

Joint Commissioning for children and young people with SEND



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This leaflet accompanies the SE7 Framework for Choice and Control which sets out a common approach and understanding to choice and control, including the use of personal budgets for children and young people with special educational needs or who are disabled and their families in the seven local authority areas: Brighton and Hove, East Sussex, Hampshire, Kent, Medway, Surrey and West Sussex.

Section 26 of the Children and Families Bill which it is anticipated will become law in September 2014 states:-

“A local authority in England and its partner clinical commissioning groups must make arrangements (“joint commissioning arrangements”) about the education, health and care provision to be secured for children and young people for whom the authority is responsible who have special educational needs.”

In this Part ‘education, health and care provision’ means:-

- (a) special educational provision;
- (b) health care provision;
- (c) social care provision

SE7’s Assessment and Planning Framework reflects the key stages of the commissioning cycle – understand, plan, do and review. SE7 is committed to working collaboratively at each stage of the Assessment and Planning Framework/commissioning cycle. This leaflet describes each of these stages and highlights some of the levers in the system that we believe will be invaluable in turning our aspiration into reality. We believe that the time is right to enable joint commissioning to become the norm thereby enabling us to maximise resources in the system to improve outcomes for children and young people with SEND and their families.

This booklet has been written following an SE7 regional workshop involving parent carers, SEND pathfinder leaders and managers as well as key commissioners from education, health and social care. The workshop was supported by officials from the Department for Education. The workshop was facilitated by Claire Lazarus from In Control and Martin Cunnington, Senior Associate, Portfolio lead for disabled children, Kent and Medway Commissioning Support and they have also been the major contributors to this leaflet.

What is the point of joint commissioning?

We can view the needs of a child and family through different lenses



Or we can work on the themes that unite us

- Maximising the potential of children and young people
- Co-production
- Resilient families and local services
- Safeguarding vulnerable children and adults
- Acting early and intervening at the right time
- Getting best value for money
- Improving data
- Highly skilled and flexible workforce
- Choice and control
- Integrated assessments, support and interventions
- Positive transitions at key stages in life

What is joint commissioning?

The process for deciding how to use **the total** resources available for families in order to improve outcomes in the most efficient effective, equitable and sustainable way.

What does it include?

It includes all the resources families bring alongside finance, provision and services for children and young people with special educational needs or who are disabled and their families whether funded by education, health or social care or any combination of these. Together we are stronger.



Who are the commissioners?

- Parent carers and young people
- Clinical Commissioning Groups
- NHS Commissioning Board
- Local Authorities (Public Health, Education and Social Care, Housing etc)
- Schools
- Department of Work and Pensions

Commissioning happens at 3 levels:-

- **Individual level commissioning**
 - Co-production between parent carers and young people with support brokers
 - Key workers and lead professionals
 - Budget holders
- **Operational/community level commissioning**
 - Groups of parent carers and young people pooling budgets
 - Self directed support and support to communities to develop local approaches
 - Targeted commissioning for groups or areas



- **Strategic commissioning**
 - Setting the strategic direction through co-produced strategic plans, agreeing the pace of change, allocating resources, managing and leading the whole system
 - Performance management and governance - cyclical process
 - Developing the common infrastructure
 - the system and processes required to support self-directed support

All of these levels are important and will continue, but the drive to personalisation will put more commissioning in the hands of those at individual and operational levels. Personalisation and personal budgets extend the influence that children, families and front line staff will have over the use of resources.

Co-production is an essential feature of effective joint commissioning

It is...

- a dynamic group process and happens in the room when there is equal value for each participant's contribution and when there is a meaningful proportion of participants who are service users
- driven by a solution focused approach from all participants
- a learning process

which...

- develops over time
- blends a range of expertise and perspectives, involves difference
- happens when all team members together agree outcomes, co-produce recommendations, plans, actions and materials as a collective

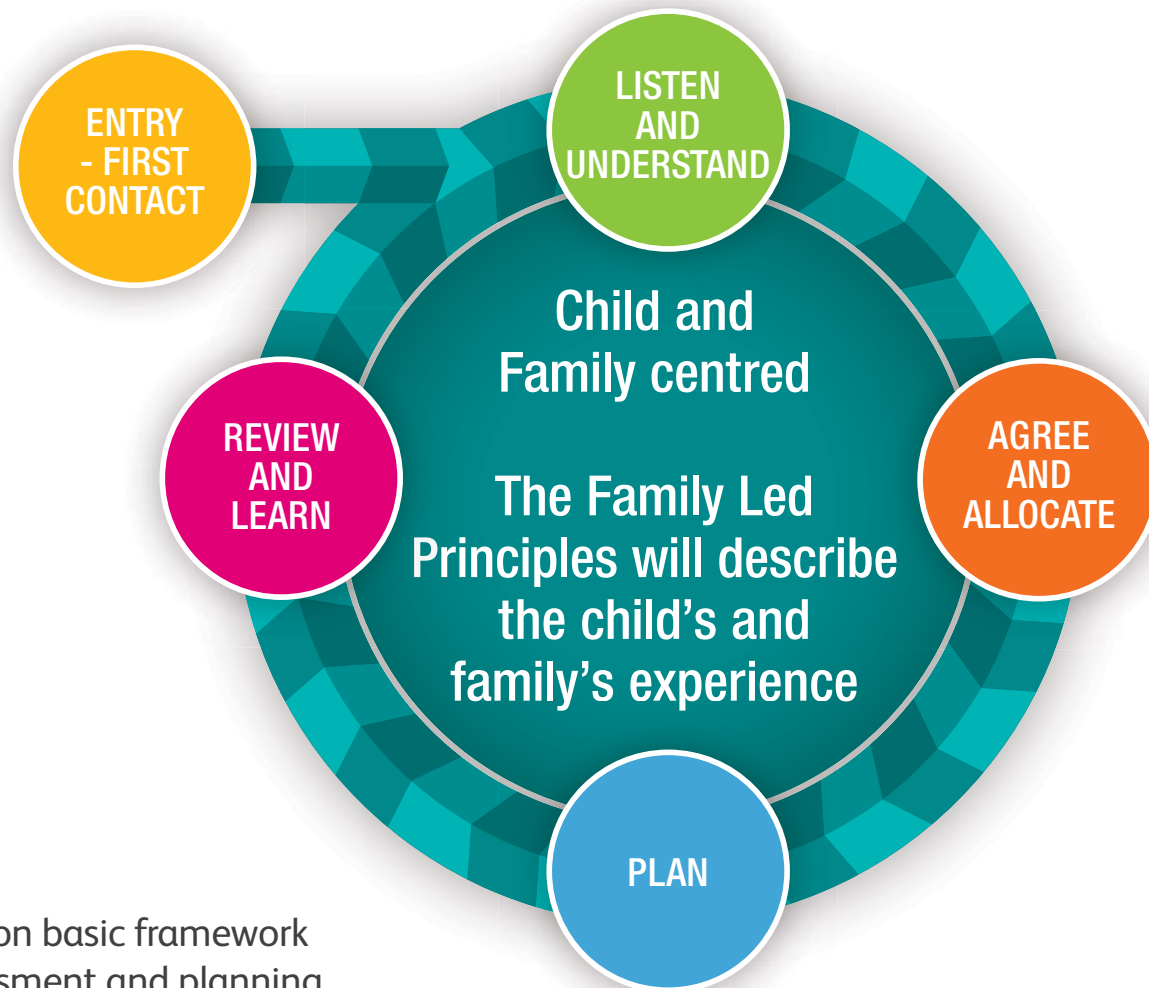
and requires...

- strong leadership, patience and joint commitment
- communication that is transparent and open,
- relationships that are equitable and respectful to help the team overcome complex challenges and continue the process of learning together

leading to...

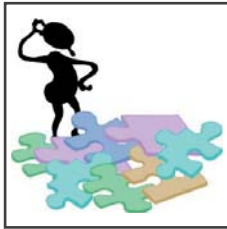
- better partnership working - putting children and families at the heart
- services that better fit what families need
- Local Authorities' and NHS Clinical Commissioning Groups' legal duties being met
- improved decision making and review building on meaningful participation and effective consultation and information sharing
- improved parental confidence in, and take up of, relevant services
- better value for money
- personal development for parent carers and young people as well as professionals.

The key elements of the commissioning cycle reflect the SE7 Assessment and Planning Framework



A common basic framework for assessment and planning

The Commissioning Cycle



Commissioning for personalisation - listen and understand

What education, social care and health services do we need to commission and how, both together and separately?

What should we stop investing in?

Develop a Joint Strategic Needs Analysis (JSNA) which includes detailed information about the needs and unmet needs of children and young people with SEND and their families. Focus on the children and young people's and families' whole lives rather than one aspect of them, focus on key outcomes to be achieved.

Use the evidence from the JSNA to co-produce a health and wellbeing strategy, which includes a commitment to extend personalisation, co-production and self-directed support, and which clarifies the outcomes and benefits of so doing.

Use the Local Offer to map all provision within the local system regardless of who provides it, include details of the community resources that families and children and young people want to use. Identify gaps in provision. Find out how provision is used and the outcomes it achieves including reliable feedback from users.

Establish effective processes for drawing together information about provision requirements for now and in the future from current plans eg statements of SEN and in the future Education, Health and Care Plans.

Work out the real cost of in-house and externally commissioned services and the outcomes they achieve in order to form a view of their effectiveness and value for money – benchmark in order to provide further challenge.

Use existing evidence about what is known about the costs and outcomes of different interventions. The East of England's 'Commissioning Child Health and Wellbeing Services: information and guidance framework' includes information about the costs of a range of different interventions and their outcomes. See Useful documents on page 14.



Commissioning for personalisation - agree and allocate

How much resource is available?

How will it make an impact?

How much can be decided at each commissioning level?

How will the resources be allocated?

Co-produce an action plan with parent carers and children and young people which details how the commitment to extending personalisation, co-production and self-directed support will be delivered and include measurable targets and accountabilities.

Understand the three levels of commissioning – strategic, operational and individual because each has different responsibilities for enabling personalisation. Identify the budgets available from all sources.

Clarify what powers and funding are to be delegated particularly for operational level commissioning.

Agree the 'must do' outcomes you are expecting providers to deliver.

Co-develop a resource allocation system which provides transparency and equity in terms of decisions about the allocation of personal budgets.



Commissioning for personalisation - plan and do

What are our priorities for collective action, what outcomes do we want to achieve and how will we deliver them together?

Ensure there is sufficient leadership capacity to make change happen.

Develop a timetabled and costed workforce strategy to include awareness raising sessions across all relevant service sectors with parent carers and young people.

Ensure information is aggregated from individual children and young people's plans to inform the market, anticipate need and smooth transitions.

Enable commissioners and procurement officers to work with families, young people and providers to explore how different procurement techniques might be used to improve efficiencies, ensure user involvement and improve outcomes.

Develop the provider market; work particularly with providers with a track record of enabling access to universal services.

Involve potential providers and budget holders in on-going activity so that providers grow their understanding about what families want and how personal budgets will impact on their offer.

Work with neighbouring areas to look at opportunities to stimulate and develop the market.

Maximise opportunities for budget holders to secure value for money by supporting effective networking and communications – enable families and young people to hear examples of how budgets can extend personalisation and access to universal services as well as how families and young people can pool budgets in order to make their budgets work harder.



Commissioning for personalisation - review and learn

How do we know if it has made a difference?

Has the commissioning achieved the desired outcomes?

What do we need to do differently?

Introduce a coherent system of review that is robust, simple, transparent, consistent, proportionate and appropriately staffed.

Use examples of reviews to devise appropriate, outcome focused review paperwork that feeds into the commissioning cycle.

Ensure that reviews are designed to be sensitive to address risk and safeguarding issues.

Consider procuring new services or goods from existing and new providers or cease commissioning services that are no longer fit for purpose

Key features of successful commissioning



There is little point in spending time understanding the current system if commissioners are not aiming to use that information to create a vision for a better system and to drive change.

Commissioners need to understand personalisation and how to commission it – personalisation requires commissioners at all levels to think and work differently. See Making it Personal in the useful links on Page 14.

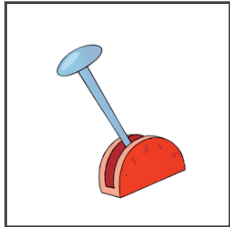
Personalisation requires whole system and behavioural change – underpinning personalisation is the recognition that services do not themselves produce outcomes, it is what people do for themselves along with their families, friends and neighbours, supported or otherwise by services, that improve outcomes.

Unless those services funded outside of personal budgets are also personalised and all of those services are redesigned to enable people to make best use and further develop their individual capacity and social capital the full impact will not be realised.

Good commissioning:

- is co-produced with parent carers and young people
- is objective and transparent
- is based on an evidence base of what works
- provides opportunities for new ways of thinking / challenging / resourcing
- encourages diversity in provision
- helps open up and develop the market – fostering competition and challenge
- engages all levels, from leaders and politicians to service deliverers and users
- stands up to scrutiny
- creates a virtuous circle in the services we review for improvement
- is applicable whatever the service, agency, partner or authority
- is suitable for whole service system re-organisation or can be used for just one service
- engages both procedures (processes and systems) and people (emotions and behaviours)

Key levers for joint commissioning



Levers are 'something that you use for making people do something that you want them to do' *Macmillan dictionary*

Individual level commissioning levers

- Users are at the centre
– 'no decision about me without me'
- Promoting choice and control via personal budgets across education, health and social care
- Co-production of high quality local services with families and young people and with the voluntary and community sector with a focus on family and community resilience

Operational/community level commissioning levers

- Education, Health and Care Plans - joint commissioning arrangements must include arrangements for considering and agreeing:-
 - The EHC provision that will meet the assessed needs of the children and young people with SEND and their families
 - What EHC provision is to be secured and by whom
 - Procedures for ensuring that disputes between the parties to the joint commissioning arrangements are resolved as quickly as possible
- Joint commissioning arrangements about securing EHC provision must in particular include arrangements for:
 - Securing EHC needs assessments
 - Securing the EHC provision set out in EHC plans
 - Agreeing personal budgets
- The parties involved in joint commissioning must keep their joint commissioning arrangements in mind in the exercise of their functions, and keep them under review
- Duty of co-operation on commissioners and providers to ensure an effective system for education and training for health and allied professionals, Health and Social Care Act 2012
- Section 75 agreements and pooled budgets
- Common outcomes and shared key performance indicators that answer the following questions:
What did you do? How well did you do it?
How do you know you have made a difference?
- Existing multi-agency commissioning tools available from best practice websites
- Information sharing, information governance and shared client / patient databases

Strategic commissioning levers

- Health and Wellbeing Boards
- JSNAs (including themed specific needs assessments) – draft joint commissioning duty includes having regard to the JSNA
- Joint health and wellbeing strategies - the draft joint commissioning duty includes CCGs having regard to the strategy when carrying out their functions; requires the LA and its partner CCG(s) to act consistently with the joint commissioning arrangements, to keep them under review and to update them. Strategies should consider the whole system challenges of mainstreaming personalisation, personal budgets and resource allocation as well as strategic, costed and evidence-based decisions about early intervention
- Joint and pooled budgets - Health and Wellbeing Boards must provide advice and assistance or other support in promoting joint commissioning arrangements through pooled budgets
- Common outcomes and shared performance indicators
- English local authorities and their partner CCG must make 'joint commissioning arrangements' about the Education, Health and Care provision to be secured for children and young people for whom the authority is responsible who have SEN includes special educational provision and social care provision for children and young people with SEN - see operational commissioning
- NHS Constitution
- NHS England - leads the delivery of improvements against the NHS Outcomes Framework and NHS Mandate. The Mandate sets out the priorities and objectives for the Board, includes the commitment to better partnership working across different services for children and young people with SEND and ensuring children and young people with SEND have access to the services identified in their plan as well as improved integration
- NHS Outcomes Framework and Public Health Outcomes Framework will be informed by the national strategy for improving health outcomes for children and young people
- Local offer - duty of co-operation applies to the preparation and review of the local offer
- CCG requirement to develop their own commissioning strategies and publish a prospectus for their local population by the end of May 2013 – links to the local offer
- New legal duty on CCGs to secure health services within the EHC plan.

Glossary

Clinical Commissioning Group (CCG)

Clinical commissioning groups are groups of GPs that from April 2013 are responsible for designing local health services in England. They do this by commissioning or buying health and care services including:

- Elective hospital care
- Rehabilitation care
- Urgent and emergency care
- Most community health services
- Mental health and learning disability services

Clinical Commissioning Groups will work with patients and healthcare professionals and in partnership with local communities and local authorities. On their governing body, Groups have, in addition to GPs, a least one registered nurse and a doctor who is a secondary care specialist. Groups have boundaries that do not normally cross those of local authorities. Clinical Commissioning Groups are responsible for arranging emergency and urgent care services within their boundaries, and for commissioning services for any unregistered patients who live in their area. All GP practices belong to a Clinical Commissioning Group.

Health and Wellbeing Board

The Health and Social Care Act 2012 established health and wellbeing boards as a forum where key leaders from the health and care system work

together to improve the health and wellbeing of their local population and reduce health inequalities. Each top tier and unitary authority has its own health and wellbeing board. Board members collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future.

Health and Wellbeing Strategy

Each Health and Wellbeing Board has a Health and Wellbeing Strategy which identifies the top priorities for the Board.

Joint Strategic Needs Analysis (JSNA)

Joint strategic needs assessments analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The JSNA underpins the health and wellbeing strategy.

The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and wellbeing of individuals and communities. The NHS and upper-tier local authorities have had a statutory duty to produce an annual JSNA since 2007.

Local Offer

The purpose of the local offer is to enable parents and young people to see more clearly what services are available in their area and how to access them. The offer will include provision from birth to 25, across education, health and social care and should

be developed in conjunction with children and young people, parent carers, and local services, including schools, colleges, health and social care agencies.

NHS England

The NHS England (formally known as the NHS Commissioning Board), plays a key role in the Government's vision to modernise the health service with the key aim of securing the best possible health outcomes for patients by prioritising them in every decision it makes. The most notable of these responsibilities being the authorisation of clinical commissioning groups (CCGs) which are the drivers of the new, clinically-led commissioning system introduced by the Health and Social Care Act.

NHS Outcomes Framework

The purpose of the NHS Outcomes Framework is to provide a national level overview of how well the NHS is performing, to provide an accountability mechanism between the Secretary of State for Health and the NHS Commissioning Board; and to act as a catalyst for driving quality improvement and outcome measurement throughout the NHS by encouraging a change culture and behaviour.

Public Health Outcomes Framework

The Public Health Outcomes Framework 'Healthy lives, healthy people: Improving outcomes and supporting transparency' sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected.

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SE7 Links

SE7 Pathfinder website

www.se7pathfinder.co.uk

Follow us on Twitter @SE7Pathfinder

<https://twitter.com/SE7Pathfinder>

Follow us on Facebook

www.facebook.com/Se7Pathfinder

Other useful websites

Department for Education

www.gov.uk/government/organisations/department-of-health

Department of Health

www.education.gov.uk/

National Pathfinder

www.sendpathfinder.co.uk/

In Control

www.in-control.org.uk/

Useful Documents

Making it Personal link

www.kids.org.uk/information/100347/106207/106214/making_it_personal/

East of England Commissioning child health and wellbeing services: Information and guidance framework