

## **Joint Commissioning – Key Activities and Progress**

### **Background**

The Essex Local Area is currently made up of one Local Authority (Essex County Council) and five CCGs (West, Mid, North East, Basildon & Brentwood, Castle point & Rochford); collectively referred to in this paper as 'Essex'. Each CCG area commissions therapy services for their own local area.

Due to the commissioning landscape of the Essex Local Area and historic practice in the commissioning and provision of services, the type and availability of therapy services for CYP and their families varies significantly across the county. This has resulted in inequity of access and outcomes for CYP, particularly those with SEND whose families often experience challenges in obtaining the support they need.

The WSoA sets out our approach and the actions required, which can be summarised as follows:

- Establish a SEND Joint Commissioning Group.
- Develop a joint 0-25 SEND data set.
- Undertake mapping of current 0-25 health, education and social care SEND provision/ services across the county.
- Develop SEND Joint Commissioning Strategy.
- Implement a robust process/ structure for reviewing the effectiveness of joint commissioning arrangements.
- Implement a robust process to evaluate the effectiveness of the SEND Joint Commissioning Group.
- Undertake a thorough review of services Ofsted/ CQC found to need further development, take recommendations to SEND Joint Commissioning Board.
- Implement annual 'progress and impact report' for integrated services.
- Implement balanced system for Essex (outcome based integrated approach to service design and delivery), through which we will jointly commissioning services going forwards.

A Joint Commissioning Framework has been developed which demonstrates the commitment of local commissioners in Essex to develop shared commissioning and delivery models to meet the diverse needs of children and young people with special educational needs and/or disabilities in the county.

## **Vision**

Our vision is that regardless of age, stage, unique characteristics or circumstances our children and young people with SEND will have an education which provides:

- A positive experience of learning;
- A sense of belonging, value and worth;
- Aspirational outcomes;
- The right support at the right time;
- Information and opportunities to enable informed decision making, choice and control;
- Successful, planned transition at any point of movement, between phases or settings;
- Thoughtful and thorough preparation for their future progression to a fulfilling adult life.

Our vision is for a SEND system which identifies and assesses need at an earlier stage and which provides appropriate and impactful support without such high dependence on Essex County Council's statutory services.

We would like our children, young people and families to have confidence in the type, quality and amount of support received and see year on year impact of the support in their child's life.

*(Developing a strategy for SEND in Essex, Public Consultation March 2019)*

## **Overall Outcomes**

- Increased Parental confidence.
- Early and appropriate identification of need.
- Increased knowledge, capacity, confidence, within Early Years Settings, Schools and Colleges.
- Access to specialist support without the need for an Education Health and Care Plan.
- Services have confidence in the ability of the wider system to support children following intervention
- Improved quantitative data.
- Schools and parents have the confidence in their own ability to meet need when the intervention is complete.

## **Objectives**

The SEND Joint Commissioning Group will support progress towards the two objectives stated in the action plan:-

1. Children, young people and their families experience equitable access to a consistent, high quality range of educational support, health services and specialist provision, appropriate to their needs and circumstances.
2. Commissioners share a common, accurate view of need across the county and use this to jointly commission consistently high-quality services, which are accessible across the county.

## Scope

The key focus of the Joint Commissioning outcomes for SEND is in two parts:-

### For Children, young people and their families:

- The autism and speech, language and communication needs pathways are clear and easily accessible to families.
- A pathway is established that allows re-referrals as necessary without having to start again.
- Waiting times are reduced and consistent across the county, in particular for ASD and Speech and language assessments.
- Children & young people receive a timely & thorough assessment and access to the appropriate level of support.
- Children, young people and families who are in receipt of specialist provision benefit from a coordinated and consistent approach by the service and other professionals, in supporting them to make progress against their outcomes.
- Parental satisfaction regarding access, quality and consistency of specialist provision is increased.
- Parents have access to quality information and resources and are encouraged and supported in their role as primary communicators.
- The Local Offer website provides meaningful information for families and families are utilising the information available to them.

### For professionals:

- A joint data set and provision map for the local area is in place and robust arrangements enable partners to use data and intelligence from across all agencies to form a shared understanding of the needs of the local area.
- Develop of a joint SEND Strategy with outcomes framework will give clear strategic direction.
- Essex has an integrated system for the delivery of specialist services (such as SLT) across the county, eliminating duplication of effort and financial resources between partners.
- Essex has a clear and coherent pathway for the delivery of therapy services (inc. SLT), that clearly identifies roles and responsibilities needed across the system, to support children and young people with identified Therapeutic Needs. Removing duplication and aligning resources. To ensure that the children and young people receive the right support, at the right time, delivered by the right person.
- Therapists have confidence in the ability of the wider workforce to support children following intervention, allowing for timely and appropriate discharge.
- Therapy pathways across Essex are coherent and equitable in order to meet the needs of the Essex population. All professionals working with children and young people are aware of how to access the appropriate support.
- The speech, language and communication needs pathway is clear and easily accessible to professionals

## Joint Commissioning Principles

As part of this work there have been joint commissioning principles developed:-

- Participation & engagement – the child or young person and parent carer's voice is heard and acted upon leading to better engagement and involvement in processes that are child and family centred, and improved confidence in services. Together we

aim to achieve the aspirations, goals and priorities as defined by children, young people and their families and recognise the importance of the voluntary sector and communities in delivering this.

- Co-production & collaboration – together we involve parent carers, children and young people and our partners in developing and reviewing local services in an open, honest and transparent way. We will be clear about how decisions are made, who is accountable and responsible for them, including how disagreements will be resolved. We will also collaborate with those providing the services.
- Evidence based and outcomes focussed – We will share and use a wide range of research, best practice, policy and data to identify the most effective and efficient service models, to ensure that high-quality services are delivered and focus on prevention and early help.
- Transparent – Constraints on public finances mean it's essential to find new ways of working that deliver outcomes while at the same time making efficiency savings. As a first step we intend to be transparent with our budgets so that funding streams for specific areas of activity can be looked at closely in one place
- Effective communication - Information sharing is vital to support an effective assessment and planning process. We will establish local protocols for the effective sharing of information which addresses confidentiality; consent and security of information. Communication will be clear and open, ensuring information is shared and clarity is given over roles and responsibilities.
- Supporting children and young people with SEND and their families is everyone's business. Through local, regional and national development we seek to remain at the forefront of SEND improvements engaging in relevant regional and National networks.

We will jointly ensure all professionals:

- share responsibility for children and young people's outcomes and are familiar with the annual action plan
- work to the vision and principles of this SEND joint commissioning strategy
- have clear expectations and clarity in their roles and responsibilities
- align existing contracts, develop new joint contracts and identify priorities, benefits and risks implement a shared commissioning cycle, including quality assurance reviews as appropriate

### **Engaging with families with our partners Essex Family Forum (EFF)**

In order to support and involve children and young people we agreed we would pay particular attention to:

- The views, wishes and feelings of children and their parent/carers, and young people.
- The importance of these parties participating as fully as possible in decision-making and providing the information and support to enable them to do so.
- Supporting children and young people's development and helping them to achieve the best possible educational and other outcomes.

Planning and securing services and providing advice and information on those services to the local population, will only be effective if children, young people and their families are involved. Where children, young people and parents feel they have participated fully in the process and have a sense of co-ownership, this is often referred to as 'co-production'.

In order to be transparent, we have asked for constructive feedback from Essex Family Forum so that we may learn and progress in our ambitions.

The views, wishes and feelings of children and their parent/carers, and young people are important to us. EFF have submitted an annual survey to the SEND Improvement Board and an on-going Graffiti Wall will be reported to the improvement board quarterly. This will include all areas of SEN and can be filled in by any SEND Parent/carer at any time. An EHC PIN survey is being designed by EFF in co-production with ECC and is planned to be shared with families as they receive their EHCPs. A similar approach for the ND pathways with the CCGs has been suggested. Parent/carer surveys will also be included in part of the Balance System work to be produced in co-production with EFF and a parent working group is to co-produce an Equipment survey.

A large amount of parent/carer feedback has been achieved regarding the areas of improvement for the JC SEND work to respond with actions to address particular issues.

The importance of families and carers participating as fully as possible in decision-making and providing the information and support to enable them to do so is a key part. It is variable across different CCGs and within ECC. Areas around consultation and co-production need to be firmly embedded in order to achieve the aims.

There are always opportunities to engage with parents and carers, children and young people, but it is felt that there is a tendency for a “not ready to share with parents/carers yet” response to be standard to any findings from surveys and engagements and the co-production elements are overlooked in some cases. By being more proactive in publishing responses and feedback from LA and CCGs to parent and carers after surveys or engagement workshops/events would enable EFF to maintain and increase engagement.

Overall, EFF feel that they do have a place on the Board and sub-groups and they are listened to although, as previously stated it, there is work going on behind the sub-groups that they could better be involved with. They would like to be involved in the development of training, business cases and pathways in order that the voice of families is fully embedded in the processes and to support the objectives of the JC SEND work streams.

### **How successful have we been in phase one?**

The phase one timeline has been from September 2020 to March 2021 and through our agreed joint commissioning principles framework we have agreed that the following areas will be covered.

- Therapies – Physiotherapy, Occupational Therapy and Speech and Language Therapy (SALT)
- Neurodevelopmental (this includes ADHD, ASD and behavioural)
- SEND IASS (informed by peer review)
- Equipment
- The Local Offer

At the onset it was agreed that we would work with other partners to develop but would not include

- Securing EHC Plans needs assessments.
- Securing the education, health and care provision specified in EHC plans, and

- Agreeing personal Budgets.

## Therapies

Collectively referred to as ‘therapies’, the three main areas of therapy services for children and young people (CYP) referred to in this document are:

1. **Speech & Language Therapy (SLT)** – treatment and support for CYP who have difficulties with communication, or with eating, drinking and swallowing.
2. **Physiotherapy (PT)** – treatment and support for CYP affected by injury, illness or disability through movement and exercise, manual therapy, education and advice.
3. **Occupational Therapy (OT)** – treatment and support for injured, ill, or disabled CYP through the therapeutic use of everyday activities, helping to develop, recover, improve, and maintain the skills needed for daily living. Includes functional sensory processing.

CCGs are responsible for commissioning all three of the above therapy services for their GP registered population. This encompasses all eligible CYP, including those with SEND. In addition, Local Authorities are responsible for commissioning statutory SLT for CYP with SEND where defined within an individual’s Education, Health & Care Plan (EHCP).

### *What success will look like*

The Balanced System programme of work will enable and facilitate a whole Essex approach to addressing weaknesses in the commissioning of therapy services for children, young people and families, with the following outcomes to be achieved:

- Increased Parental confidence in meeting their child’s needs and the wider system that supports them.
- Early and appropriate identification of need
- Increased knowledge, capacity, confidence, within Early Years Settings, Schools and Colleges to identify and meet need at early stage.
- Access to specialist support without the need for an Education Health and Care Plan – to programme and provide specialist advice.
- Appropriate and consistent access to therapy at the right time in the right setting for the pupil.
- Therapy services have confidence in the ability of the wider system to support children following intervention, allowing for timely and appropriate discharge.
- Schools and parents have the confidence in their own ability to meet need when the intervention is complete.
- A pathway that allows re referrals as necessary without having to start again.

## *Key Activities & Progress*

### *Phase One*

Better Communication CIC have been jointly commissioned to support with the design and development of a service specification using the *Balanced System* approach to ensure the right support is available across the local area, at the right time and that it is delivered by the right people, in sufficient numbers and with the appropriate skills to support the 'step up' and 'step down' of intervention without the need to the statutory recourse of an Education Health and Care Plan wherever possible.

- Mapping & analysis of needs of the Essex population 0-25 years.
- Mapping & analysis of the available services at all tiers.
- Definition of roles & responsibilities across the wider system.
- Stakeholder engagement and workshops.
- Indication of workforce development and capacity requirements.

### *Phase Two*

- Single specification agreed.
- Agreement of a set of Key Performance Indicators to measure the collective success of the system.
- Implementation of the Balance System at Place.

## **Neuro Development**

Using the best practice findings from the NHSE Autism Deep Dive Report to develop guidance on pathway specification, commissioning principles and standardised approach across the diagnosis and support pathway that form the basis of local pathways to meets the needs of children, young people and families, with a specific focus in the following areas:

- Awareness and Training
- Pre-diagnostic support
- Referral
- Assessment and Diagnosis
- Post Assessment support
- Communication
- Coordination
- Family Feedback

### *What success will look like*

Children, young people and their families experience equitable access to a consistent, high quality range of educational support, health services and specialist provision, appropriate to their needs and circumstances.

Commissioners share a common, accurate view of need across the county and use this to jointly commission consistently high-quality services, which are accessible across the county.

## *Our roadmap for success*

- All areas have pathways in place for ASD/ADHD as a minimum
- All areas to have pathways in place for ASD/ADHD that eliminates discrepancies across Essex
- Development of multi-agency work streams in each quadrant
- Development and implementation of the same set of principles used to develop pathways based on NICE Guidance, good practice model's and EFF feedback
- Principles embedded for identification, coordination, on-going family support and timely assessment
- Linkages to relevant and appropriate Neurodevelopmental Pathways
- Improved Pathway outcomes that are linked to the Local Offer, IASS, EFF, Equipment, SaLT

## *Key Activities & Progress*

### *Phase One*

- Agreed a core set of common activities and good practice commissioning principles across the diagnosis and support pathway that meet the needs of children young people and families at Place, specifically:
  - Workforce Awareness and Training
  - Pre-diagnostic support
  - Referral
  - Assessment and Diagnosis
  - Post Assessment support
  - Communication
  - Coordination
  - Family Feedback
- Baselined waiting times position across all CCG areas as of December 2020 and Recovery Action Plans developed to address waiting list backlogs.
- On going development of Pathways for ASD/ADHD.
- Data set development to provide oversight on waiting times and access to services across the county.
- Development of the Southend Essex Thurrock Family Resource pack to better inform parents, developed by families for families, led by Essex Family Forum.
- Place based business cases completed and agreed in North East Essex and West Essex CCGs. In NEE CCG £300k investment included for pre and post diagnosis support in addition to £120k for waiting list initiatives.
- Established Provider led collaboratives and Alliances at Place.
- Competency Framework in development for professionals.
- Essex Family Forum Annual Impact Survey 2020 used to inform and complement pathway development.



## Phase 2

- Implementation of Place based and Essex wide initiatives as outlined above.

## **SENDIASS**

Essex SEND IASS is the SENDIASS service for Essex. It is a statutory requirement for all local authorities to have a service to provide information, advice and support (IAS) to disabled children and young people (CYP), and those with special educational needs and disabilities (SEND), and their parents/carers. This service must be impartial, accessible and free.

### *What does success look like?*

With additional funding, alongside increased capacity to deliver casework from early intervention up to tribunal work, the service would be in a position to significantly develop our offer to children and young people, offer health professionals and parents/carers training to increase knowledge of SEND law, guidance, local policy, issues and participation and develop our engagement with volunteers. Without these additional posts the service will remain unable to meet the statutory obligations of the service as detailed in the Children and Families Act and SENDIASS Minimum Standards.

- Reduction in requests for health reports for EHC needs assessments as our interventions will support the overall reduction in requests for EHC needs assessments.
- Education providers having a better understanding of how mental health can impact a child/young person's education and the support they should be providing.
- Greater understanding of the process and what an EHC plan should contain making writing reports easier.
- Reduction in frustrated parents/carers asking for extra evidence from health professionals.
- Reduction in health providers being referred to tribunal because information is missing or incorrect.
- Improved understanding about SEN support enabling professionals working with families to provide correct information.
- More children/young people having their needs met in mainstream education could improve difficulties with anxiety and other concerns.
- Support parents and education providers to understand that a diagnosis is not required for support to be put in place and that the legislation focusses on individual need not diagnosis.
- Access to free training for health professionals around SEND and the associated legislation.
- Opportunity to utilise insights gained across services from listening to the experiences of CYP and their parents to develop systems and practice, to improve all of our practice

- Opportunity to utilise in particular the voice and experiences of children and young people, through continued joint participation projects with the Multi Schools Council and SEND IASS Reduction in parents feeling that they desperately need a diagnosis as we would be working with education providers and families to help them understand that a diagnosis is not required to access support.
- Further improve and strengthen the strong working relationship between SENDIASS and the Local Health system

### *Key Activities & Progress*

#### *Phase One*

- Business case for two posts to extend into the next financial year was successful

#### *Phase Two*

The further development of the business case

- Mapping complete to inform new business model that ensures compliance with the SEND Code of Practice, meets the defined minimum standards (in response to the inspection report), improves upon communication and signposting for parents and has the ability to build better connections with the SEND community generally
- Develop a Proposed model/framework that ensures the success criteria is met
- Develop the case for change with clear outcomes for families that includes health, education and social care

### **The Local Offer**

To provide clear, comprehensive, accessible and up-to-date information about the available provision and how to access it.

To make provision more responsive to local needs and aspirations by directly involving disabled children and those with SEN and their parents, and disabled young people and those with SEN, and service providers in its development and review.

The Local Offer needs to help users to find relevant information without knowing exactly what it is they are looking for and thus, needs to have a search function with high precision and high recall. User feedback suggests that our search function is poor and does not help people find what they need.

All services involved with the Local Offer must provide and maintain up-to-date information that can be easily accessed by the user. There needs to be a mechanism to support this (for example, by allocating author permissions to service providers to edit details on their listing or by generating automated reminders every six months to a year to remind the website administrator or the service itself to check their information).

By law, the Local Offer must also be used to inform commissioning of services in the local area. At present, it is difficult to use the Local Offer to be able to identify gaps in services.

### *Our roadmap for success*

- Improve overall user satisfaction – quantitative and qualitative feedback taken before and after redesign will indicate an improvement in satisfaction levels
- Improve awareness of Local Offer – surveys, case studies and testimonials will demonstrate an increased awareness
- Reduce time taken to find service – sample activity completed before and after redesign will show a reduction in time/feedback will demonstrate that users find it easier to find what they need
- Reduce time taken by web administrator to complete tasks to a high standard – feedback and performance reviews will demonstrate that it takes less time to complete tasks
- Ensure value for money

### *Key Activities & Progress*

#### *Phase 1*

- Set up team to develop the new Local Area, Local Offer
- Understand what exists for families of children with SEND to find information and local services
- Understand the views of families and young people
- Understand what is needed going forward to meet the needs of families
- Agreed what the new Local Area Local Offer will include/not include
- Agreed who will produce the new Local Area Local Offer

#### *Phase 2*

- ✓ Focus on design of the Local Offer Platform and implementation commencing in July 2021.

### **Equipment**

Children and young people do not always get the specialist equipment they need in schools in a timely way. Children and young people experience lengthy delays in getting necessary resources.

Where this occurs, schools and families often are forced to step in to provide whatever they can to support the child or young person in their care.

#### *What success looks like*

- Development of model to reduce waiting times for identified equipment
- Reduction in identified equipment waiting list

#### *Our road map for success*

- Develop a guidance document
- Develop waiting list for
- Specialist seating and standing equipment
- Specialist communication aids
- Toilet aids, hoists, slings, freestanding height adjustable changing tables
- Sensory equipment such as radio aids or portable sound field systems and Perkins or electronic braille or Braille notes
- Develop dashboard for new model

- Review areas that waiting times can be reduced
- Develop a model in which this can be achieved
- Implement new model

### *Key Activities & Progress*

#### *Phase 1*

- Map the pathways for current provision per CCG and via education.
- Map current providers.
- Develop a specialist equipment list and to work with providers to identify current waiting lists.
- Enable Service User Views through Essex Family Forum.

#### *Phase 2*

- We will have a streamlined process that ensures that specialist equipment is made available to all identified pupils in a timely way.
- Timescales will be measured and reduced to ensure no delay for children and young people. Process in place by Sept 2020.
- All children and young people will receive any required specialist equipment within 6 weeks of identification

### **Joint Commissioning overall success**

Our success will be determined by ensuring that the potential for joint commissioning is explored at every point at which decisions are made regarding commissioning. That we work in a way that there are clear pathways across services for children and young people with SEND and these are understood by parents and carers and that a child or young person needs specialist provision this can be accessed quickly.

### **Summary Review**

Phase one has been shortened due to CV19 but work has progressed at haste with all work streams remaining a key area of continuance during the covid reset work and the exec group have remained supportive to the work stream leads to enable progression to occur. Phase Two will be challenging but there are clear plans in place for achievement, monthly progress reports to both the Joint Commissioning Group and the Send Improvement Board.