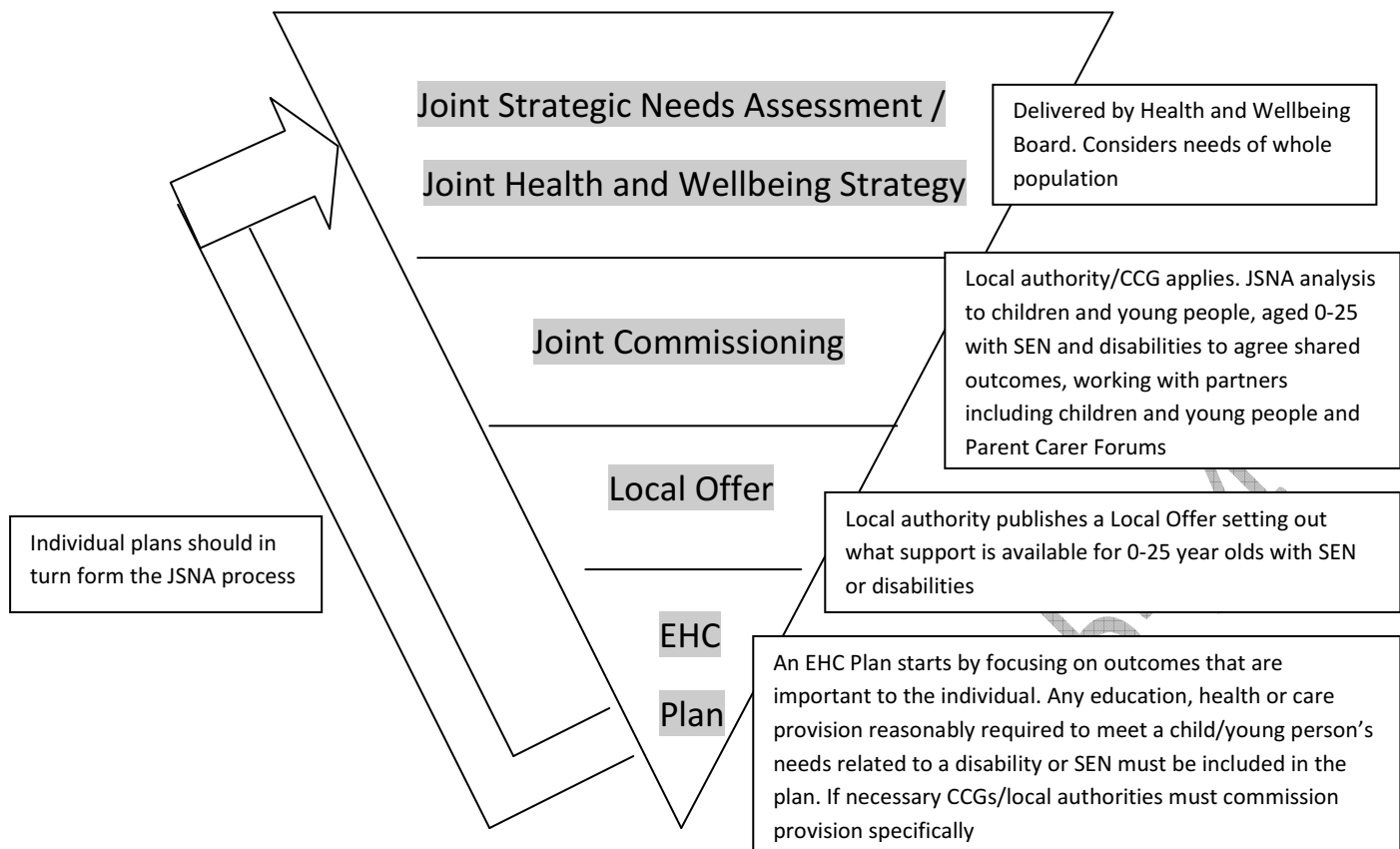
3.2 Strategic commissioning involves statutory agencies, and parent/ children young people representatives (including the voluntary and community sector). Operational commissioning and commissioning around individual need will involve co-production of plans and describe how allocated resources are used with families and children/ young people.

3.3 Strategic commissioning will look at the co-production of strategic plans, performance management, governance and overall commissioning of services. It will be underpinned by the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy . Key decisions will be made by the Joint Commissioning Board (appendix 1), in consultation with parents and young people. The Board will report directly to the senior management structures in each organisation.

3.4 Operational commissioning will be where groups of parent/carers and young people pool personal budgets, where local community approaches are developed and there is targeted support for a group.

3.5 Individual commissioning will occur in the co-production of plans between families/ children and young people and the brokers of the finance (e.g. schools/ colleges/ settings/ the local authority/ health)

3.6 The relationship between different elements of the overall operation of SEND support within a local authority is taken from section 3.19 of the Code of Practice



#### 4. Scope of the Commissioning Strategy

4.1 The strategy will cover health and the local authority, commissioning and commissioned services across children and young people services and adult services for young people up to the end of the academic year that they reach the age of 25 years.

4.2 The strategy refers to those with identified SEN and/or a disability and their families, both with an Education, Health and Care Plan and those whose needs are being met without the need for one. Those without a disability, but no SEN will be covered by commissioning at all levels but can not legally have an Education, Health and Care Plan.

4.3 Local authority refers to all the care and education provision provided (including that from academies, free schools and independent schools). Currently (2014/ 15) financial regulations stipulate that schools and colleges fund the initial £6 000 of educational provision, but this amount may change.

4.4 Health refers to provision commissioned by the Clinical Commissioning Group and provided by NHS trust/ other commissioned providers

4.5 Commissioning will cover finance, workforce deployment (individual and over services) , service providers, capital, community resources, specialist equipment. It will be judged against outcomes both on a strategic and individual level, as appropriate. Resources brought by the family/ child/ young person (when related to individuals) will also form part of the holistic view of a child/ young person support needs and package.

## **5. The Local Offer**

5.1 The Local Offer will outline information about local services to meet the SEN of Blackpool children/ young people aged 0-25 and their families. It will also outline all of the statutory processes. A vital component will be to provide a dynamic relationship with services and children/ young people / families to help shape future services and the delivery of these. It will map provision for Blackpool children and young people aged 0-25 with SEN and/or a disability and their families.

5.2 The duty to host the local offer lies with the local authority. However it is all other agencies' responsibility to identify the provision they provide in a user friendly way, and allow access to their web sites as appropriate by hyperlinks and other non IT means for those families who can not access the internet.

5.3 The web provider (Open Objects in 2014/15) has been commissioned by the local authority to produce and up date the Offer in relation to the specifications produced to back up the Children and Families Act, section 30. It is located as part of Blackpool's Family Information Service site.

5.4 There will be a review of overall provision in light of the interactions/ comments of parents/ children and young people as part of the Local Offer. The initial proposal is that this should occur every 6 months, but this may be revised following implementation. Feedback from Annual Reviews will also input into this feedback. If the comments are such then action sooner than this will occur. This will help the process of identifying any significant gaps.

5.5 If a parent/ child/ young person wants provision not listed as part of the local offer then a process (as outlined on the Local offer site) will occur to verify its efficacy, cost and outcomes to see if it should be included for both the individual and for the overall local offer.

## **6. Joined up Assessment and Service Delivery in Relation to Joint Commissioning**

6.1 Any future commissioning of services will ensure that services have joined up assessment processes in line with the EHCP assessment process outlined on the Local Offer site. One of the aims of the strategy will be structural change, across agencies that enable both joint commissioning and joined up service delivery.

6.2 All appropriate agencies will be commissioned to deliver assessment procedures that both fulfil their legal obligations in terms of the Children and Families Act and the ethos and requirements of Blackpool's agreed processes in relation to this.

## **7. Education, Health and Care Plans**

7.1 The commissioning process for Education, Health and Care Plans (EHCPs) will meet the legal requirements of the Children and Families Bill, 2014 and the local procedures to implement this.

7.2 Responsibilities of Health and the Local Authority are outlined in the Children and Families Act (2014) section 25 and 26 and the Code of Practice Section 3.69. These are further explained in section 8 of this document.

7.3 EHCPs will explicitly list expected outcomes for the individual child/ young person to judge the effectiveness of the commissioning on an individual basis.

7.4 Co-production of plans with families will be a vital part of commissioning around individual needs. This will be a process of joint decision making over time, within financial parameters, utilising



all available resources. All plans will occur in a person centred way. Planning should be outcome driven, acknowledge that there may be differences of view, involve respectful relationships and will enable a coherent and targeted ECHP

## **8. Personal Budgets**

8.1 Personal budgets are outlined in section 49 of the Children, Families Act (2014). The personal budget plan, available on the Local Offer site discusses the local authority and health processes in respect of personal budgets.

8.2 All commissioning processes will enable personal budgets to be used by parents, children and young people, where they wish this; in the prescribed areas they can be used.

## **9. The Responsibilities of Health and the Local Authority**

9.1 All provision, against needs, outlined in the Education, Health and Care Plan will be provided. This is a legal duty on both the local authority and Clinical Commissioning Group.

9.2 In addition provision from local charities, community groups and the families/ children/ young people themselves will all form part of plans, as mutually agreed by the person centred planning process.

9.3 Schools and colleges have a responsibility for funding the first £6 000 of educational provision and discussion will occur on an ongoing basis to ensure that this occurs, and is part of the overall commissioning arrangements.

9.4 For those without an EHCP commissioning will be against assessed need, both on an individual basis and across Blackpool.

9.5 Commissioning of services will occur in an equitable, transparent, needs led manner. Providing high quality, cost effectiveness and the ability to meet agreed outcomes will also be key decision points. There will be an overarching cross agency Joint Commissioning Board to oversee the joint delivery of services and unified commissioning processes (appendix 1)

9.6 In terms of provision the following areas have been agreed as being each agency's responsibility. These areas will cut across education funding that is school/ college led (elements 1 and 2), and from the local authority (element 3). Any provision not listed will be discussed at local officer level, and if not agreed will be discussed further at the overarching, cross agency Joint Commissioning Board (see appendix 1). The list in 9.7 gives examples but is not exhaustive.

<b>Level of provision</b>	<b>Care (local authority)</b>	<b>Health</b>	<b>Education/ training (local authority)</b>
<i>Universal- available to all children and young people (not needed in plan)</i>	Children centres Youth clubs Leisure “for all”	Hospital GP Dentist Health visitors Mid wife Community nurse	Mainstream school inc SENCO support Early years providers Children centres Post 16 settings Apprentices
<i>Specialist (much will be listed in a plan- not all dependant upon case)</i>	Outreach Short breaks Parenting support Direct payments (over care) Parenting courses Specialist child minding Joint health / care packages Family link work Transition support Foster carers	Occupational Health therapy Speech and language therapy Physiotherapy Continenence support Equipment Transition support Care packages CAMHS	Speech and language therapy Physiotherapy Mainstream support above £6k Specialist teaching teams (mostly not listed) EPs (mostly not listed) TA support in school/ setting over and above that “available to all” Specialist teaching programmes Specialist equipment Transition support Specialist Educational Resources Facility in schools
<i>Highly specialist (much will be listed in a plan- not all dependant upon the case)</i>	Overnight short breaks Residential placement	Residential/ in hospital placement	Special school Independent Specialist Provider (post 19) Out of borough specialist (day/ residential) school Supported apprenticeships/ work

9.8 The voluntary and community sector and local community will also provide for certain areas of need, as appropriate. These will not be a statutory duty.

9.9 The criteria for deciding if provision should be education/ health or care should be if this is predominantly in this area of legal responsibility and services are normally provided by this agency. One decision point for funding therapy services in regard to an Education, Health or Care Plan, will be if the need, to be met by it, is educational or health related.

## **10. The Processes for Joint Commissioning (needs much more work and clarification following publication of the draft code of practice in a month or so)**

10.1 Services that are universal will occur as part of each agency regular commissioning processes.

10.2 *Strategic Commissioning.* Services listed in the Local Offer will be commissioned by each agency as agreed in section 8. Oversight by the Operational Group will ensure that joint commissioning occurs (appendix 2)

10.3 *Operational Commissioning.* This will occur when groups of parent and/or young people wish to group together to provide a more cost effective and/or innovative way of providing services. It will follow either the individual or strategic commissioning approach as relevant. The decision over which approach will be formulated in discussion between the parents/ young people and relevant agency/ agencies.

10.4 *Individual Commissioning.* Schools, other educational providers and colleges will provide services for pupils/ students with SEN as part of their own offer. This will normally be at a cost of below £6 000 (as in 2014/15, this figure may change in future years)

10.5 Agreement by the Multi Agency Panel will occur prior to the EHCPs having to be written, about which as parts of provision will be provide by whom, in general. If the SEN officers/ person centred planning meeting decides on areas where there is no agreement there will be discussion with the relevant commissioning process (please refer to section 11 of this document for the process). There will also be a moderating role for the panel.

10.6 Legally the EHCP is the responsibility of the local authority to produce. The process is described on the Local Offer site. The assessment that formulates an EHCP will be carried out in a person centred manner, involving the processes of key work. Advice form care, education and health will all form part of the plan. If relevant, the local authority SEN officer will have a discussion with health and/or adult services commissioning before inserting any health/ adult service aspects of the plan. Health and adult services will be involved in any person centred meeting to agree the content of the plan where there are implications for their resources.

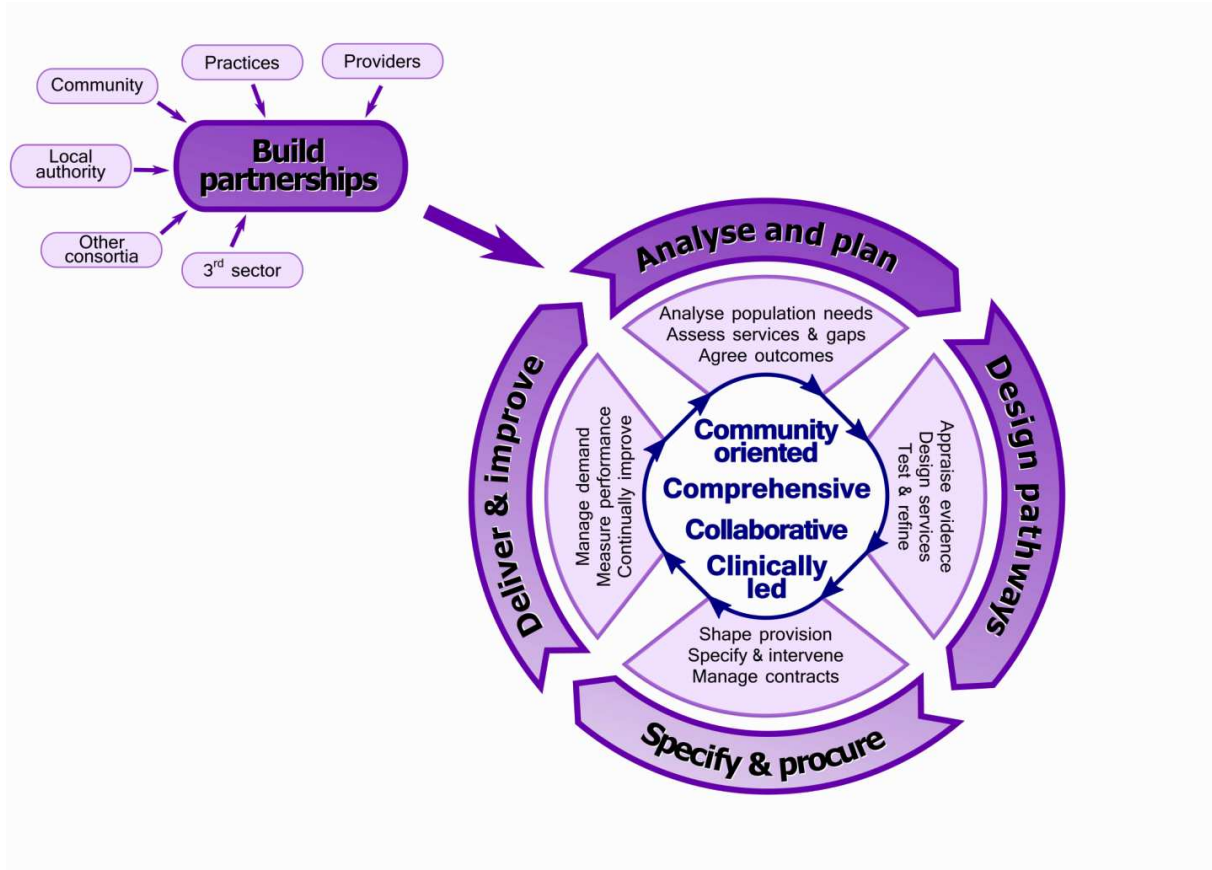
10.7 Changes to the EHCP will be discussed at the annual review. If needs have changed so that different provision is required, this will form part of the commissioning arrangements and will be agreed between relevant commissioners. This will always need to occur when young people move from school to post school education/ training.

10.8 Due to the tight time scales outlined in the Code of Practice (9.139) decisions about commissioning around an individuals assessment, following the drafting of a EHCP, will have to be made quickly. Early discussion following receipt of advice will therefore need to be made between commissioners about who should be providing the likely provision required to meet the needs. Commissioning in this respect would be covered by spot purchasing processes

10.9 When the commissioning process involves services at an operational or strategic level due regard to commissioning regulations, for instance tendering, will be followed.

11.

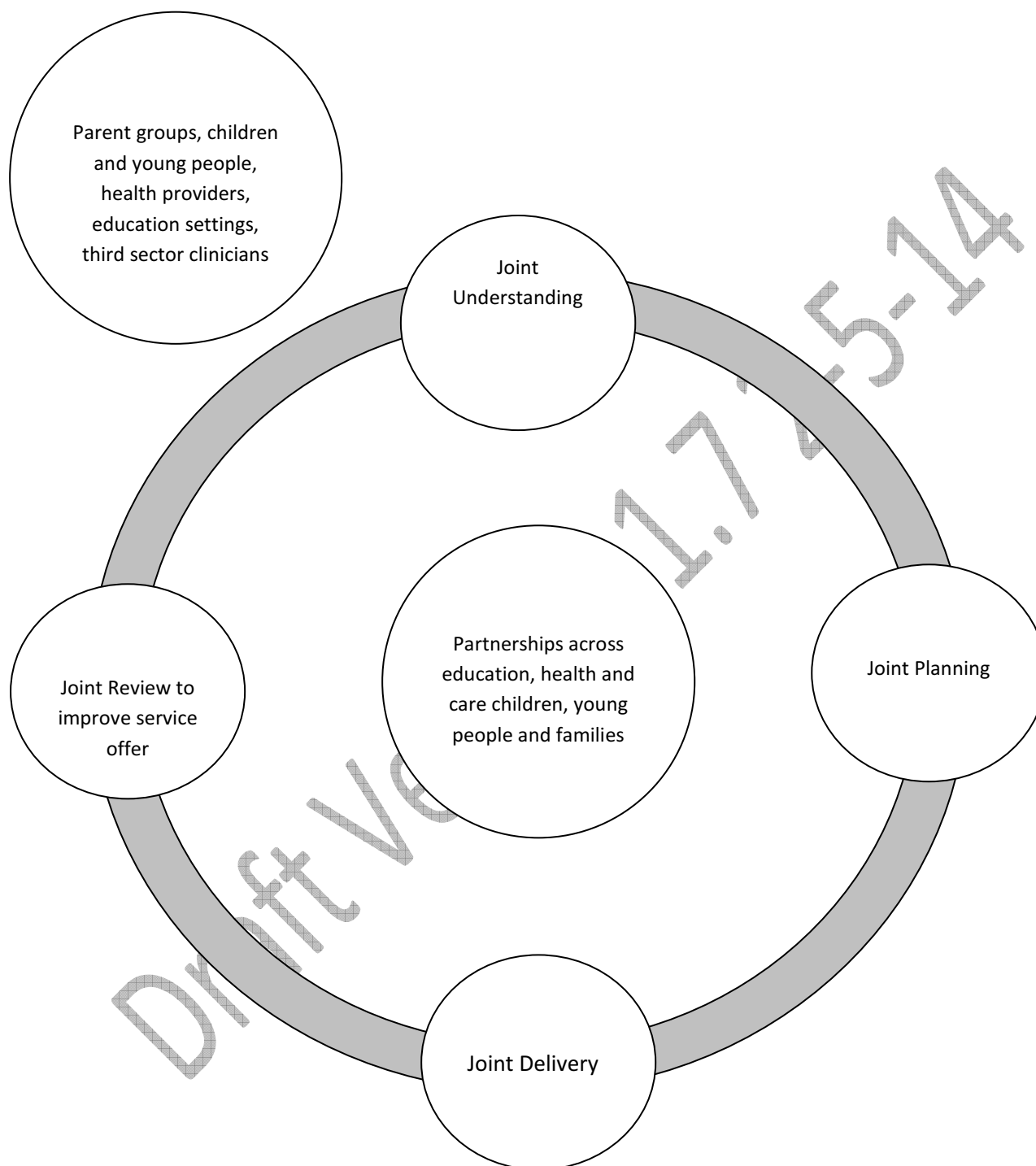
11.1 The Commissioning Cycles for Joint Commissioning of Services (from the Draft Code of Practice version 1)



Draft Version

11.2 The second version of the Draft Code of Practice had a slightly different model

**The Joint Commissioning cycle**



11.3 Both models are reflected in the Blackpool processes.

11.4 Listening and understanding will involve all partners having their views respected, including those of the adults and children/ young people. Needs will be clearly identified to commission

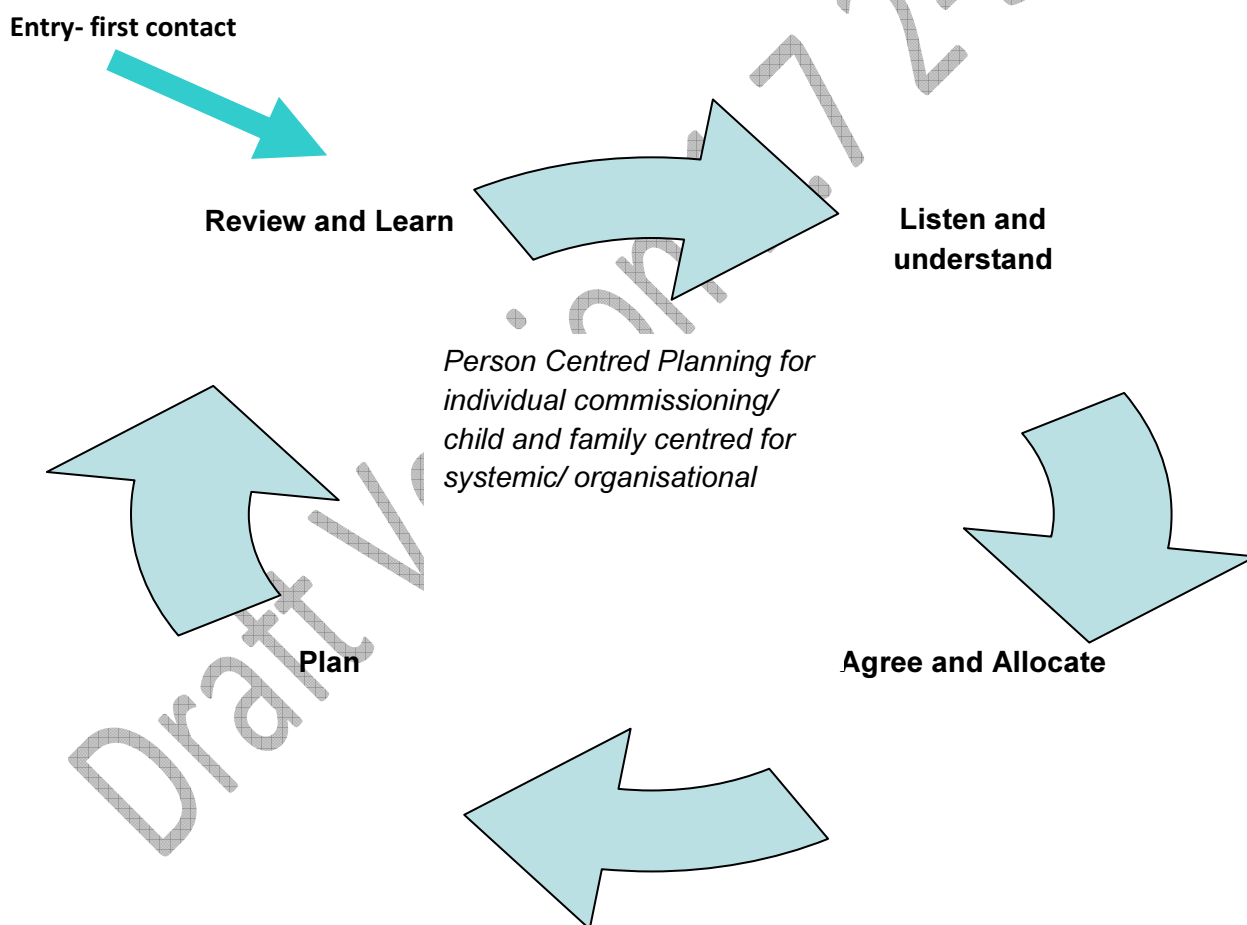
against, in terms of that which is the most cost effective and produces the best outcomes, made explicit as part of the process. Building partnerships will be a key component

11.3 A key role will be a review and learn process to understand, and act on, lessons learnt. This will be against outcomes and always involve feedback from families and/or children/ young people. Risk and safeguarding will also be a key part of any review process.

11.4 Planning will involve a person centred approach (individual) and families/ young people in a strategic way for operational/ community and strategic levels. Agencies will need to ensure there is sufficient leadership and resources to enable commissioning to happen. The provider market will be stimulated, helped by the development of the Local Offer and close work will occur between agencies to ensure that the best use of resources occurs. This will be a Commissioning Board function.

11.5 **Operational Commissioning** will follow either the service/ strategic led or individual level as appropriate.

**11.5 The Commissioning Cycle for individual cases (thank you to the SE7 Pathfinder for the detail)**



11.6 The entry point will be when commissioning is initially required. At an early years level (including pre birth) the initial agency will normally be health, who will involve other agencies as appropriate. At a later age it will likely be schools / settings and colleges. They will utilise their own resources to meet special educational needs on initial stages of the process. The setting will coordinate, as necessary, any social care or health input as part of their plans. When an ECHP is required the commissioning will occur from the assessment process from central education resources, social care and health.

**11.6 Commissioning at all Levels** In order to agree and allocate the criteria for allocation, the amount of resource available, including non financial and that from families/ children/ young people/ the community will be understood. There will be joined up commissioning processes between all parties at all levels of commissioning.

11.6 Key features of successful commissioning include co-production, being objective, transparent and easily scrutinised, based on evidence of what works (and if it does in this particular instance), opportunities to think in a different way, encouraging choice and diversity, engages all relevant people, improves services, is applicable across all agencies, can be utilised in a variety of ways and involves all parties in a respectful manner.

## **12. Disagreement Resolution Protocols**

12.1 There will be three aspects of disagreement resolution processes. The first is where parent or the young person wants different levels or type of provision to meet SEN or a disability than is currently being provided, 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.

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

### ***Disagreement about provision without an EHCP***

12.3 If a parent/ child/ young person feels that provision at the universal level (9.7) 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. A recording system via the local offer web resource and other means to complement this will occur to enable the commissioning strategy to take account of any expressed views. 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***

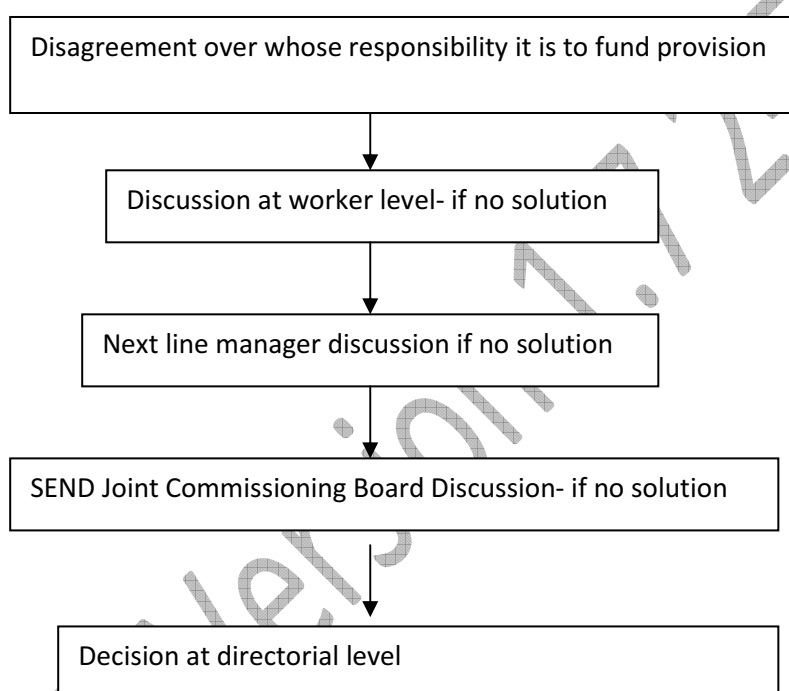
12.4 Requests for different provision should be made to the appropriate agency. If agreed they should be part of the annual review process in order to ensure that these are part of the EHCP. The review itself may be the basis for recommendations about different types of provision. These should be for 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 can not legally take the case to tribunal. At all times services should work in a mediation way with parents, seeking to resolve issues as early as possible.

12.5 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 Agencies over who should Commission/ Finance the Provision**

12.6 Initially any dispute should try to be resolved between the front line staff concerned, within the agreed parameters of each of their agencies in terms of commissioning. If this does not provide resolution it should go to their line managers, and then the SEND Joint Commissioning Board (or the key representatives for this body). If there is no resolution at this stage decisions should occur at directorial level. Decisions will need to be within the tight time limits laid down in the Children and Family Bill for the production of EHCPs

12.7



**13. Contact Details**

13.1 Local Authority - Children’s Dr Simon Jenner, Principal Educational Psychologist/ SEN and Disability Service Manager (*Blackpool Football Club, telephone XXX*)

13.2 Local Authority Adults Val Raynor, Head of Children’s and Adults Commissioning and Contracts (*give details*)

13.3 Health Ms Helen Lammond Smith Assistant Director (*address/ contact details*)



## 14. Review Procedures

14.1 The strategy will be reviewed on an annual basis in September of each year. This will be done by the SEND Joint Commissioning Board. Account of feedback from parents/ children/ young people and from the Local Offer will form part of this process.

## 15. Key Levers Required for Joint Commissioning (thank you to the SE7 Pathfinder for these)

15.1 For individual commissioning the service users need to be at the centre by person centred planning. Personal budgets and co-production of EHCPs will enable choice/ service development

15.2 In terms of operational and community level commissioning the main drivers will include commissioning arrangements for EHCPs as in section 6 and disagreement resolution processes in section 11. The arrangements for securing the assessment of need, provision and personal budgets will be vital, as will the review process of arrangements across all agencies. These will be underpinned by the legal duty of cooperation, section 745/ pooled budget arrangements, common performance indicators, commissioning processes and information sharing protocols.

15.3 Strategic level levers will be the strategic bodies e.g. Health and Wellbeing Boards and the cross agency bodies, such as the proposed SEND Joint Commissioning Board as outlined in Appendix 1. Some of the shared levers with operational/ community commissioning include common objectives, performance indicators, joint and/or pooled budgets, legal duties in terms of a duty to cooperate and securing provision, NHS commissioning arrangements and the Local Offer.

## Appendix 1 Role and Remit of the SEND Joint Commissioning Board. Will initially be a re-formatted LDD Strategic Group

### Membership

- Chair AD/ HOS from local authority or health
- Senior Commissioner from health
- Senior Commissioner from Local Authority (Children's)
- Senior Commissioner from Local Authority (Adults)
- Strategic Lead for SEND Local Authority
- Representative from health provider services
- Parent representative
- Young person representative
- Strategic lead for the Local offer
- Strategic lead for personal budgets
- Financial representative local authority
- Financial representative health
- Local College representative
- School representative

### Frequency of Meetings

Meetings will be held on a bi-monthly basis, normally for 90 minutes at a central location. Chairs/ clerical responsibilities will be rotated

## Terms of Reference

To:

- report back to management processes to gain agreement/ approval for the commissioning strategy and its day to day operation
- oversee the production of and monitoring of the joint commissioning strategy
- oversee joint commissioning processes for 0-25 year olds with SEND to ensure they are joined up
- oversee that need is met in a cost effective way
- monitor the outcomes of commissioning and see what needs to be continued/ commissioned in a different way
- ensure that children/ young people feedback on their needs and wishes for provision are part of the commissioning process
- oversee any changing needs of the 0-25 Blackpool population in terms of SEN and Disability
- decide on future provision in terms of any changing needs and parent/ children/ young people views
- discuss and agree any changes required to the commissioning strategy, for instance in order to respond to new legislation/ guidelines
- arbitrate on any disputes between agencies regarding particular elements of commissioning (for instance whose responsibility it is to fund it)
- link into their own agencies to ensure that all processes are joined up and processes/ systems enable this to occur
- discuss financial arrangements as part of the developing strategy e.g. the feasibility of a pooled budget.

## Appendix 2 Role and Remit of the SEND Joint Commissioning Operational Group (tbc which group)

### Membership

- Local offer operational lead
- Health commissioning representative
- Adult services commissioning representative
- Provider representative
- School representative (SENCo)
- School representative (special school)
- Finance representative
- Care representative
- Provider representative

### Frequency of Meetings

Monthly, with chair and clerical support on a rolling programme

## Terms of Reference

To:

- Resolve any day to day issues involved in joint commissioning
- To work on joined up assessments and service delivery
- Discuss any new processes to occur, to discuss with the board
- Work with the local offer to ensure that provision occurs to meet needs within financial restraints
- Resolve any conflicts in provision at as early a stage as possible

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