
Regional commissioning for low-incidence, high-need children with SEND

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Preface



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1. Executive summary

The introduction of Education Health and Care Plans holds out the promise of delivering transformational change for the low incidence cohort of children and young people with SEND (LISEND). However, ensuring that their needs are met within the system is complex and not without challenge. It requires partners across education, health and care services to collectively work together and within a mutually co-operative system of support and intervention.

There are many problems and issues with the existing models of commissioning for children and young people with LISEND. Despite a number of recommendations in guidance that LAs work together in order to commission for this group of children and young people, progress is slow and fragmented and nationally there is no template for a regional model of commissioning, despite this being recommended as a solution in a number of reports over the years. Commissioning is often undertaken in isolation, and at a point of crisis, leading to poor outcomes, a lack of long term strategic planning and inefficient use of funding and resources.

There are variations in the costs and efficiencies of specialist services provided for children and young people with LISEND. Little discussion takes place at regional level in relation to the typical journey and outcomes for this cohort of children and young people. Further, there is little management of the market, and many LAs do not make use of the range of specialist services available in exploring potential opportunities to ensure coherent provision. This includes those providers who operate within the independent, non-maintained and VCS sector who often provide high quality and specialist services for children and young people with profound and complex needs, but who are often isolated and detached from the strategic planning and commissioning process. This makes it difficult for providers to reconfigure their services in order to meet both the existing and future needs of commissioners.

In many areas there is a lack of parental confidence in local services, and this can result in increased parental complaints, increased tribunal activity and more parents requesting placements in out of area provision as they lose faith in what is on offer locally. There is limited evidence of co-production with parents in relation to service planning, and many parents indicate that the voice, influence and participation of parents and carers is limited for this group of children.

A regional model of commissioning and a Regional Offer of services for LISEND would generate significant benefits, not only for children, young people and families by way of improved outcomes and increased life chances, but also in ensuring that resources are effectively deployed for local authorities and their key strategic partners. Cost saving benefits could be generated through partners sharing capability, capacity and resources across a continuum of support across LA boundaries and through the sharing of data and intelligence at a regional level. Such sharing would support commissioners across education, health and care services to more effectively plan and meet the needs of this cohort both now, and in the future.

Since nationally, there is no template for what a regional model of commissioning for this cohort of children and young people might look like, their needs are often lost within the broader conversation. This report suggests a replicable blueprint for others to follow and offers a model for regional partnerships to redesign commissioning systems, practice and behaviour and transform the system, rather than improve it incrementally.

2. The case for change

Children and young people with high-need, low-incidence special educational needs and disabilities (LISEND) are some of the most vulnerable children within the education and care system. They have difficulties which require a joined-up approach across a range of education, health and care services. Since these children have complex and specialist needs, it can be challenging for local authorities, and their key strategic partners, to meet such needs at a local level. Commissioning is often undertaken in isolation, and at the point of crisis. This can lead to poor outcomes, a lack of long term strategic planning and an inefficient use of resources.

Addressing the paucity of high quality, appropriate provision for children and young people with LISEND is often beyond the capacity of most individual Local Authorities (LAs). Low prevalence rates, together with the high cost of providing personalised and specialist provision often mean that it is difficult for LAs to build capacity to meet their needs. As a result, many LAs continue to place children in out of area provision, sometimes on a residential basis, many miles away from their families, friends and local communities.

The case for a regional model of commissioning for children and young people with LISEND has been repeatedly advanced over recent years. National research conducted on behalf of the DfE by Isos (2015)¹ indicated:

Addressing the shortage of good local provision for children with the most complex needs is often beyond the ability of a single authority because the numbers of children are too small. This is a facet of the SEN funding system which might be greatly improved by a systematic regional/sub-regional approach to commissioning". Isos go on to argue that "There is a lack of ability of LAs, and particularly smaller LAs, to manage the uneven profile of demand for highly specialist places/services given their high cost

Regional networks for SEND often lack the infrastructure, or indeed buy-in to make regional commissioning a reality.

Whilst there are emerging pockets of good practice in relation to joint commissioning of services at a local level, in relation to taking forward regional models of commissioning for children and young people with the most profound and complex needs, little has improved since 2015. Despite the recommendations that LAs work together when considering provision for high complexity SEN, a major barrier to children not fulfilling their capacity continues to be that the strategic planning and commissioning process does not sufficiently join up around the child. For some children and young people this leads to poor outcomes and reduced life chances.

More recently, the Lenehan-Geraghty Review into the experiences and outcomes of children and young people in residential special schools and colleges *Good Intentions, Good Enough* (2017),² supported the argument that a more strategic approach to planning and commissioning for children and young people with complex special educational needs is needed to mitigate the requirement for some children and young people to be placed in long-term residential provision. The review found that many children could be supported within their local community, and achieve better outcomes, if more effective strategic planning and commissioning processes were in place. The authors suggest that:

While predicting demand for local services that support low incidence needs can be difficult, this, together with high-quality services to meet needs, is essential to ensuring that children and young people are supported close to home. Local areas need to plan both proactively in anticipation of demand, and reactively for individual children and young people in the system.

¹ See: Research on funding for young people with special educational needs research report July 2015, Isos

² See: **Good intentions, good enough?** A review of the experiences and outcomes of children and young people in residential special schools and colleges November 2017, (The Lenehan-Geraghty Report)

The review goes on to state that:

many LAs, facing capacity issues, seem not to have been able to commit the resource to this strategic, long term planning. Rather than stepping back, analysing the weaknesses in their local offer, recognising trends in demand and working with providers to create the provision to meet it, some seem instead to be buying places from schools and colleges as the need arises.

Whilst some areas have identified the need for a regional approach to strategic planning and commissioning, progress continues to be slow and fragmented with no common model of what an operational system might look like.

This report suggests a model for regional commissioning for children and young people with LSEND which LAs, and their key strategic partners, could adopt when seeking to meet the diverse needs of children and young people with the most profound and complex SEN and which will support them to commission for both outcomes and efficiency.

In putting forward the recommendations within this report we have drawn not only on the national evidence base, but have worked extensively with a regional cluster of LAs in the Yorkshire and the Humber region, NHS England, Isos, and the National Network of Parent Carer Forums (NNPCF) as part of a national innovation bid.

We are grateful for the insights provided by strategic leads and commissioners from across the Yorkshire and the Humber region and the time they have given to NatSIP in exploring some of the current challenges and opportunities which LAs and their key strategic partners face in developing a regional model of commissioning. This work has been further informed by a series of national events attended by over 70 commissioners, LA Heads of Specialist Sensory Support Services, providers of specialist provision from the independent and non-maintained sector and a range of national charities. We also held follow up interviews, again with the intention of exploring the real, and measurable, value that a more joined up approach to strategic planning and commissioning might bring.

3. Meeting the principles underpinning the transformation agenda and SEND reforms

A regional approach to commissioning must support LAs and their CCG partners to meet their specific statutory responsibilities for commissioning as outlined within SEND Code of Practice³. In addition to statutory responsibilities, the Code of Practice makes specific reference to the benefits which would be derived in the joint planning and commissioning of services for children and young people with highly specialised and/or low incidence needs:⁴

Partners should consider strategic planning and commissioning of services or placements for children and young people with high levels of need across groups of authorities, or at a regional level. The benefits include:

- greater choice for parents and young people, enabling them to access a wider range of services or educational settings greater continuity of support for children and young
- people in areas where there is a great deal of movement across local authorities

A regional model of commissioning for children and young people with LISEND is also in line with the Department for Education's *High Needs Funding: Operational Guidance*.⁵

We would particularly encourage local authorities to work together when considering provision to meet low incidence but high complexity SEN. Sharing intelligence across a region would allow a group of local authorities to develop a strategic plan for meeting low-incidence but high complexity needs, reviewing the quality and sufficiency of existing provision and working with providers to ensure the provision available meets both current and anticipated needs. This would offer a number of benefits including reducing costs by removing duplication in the commissioning and quality assurance process. It would also allow for highly specialist providers to plan ahead, ensuring the provision they offer reflects the likely demand from commissioning local authorities

3.1 What do we mean by high-need, low-incidence SEN?

There is no national definition of what is meant by high-need, low-incidence SEN (LISEND). NatSIP define low-incidence special educational needs and disability (LISEND) as:

- A need which has the potential to have an adverse impact on learning and development unless additional measures are taken to support the child or young person
- The prevalence rate is so low that a mainstream setting is unlikely to have sufficient knowledge and experience to meet the requirements. Settings will need to obtain specialist support and advice on how to ensure equitable access and progression [against national standards]
- The prevalence rate is so low that any formula for allocating specialist resources for additional needs which is based on proxy indicators of need will not reflect the true distribution of children and young people identified as having low-incidence SEND.

³ See: SEN Code of Practice, <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25> Section 3.25

⁴ *Ibid* Section 3.68

⁵ See: <https://www.gov.uk/government/publications/high-needs-funding-arrangements-2017-to-2018/high-needs-funding-operational-guide-2017-to-2018>

This could include children and young people with:

- Severe multi-sensory impairments
- Severe visual impairment
- Severe/profound hearing impairment
- Severe autistic spectrum disorders and associated behavioural difficulties
- Severe social, emotional and mental health difficulties
- Profound and multiple learning difficulties
- Disabled children with very complex health needs including those with life limiting conditions and those in receipt of Continuing Health Care Funding

Whilst perceptions may vary in relation to the definition of LISEND, our research found that a significant number of LAs report spending a disproportionate amount of their high needs funding on a relatively small number of children and young people with the most profound and complex needs. A number of these children are often placed in out-of-area provision, because of a failure to meet their needs at a local level. The unit cost of providing for these children and young people is often significantly higher than if the child or young person was educated and cared for within their local community. Increased travel costs also place a particular strain on LA budgets where children are required to travel many miles to school or college on a daily basis.

Costs are further exacerbated where children and young people with LISEND are Looked After Children (LAC) or on the edge of care, as these children often require residential provision. This strains budgets for local authorities and increases pressure on services. There is a need for a more strategic and long-term approach to the joint planning and commissioning of provision if budgets are to remain within the available funding envelope and if outcomes for children and young people with LISEND are to improve.

3.2 Where are we now?

Despite the DfE's recommendations that LAs work together when considering provision to meet low-incidence/high-complexity SEN, progress is slow and fragmented. A major problem in children and young people with LISEND fulfilling their capacity is that the *strategic planning and commissioning system does not join up around the child*. Services which could support them achieving their full potential are not sufficiently planned, coordinated and commissioned at a regional level.

In our research, many commissioners identified an increased reliance on independent and non-maintained specialist provision to manage the needs of children and young people with LISEND. This mirrors the findings in the Lenahan-Geraghty Review which found that there has been an increase in the overall number of children with EHC plans or statements of SEN placed in independent or non-maintained special schools from 10,840 to 14,942 in the period since 2010.⁶ Although the number of children in residential independent and non-maintained provision has fallen over the same period, there are still 4,878 children boarding in residential special schools,⁷ and a further 1,268 boarding in specialist post-16 institutions; a total of 6,146,⁸ with residential placements costing anywhere between £35,000 and £350,000 per annum.

Our research with commissioners confirmed that there is increased pressure to source independent and non-maintained placements for children and young people with more profound and complex needs. Whilst many children experience a positive outcome when placed in such settings, the reality is that many children

⁶ See the DfE Publications

Special educational needs in England: January 2010 <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2010> and *Statements of SEN and EHC plans: England 2017*, <https://www.gov.uk/government/statistics/statements-of-sen-and-ehc-plans-england-2017>

⁷ See the DfE publication *Schools, pupils and their characteristics: January 2017*, <https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2017>

⁸ Internal Education and Skills Funding Agency data, from Individualised Learner Record returns

with the most profound and complex needs are accessing education that is many miles away from their families, friends and local communities because of a failure to meet their needs at a local level.

Those reported as most commonly placed in residential provision also mirrors the findings from the Lenehan-Geraghty review. These children and young people include:

Those with profound and multiple learning difficulties (PMLD) and health needs that require intensive specialist support

- Children and young people with PMLD are likely to have severe or profound learning difficulties as well as a physical disability or sensory impairment, and almost all will have significant difficulty communicating. With 80% attending special schools, they are (alongside those with severe learning difficulties) the least likely to attend a mainstream school, indicating the high level of support their needs can require. Some, particularly in residential schools and colleges, will have life-limiting health conditions and require specialised health support to help to manage these conditions.

Those with autism, communication difficulties, severe learning difficulties and challenging behaviours

- These children and young people will, in combination with their autism, have little to no verbal communication. When they find themselves becoming anxious, often linked to their autism, this can be difficult to communicate. The frustration and mounting anxiety that results from this can then lead to challenging behaviour.

Those with social, emotional and mental health needs (SEMH) and challenging behaviour

- These will be children and young people who experience a wide range of social and emotional difficulties. Many of these children and young people will either be in, or on the edge of, care, will have endured significant adverse childhood experiences such as neglect or abuse, and suffer from attachment disorders.

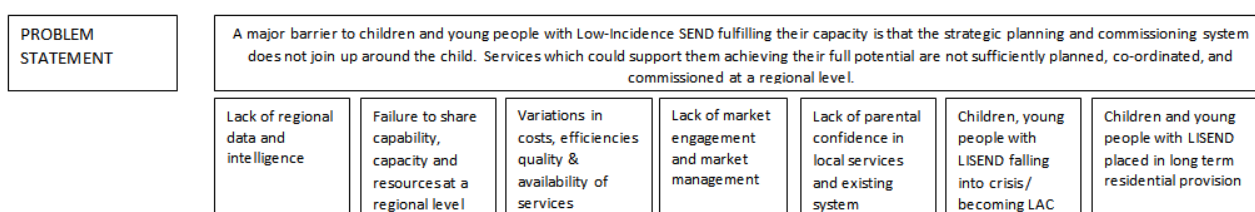
Those with a special educational need or disability but moderate or no learning difficulties

- Children and young people in this group tend to be those with a hearing or visual impairment, those with Asperger's syndrome, or those with a physical disability. They often have no or moderate learning difficulties, but seek residential placements following negative experiences in mainstream schools, and some may have developed mental health conditions.

4. Key barriers to improvement

Whilst the majority of commissioners could identify the benefits which may be derived if a more strategic and regional approach to planning and commissioning is adopted, our research also identified a number of barriers to improvement. Many commissioners reported reverting to the default position of placing children and young people with LISEND in out-of-area provision, as opposed to looking strategically at how local capacity could be enhanced in order to meet need. The barriers to improvement included:

- A lack of regional data and intelligence on LISEND and an inability to share what is known across geographic boundaries.
- Failure to share capability, capacity and resources at a regional level so that children could be supported across a broader geographic footprint and along a continuum of support.
- Variations in the costs, efficiencies and quality of services available locally, regionally and nationally.
- Lack of market engagement and market management and poor relationships with the market.
- Lack of parental confidence in local services and the existing system of support and intervention for children and young people with LISEND.
- A vicious cycle of children and young people with LISEND falling into crisis or becoming LAC, leading to increased demand for services, and increased budgetary pressures.



Some commissioners also reported that the lack of a unique identifier and data protection issues made it very difficult for partners to share data effectively. They also reported that data on the disabled children’s register was often out of date and/or lacking in specific detail which made it difficult to ‘drill down’ into particular cohorts of children and young people.

Significant pressures on special school places were also raised as a major barrier to improvement. The inability of some mainstream settings to meet the needs of some children and young people with less complex SEN was reported as placing additional strain on special school places. These children, who should be managed within mainstream settings, were being placed in special schools because of repeated exclusions and their poor experiences in mainstream schools. This leaves less capacity in special schools for those with more complex needs, and puts additional pressure on the place planning and commissioning process. Many LAs reported that their special schools were full, which left no options other than to place children elsewhere.

In some areas, an ageing special school estate and reduced capital funding was cited as contributing to difficulties in the lack of an appropriate physical infrastructure to meet the needs of children and young people with more complex SEN, and particularly those children who required more space and adaptations within their learning environment.

Some areas also reported a shortage of therapeutic and health input at a local level, which further decreased their ability to provide services for children and young people with more complex needs, despite their desire to retain more of such children locally.

5. What do we mean by regional commissioning?

A model of regional commissioning would bring together a range of professionals with the responsibility for *specifying, securing and monitoring* services for LISEND to make joined up, collaborative decisions about the needs of the LISEND population across a defined geographic area, and determining how those needs should be met both now, and in the future.

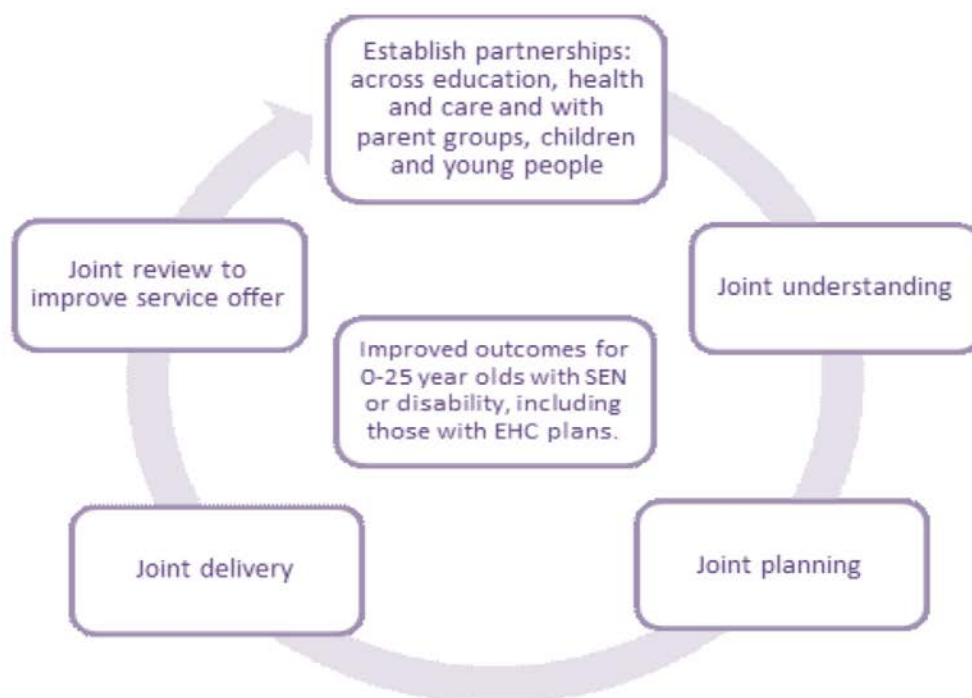
Implicit within this model is the principle that in developing a regional model of commissioning, local areas will work in active partnership with the broad ecology of services at a local and regional level. These include independent, non-maintained and VCS providers who often provide highly specialist and high-quality services for this cohort of children and young people. A move towards retaining more children and young people at a local level should not be seen as negative, but as an opportunity for specialist providers to help shape the market and reconfigure services in active partnership.

A regional model of commissioning would move beyond the mechanical act of procurement and contracting, to strategically plan, design and implement the range of services required to meet the needs of this group of children and young people, both now, and in the future. Rather than concentrating on procuring services from what is already available within the local offer, a regional model of commissioning would seek to develop a range of innovative solutions, along a continuum of support, which would address the needs of children and young people with LISEND at the earliest possible opportunity. It would utilise the full ecology of specialist services and support at a regional level. Early intervention, and prevention, would sit at the heart of the regional commissioning model.

By sharing capability, capacity and resources across a continuum of support, and across a broader geographic footprint, LAs and their key strategic partners would be able to ensure that more children and young people with complex SEN would be supported locally without the requirement to place children in provision many miles away from their families. In this respect a 'Regional Offer' for LISEND would be developed, in partnership with the market, which would complement the existing local offer of services already available within each local area.

Many areas will be familiar with the model of joint commissioning as outlined below and as identified within the SEN Code of Practice. Whilst some areas are now making good progress within individual LA boundaries (as evidenced in recent Ofsted/CQC Joint SEND Area Inspection findings), our research has highlighted that there is limited evidence of clusters of LAs adopting the same principles and scaling up the joint commissioning model to regional level. Our research indicates that scaling up such a model is possible, should local areas seek to work in strategic partnership.

4.1 A joint commissioning process



Similarly, whilst many areas understand the principles of how the needs identified within Education Health and Care Plans should cumulatively inform the local offer of services, the joint commissioning process, Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy, the extent to which this happens varies from area to area. Some commissioners report a significant under-representation of the needs of children and young people with LISEND within the JSNA and indicate that because of the low prevalence rates, the needs of these children and young people are often lost within the broader conversation around whole population.

A regional model of commissioning would follow the traditional **understand, plan, do, review** process but, by working across a wider geographic footprint, there would be a more collective and joined-up understanding at a regional level of the needs of children and young people with LISEND. Ultimately, this would lead to more collaborative (and earlier) joint planning around how those needs could be met, particularly where partners shared capability, capacity and resource.

Within the regional model of commissioning, young people, parents, carers and specialist providers of services would be instrumental in working with key partners in education, health and care to instigate, change and shape the market so that it was more responsive to need.

A number of resources are now available which support local areas in their work around joint commissioning.

- The Council for Disabled Children have produced a suite of joint commissioning bulletins.⁹
- NatSIP have also produced a useful checklist for aligning services for children and young people with sensory impairment with the specific requirements of legislation and government guidance which local areas may also find of benefit.¹⁰

⁹ See <https://councilfordisabledchildren.org.uk/help-resources/resources/updated-joint-commissioning-bulletins>

¹⁰ See <https://www.natsip.org.uk/doc-library-login/natsip-guidance-on/checklist-for-service-alignment-with-legislation>

4.2 What are the benefits of regional commissioning?

Over time, a regional model of commissioning would address the systemic issues attached to the commissioning process for children and young people with LSEND. Many benefits would be gained from this type of approach. These include:

Benefits for children, young people and families

- More families kept together and fewer families falling into crisis/fewer children becoming LAC or on the edge of care as a result of their SEN or Disability
- Improved parental confidence, reduced appeals to the First-tier Tribunal and reduced complaints
- Enhanced opportunities for independent living/employment/personal/educational progress at a local level and more young people better equipped to make a successful transition to adulthood
- Children/young people feel valued/included within their local communities, involved, engaged, confident, safe, successful and listened to
- Children/young people/families experience improved mental health and wellbeing

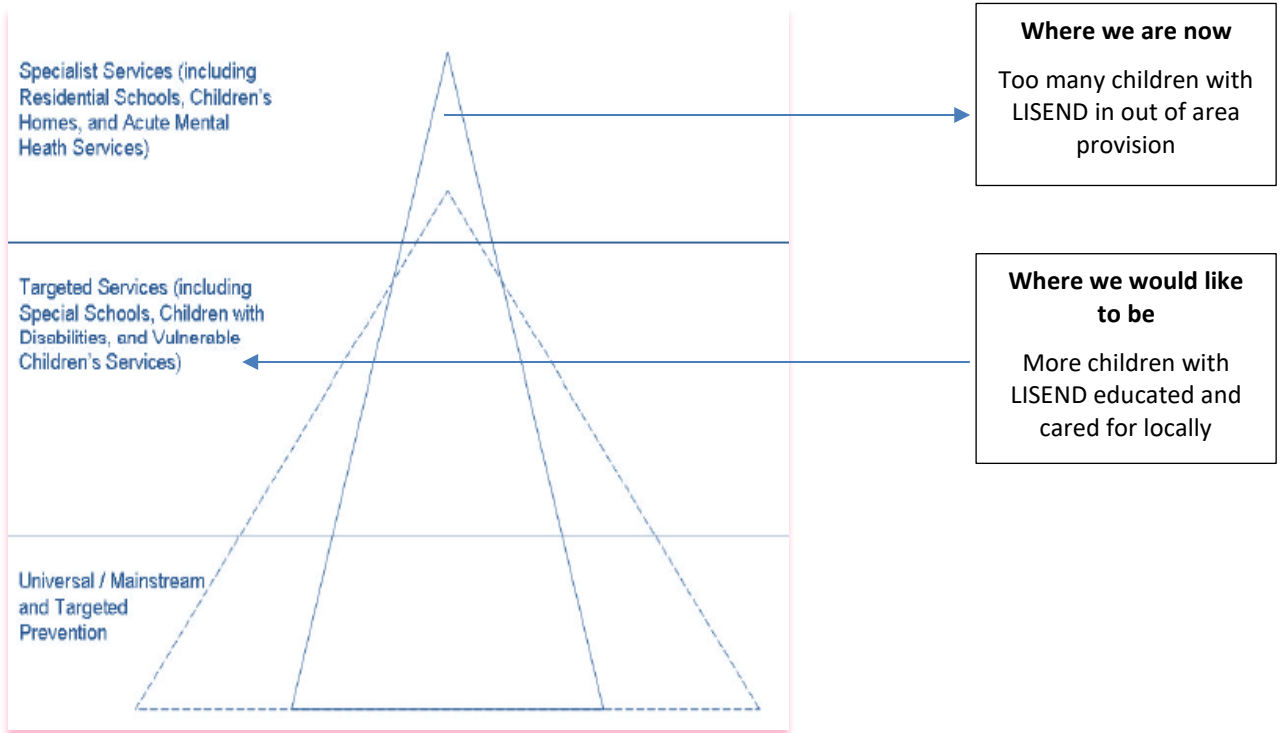
Benefits for providers

- Market engagement activities and improved relationship with the market leads to enhanced ability for providers to plan (in partnership with LA's) what is needed now and in the future and reconfigure services according to need.
- Improved relationship with commissioners
- Efficiencies by removing duplication, simplifying process etc.
- Securing long term viability by providing what LAs wish to commission

Benefits for LAs and their key strategic partners

- Enhanced ability to share capability, capacity, resources across a broader geographic footprint and along a continuum of support - *Right Services - Right Time - Right Children* so that more children and young people's needs can be met at a local level
- Collective understanding and agreement on what needs to be commissioned, commissioned differently or decommissioned.
- Greater choice for commissioners and the ability to find the provision that delivers the outcomes for, and ambitions of, children and young people with LSEND and their families
- Better management of the market and enhanced opportunities for market development
- More efficient and effective use of resources and budgets
- Reduced reliance on out of area long term residential placements
- Fewer families requiring intensive interventions at a later stage
- Reductions in crisis management because of ability to provide services along a continuum of support
- Reductions in children and young people becoming LAC or being on the edge of care as a result of their SEN or disability
- Ability to share practice, innovation and learning

4.3 Where are we now and where do we want to be?



5. How will we get there?

If local areas wish to instigate change in their strategic planning and commissioning processes for LISEND, then a number of activities must take place in order to put a structure and rigour to that process. The first of those activities is establishing a Regional Commissioning Partnership (RCP).

5.1 Establishing a Regional Commissioning Partnership (RCP)

Prior to embarking on any change process, it is important that local partners determine who will be involved in the process, and in establishing a Regional Commissioning Partnership (RCP).

It has already been stated that children and young people with LISEND have multi-dimensional needs and are often vulnerable to service fractures and organisational and structural boundary issues. Given that these children often require the involvement of professionals from across a range of specialist education, health and care services, it is important that care is taken in bringing together a wide partnership that can address the holistic needs of these children and young people. It is also fundamentally important that young people, parents and carers are also represented on the RCP from the outset.

The majority of children and young people with LISEND also require support into adulthood. Therefore, representatives from both LA children's and adult services should be involved in the change process, alongside children and adult health representation.

The local and regional network of parent carer forums will also be able to provide local areas with advice and support in terms of determining who would be best placed to represent the voice of children, young people and families in the partnership. It is important that their involvement is agreed from the start.

Governance arrangements will also need to be agreed as part of the initial planning process. Many LAs may find it helpful to have a direct line of sight to their Children's Trust Board, and Health and Wellbeing Board as part of their reporting arrangements, along with any other strategic groups of particular relevance within the local area. This will ensure that the focus of regional commissioning remains high on the strategic agenda within individual areas.

5.2 Agreeing a Shared Vision, Statement of Intent and Principles across the partnership

Agreeing a shared Vision, Statement of Intent and Principles across the Partnership is an important first step in ensuring that all partners agree to the ethos and principles underpinning the regional commissioning reform process. Each area will have their own view on what a shared vision, statement of intent and key principles should entail, but the following may provide a useful prompt for discussion:

5.2.1 What might a shared vision look like?

- The Regional Commissioning Partnership (RCP) will drive an ambitious commissioning reform programme with an uncompromising focus on what children, young people and families need. The RCP is committed to ensuring that all children and young people with complex SEND experience positive outcomes and make a successful transition to adulthood. Our aspiration is that all children and young people with LISEND should, wherever possible, be provided with high quality services and support at a local level and that they are valued, and valuable, members of their local communities.

5.2.2 What might a statement of intent look like?

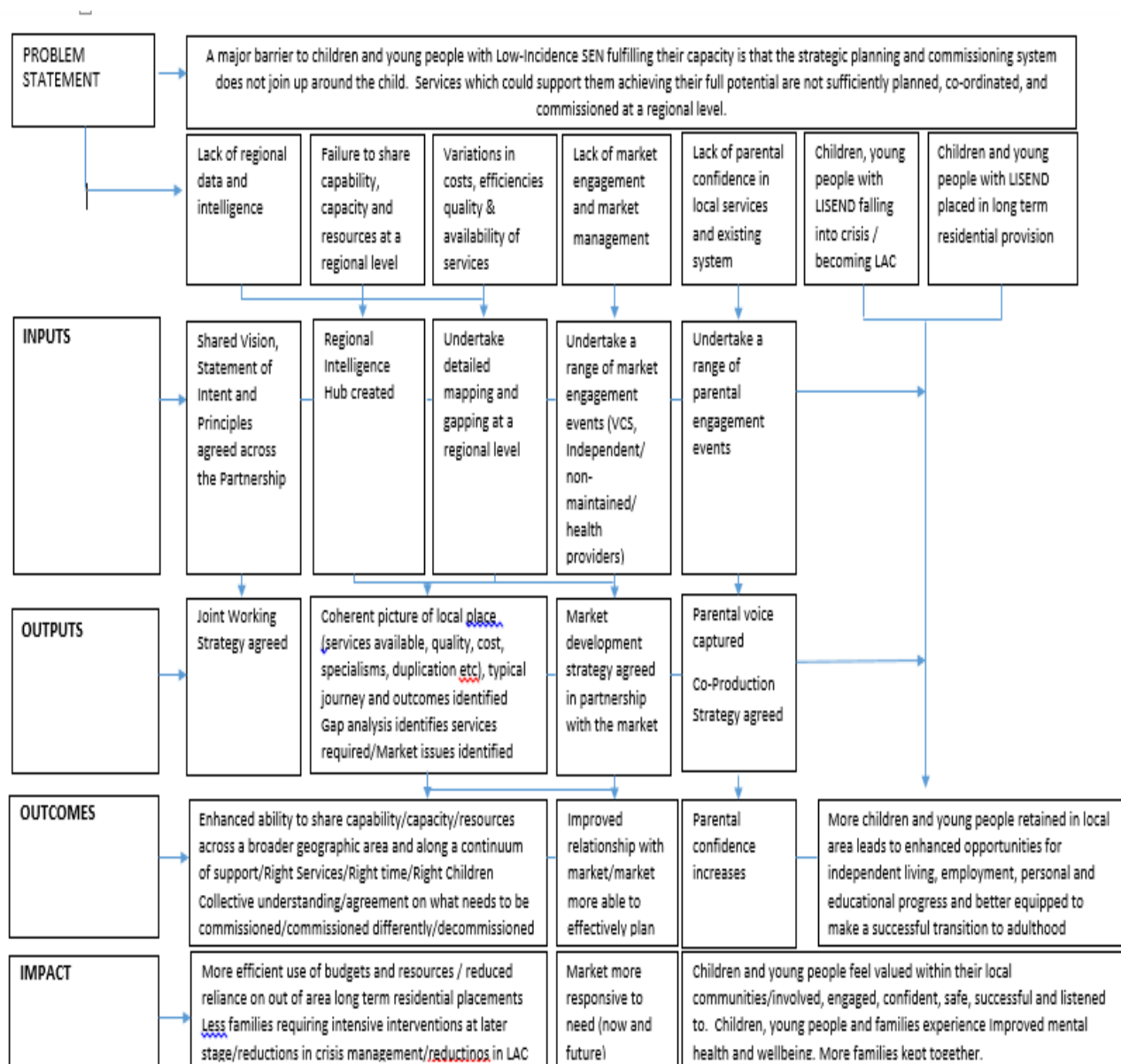
- The RCP will bring together, at a regional level, partners from across education, health and care services with a strategic responsibility for specifying, securing and monitoring services for children and young people with LSEND. It offers an opportunity to re-design commissioning systems, practice and behaviour and transform the system, rather than improve it incrementally.
- The RCP is committed to ensure that more children and young people with LSEND are supported locally. Enhanced strategic planning and commissioning, at a regional level, will lead to an enhanced ability of partners across education, health and care services to share capability, capacity and resources across a wider geographic footprint. Our aspiration is to provide targeted early intervention and support, along a continuum, so that fewer children and young people fall into crisis and more families are supported to stay together.
- The RCP recognise the critical importance and value of ensuring child and parental voice is at the heart of our commissioning practice. Effective participation of parents and carers will lead to a better fit between families' needs and the services provided, higher satisfaction with services, reduced costs in the long term and better value for money. We will ensure that child and parental voice is at the heart of our work and that emerging practice is informed by the insights of children, young people, their parents and carers.
- The RCP will co-design and deliver a regional model of commissioning for LSEND which works for the benefit of children, young people and families. The RCP will work in active partnership with providers of specialist services, including providers from the voluntary and independent and non-maintained sector, to drive meaningful change for children and young people and families.

5.2.3 What might Key Principles look like?

- The RCP will put the needs of children, young people and families at the heart of the regional commissioning process.
- The RCP will provide strong leadership and governance and all activities will be effectively monitored, evaluated and reported upon.
- The RCP will remove barriers to service provision by sharing capability, capacity and resources across organisational boundaries and structures.
- The RCP will support staff to think differently and outside of their organisation to think people and place.
- The RCP are committed to early intervention and prevention and will seek to develop preventative services, along a continuum of support, so that more children, young people and families are effectively supported and fewer children, young people and families fall into crisis.
- The RCP will not only consider the immediate circumstances of existing service users, but will develop a regional model of commissioning that meets the future needs of children and young people with LSEND.
- The RCP will work proactively in partnership with specialist providers, including those within the independent and non-maintained sector, to co-produce solutions and shape the market.
- The RCP will commission for outcomes and efficiency and spend money wisely to secure effective and efficient services. We will decommission services, where necessary, in order to commission services at the most appropriate level that maximise the use of available budgets, and improve outcomes for children, young people and families
- The RCP will continually evaluate developing and emerging practice to ensure it meets best value principles and provides positive outcomes for children, young people and families.
- The RCP will share practice innovation and learning at a local, regional and national level.

5.3 What might a change process look like?

Whilst each area will differ in the activities they wish to pursue and the outcomes they wish to achieve, in exploring a regional model of commissioning, the theory of change process detailed below provides an example of some of the key inputs (activities) that may be required in order to instigate change and improvement at a regional level, and the likely outputs, outcomes and impact of that activity.



5.4 Establishing a Regional Intelligence Hub

Having established a Regional Commissioning Partnership (RCP), NatSIP's research has indicated that establishing a Regional Intelligence Hub (RIH) would provide the RCP with a platform from which the strategic vision could be driven forward.

Although no new or dedicated staffing will be required, it is important that all partners in the RCP identify a senior lead who will represent them at the RIH, who has experience in specifying, securing and monitoring provision for children and young people with complex needs. The RCP will also need to consider who will chair the RIH and work across the RCP to ensure all activities are effectively monitored, reported and evaluated at a regional level. This may be a role which would suit an experienced LA commissioner.

5.4.1 What might be the key areas of focus for the RIH?

Under the strategic steer of the RCP, it may be beneficial for the RIH to set up a small number of workstreams which would help to focus the work. Whilst each area will have a view on what their particular areas of focus should be, potential areas of focus might include:

- Establishing a Regional Offer of Services for LISEND - improving outcomes for children, young people and families
- Parental voice, influence and participation
- Commissioning for reform – Impact, Outcomes, Efficiency
- Market Engagement, Market Development and Market Management
- Quality and Evaluation

Areas of particular activity will vary from area to area dependent on the individual needs of the partnership but our research has indicated that some, or all, of the following activities may support the RIH to implement meaningful change and improvement in their commissioning practice:

Local place

Building a coherent picture of the local place, typical journey and outcomes for children and young people with LISEND across the RCP. Triangulation with other strategic planning and structural processes (for example triangulation with the Sustainability & Transformation Plans, Transforming Care Partnerships, CAMHS Five Year Forward View and other local and regional strategies and plans).

Sharing Data and Intelligence

Using shared data and intelligence strategically – analysis and consideration of overall levels of expenditure on LISEND within individual areas and across the RCP as a whole, cost effectiveness, quality and sustainability of services and analysis of future population and prevalence of need - taking account of likely trends and future changes in demand

Mapping

Pathway mapping across the full ecology of education, health and care services available across the RCP. Mapping current services (education, health, care, voluntary and third sector providers, independent and non-maintained specialist providers) against the needs and the outcomes the RCP are trying to achieve, identifying where there are correlations, overlaps and gaps in services currently provided.

Identifying Gaps in Service

Using the strategic analysis and all available data and intelligence, identification of the services the RCP needs in order to ensure more children and young people are retained within the local area, and which will support a reduction in residential placements, children falling into crisis, or becoming LAC as a result of their SEND. Which services should be commissioned, commissioned differently or decommissioned in order to improve outcomes and increase the RCP's focus on prevention and early intervention?

Early intervention and support

What steps do the RCP need to put into place in order to ensure that there is a sufficiency of early intervention and support services available, and what preventative services may be required in order to mitigate the need for more intensive interventions at a later stage?

Sharing capability, capacity and resources across a wider geographic area

Using the strategic mapping and gap analysis and all available data and intelligence, what services does the RCP collectively manage, commission, and/or deliver across the partnership and what can it share, along a continuum of support, to mitigate children and young people with LSEND requiring more intensive interventions at a later stage? What additional benefits may be gained through sharing services, delivering them differently or developing a different operating model? What can members of the RCP share with one another by way of capability, capacity and resources?

Market Engagement and Market Development

How can the RCP more effectively use specialist providers, including those within the VCS, independent/non-maintained sector, to develop provision around identified gaps? How can specialist providers be meaningfully engaged in shaping the market, and what needs to underpin the development of a Market Development Strategy and Plan?

Addressing quality and performance

Analysis of overall quality of services currently provided/commissioned for children and young people with LSEND. Agreement/articulation of the RCP's collective expectations regarding the expected quality and key performance indications for commissioned services and the RCP's expected outcomes for children and young people with LSEND. Agreement as to how performance and outcomes will be monitored/measured/reported upon at a regional level.

Voice, influence and participation

Consideration of the parental engagement activities required to hear the voice of children, young people and families and ensure locally developed services are locally owned. Development of a co-production plan.

Shaping the market

What does the RCP need to drive forward to shape the market more effectively? What are the key commissioning priorities that will underpin a Market Development Strategy? What are the key opportunities and challenges in shaping the market?

Workforce

What are the key workforce implications/priorities? How can the RCP encourage staff to think beyond their own organisational boundaries? What are the specific implications for staff if the RCP commissions things differently? What do we need to do differently in order to manage meaningful change and improvement in our commissioning practice and behaviour?

Regional place planning.

Using the strategic analysis and all available data and intelligence, what can the RCP do to ensure there is more joined up and collaborative place planning at a regional level? How can the RCP move towards regional place planning as the norm? What can the RCP agree/broker with specialist providers across the region in order to ensure there are sufficient specialist places available at a regional level for children and young people with LSEND?

5.5 What might a typical workflow look like?

Agreeing the activities to be taken forward and the pace of those activities will be agreed by the RCP and driven forward by the RIH. An example workflow for the first two years of RIH activity is provided below which may provide a prompt for further discussion within individual areas:

Example RIH Workflow	
Phase 1	<ul style="list-style-type: none"> • Regional Commissioning Partnership (RCP) created. • Governance and reporting arrangements agreed • Triangulation with other key strategic priorities, plans and structures agreed • Shared Vision, Statement of Intent and Key Principles agreed for the RCP • Regional Intelligence Hub (RIH) established. • Agreement reached as to which partner will host the RIH, who will chair the RIH, frequency of meetings, reporting and governance arrangements • Data sharing protocols and principles agreed • Work Plan agreed identifying key workstreams and key areas of focus, including timeframe for all activities, reporting and evaluation arrangements. • Initial Stage 1 data analysis and mapping undertaken • Initial parental engagement activities undertaken, facilitated by regional/local network of parent carer forums, as appropriate • Co-Production Strategy agreed with young people, parents and carers • Initial market engagement activities undertaken including engagement with the regional provider network (including voluntary and community sector, independent and non-maintained special schools and colleges and local authority special schools and enhanced provisions) and, where appropriate engagement of national associations (for example, National Association of Special Schools (NASS) and National Association of Specialist Colleges (Natspec)) the Education and Skills Funding Agency (ESFA) • Analysis of evidence drawn from initial market engagement, parental engagement and stage 1 data analysis and mapping • Phase 1 Evaluation
Phase 2	<ul style="list-style-type: none"> • Detailed gapping building on the findings from Stage 1 mapping analysis • Detailed market engagement underpinned by data drawn from mapping and gapping exercise • Detailed parental engagement facilitated by local/regional network of parent carer forums as appropriate • Phase 2 Evaluation
Phase 3	<ul style="list-style-type: none"> • Market Development Strategy agreed in partnership with the market • Developing and implementing alternative commissioning and delivery options, using evidence drawn from learning to date. Decommissioning services where required (under the umbrella of a collectively agreed Decommissioning Strategy). • Dissemination of cross-sector learning and practice innovation at a regional and national level • Phase 3 Evaluation

5.6 How might progress be evaluated?

Dependent upon the activities undertaken, if a workflow similar to that outlined above were adopted over a two-year period, our research indicates that the following activities could underpin a three-phased evaluation exercise which would match the phases of the overall change process and the process proposed by Isos during the regional Innovation bid

- The phase 1 evaluation would focus on gathering feedback on the initial engagements to establish the strategy and Regional Intelligence Hub;
- The phase 2 evaluation would focus on the work to map provision and identify gaps; and
- The phase 3 evaluation would then focus on gathering evidence of impact and drawing out practical lessons and learning

There would be three consistent themes throughout the evaluation, which would fit with the theory of change process identified earlier

- impact on outcomes for young people and families (e.g. young people supported in their local communities, families kept together, improved wellbeing);
- impact on commissioning (e.g. more efficient use of budgets, swifter access to appropriate provision, earlier support); and
- impact on provision (e.g. better planning, improved sustainability of provision, development of the market).

During each phase, the evaluation would:

- undertake engagements with each local area, consulting partners, parents / carers, young people, and other stakeholders
- triangulate qualitative feedback and quantitative data; and
- gather views from and share emerging messages with national partners.

5.7 What savings could potentially be achieved?

Our research indicates that if fewer children and young people with LISEND were placed in high cost residential out of area provision and more children with LISEND received services at a local level, savings would be achieved in the longer term. These savings would grow year on year. The cost saving benefits will vary from area to area dependent on:

- a) the overall levels of existing expenditure on out of area provision
- b) the overall balance and mix of specialist services which can be utilised across the partnership and shared more co-operatively
- c) the cost of building local capacity where there are identified gaps in current provision.

The 5-year modelling example provided below demonstrates that it is possible to commission for both outcomes and efficiency. The model is based on the costs identified by Isos in their 2015 research (£160,000 per annum for a *high cost* residential placement) and the anticipated costs of retaining a child within the local community (£85k per annum – NatSIP estimate). In the modelling below, we assume that there will be 8 participating LAs within the RCP and that following the establishment of the RCP each LA will generate a reduction of 1 child per annum (from Year 3 onwards) requiring a high cost residential placement. It is likely that these reductions will increase year on year as more children with complex needs were retained locally, local capacity to meet need was built and a regional commissioning strategy for LISEND developed and put into place. Indeed, some savings may be achieved at a faster pace, dependent upon the progress of the RCP.

Demonstrating Value for Money	
Yr 1/Yr 2	No savings as Regional Commissioning Partnership and Regional Intelligence Hub are established
Yr 3	8 x £75,000 = £0.6 million
Yr 4	16 x £75,000 = £1.2 million
Yr 5	24x £75,000 = £1.8 million
5 Yr Total	£3.6 million saving across the 8 LAs which would be invested to build local capacity
<p>Assumptions:</p> <p>We have factored into the modelling our estimate of what it would cost to retain a child or young person with LISEND within the local area including the cost of their educational programme, transport costs and a minimum of 1 night per week of short breaks provision. We have averaged a total cost of £85k per child per annum - equating to an average saving of ~£75,000 per child per annum (based on a high cost out of area placement of £160,000). We have assumed that all of the children in question would require a highly personalised learning programme, transportation to a local education setting and some element of respite. Clearly how much respite each child or young person requires will vary dependent upon individual family circumstance and this could increase or decrease the overall saving generated.</p> <p>What needs to be commissioned, commissioned differently or decommissioned would be determined through the work of the RCP, in partnership with the market and parents and carers.</p> <p>A commissioning strategy would be developed by the RCP (with support from the RIH) and savings generated as a result of reduced out of area placements would be used to build local capacity and develop new services if this were required. For this to work effectively there would need to be agreement within the RCP as to how these savings would be collectively utilised (i.e., whether the individual LA retained the savings in order to build capacity that would benefit not only themselves but the broader partnership or whether the savings were pooled for the partnership as a whole and then agreement reached as to how they would be utilised in order to build capacity).</p>	

In addition to the above, the long-term costs to the public purse will be reduced as young people will experience enhanced opportunities for independent living, employment, personal and educational progress, improved mental health/wellbeing and be better equipped to make a successful transition to adult life.

5.8 Managing the process of moving towards a regional model of commissioning

Throughout the change process there should be a relentless focus on improving the outcomes for children, young people and families. The RCP should work within a mutually agreed planning/implementation framework. A Joint Working Strategy between partners and a Co-Production Strategy with parents and carers should be underpinned by a Statement of Intent, Shared Vision and Principles in order to ensure that all partners are clear from the outset on the principles underpinning the change and improvement process.

Workstreams should be charged with ensuring that there is minimal disruption to children, young people and families throughout the duration of the change process and careful oversight of any potential disruption should be overseen by the RCP through formal project monitoring processes and effective governance arrangements. Good communication, stakeholder engagement and transparency should underpin all aspects of the work.

Decommissioning is a natural and important element of the commissioning process. Where any decommissioning activity is required in order to make way for more cost effective, efficient and innovative ways of meeting the needs of children and young people with LISEND, the RCP should ensure that this is underpinned by a collectively agreed Decommissioning Plan which would sit under the umbrella of the Commissioning Strategy and which would minimise any disruption to children, young people and families. All commissioning activity should be underpinned by a sound and collective understanding of current and future needs and levels of demand, service costs, market situation, priorities and the strategic drivers for change. Commissioners would need to be aware of their statutory duties to ensure families and children were consulted in any strategic discussions and proposed changes.

6. Conclusion

This report has identified some of the existing difficulties in the way which services and support for children and young people with LISEND are currently commissioned and has offered an alternative model which local areas may wish to adapt to their local circumstances and adopt.

A regional model of commissioning and Regional Offer of services for LISEND would generate significant benefits not only for children, young people and families by way of improved outcomes and enhanced life chances, but also generate cost savings for commissioners across education, health and care services. These savings would be generated through partners sharing capability, capacity and resource across a continuum of support and across a wider geographic footprint and through sharing data and intelligence at a regional level which would support commissioners to more effectively strategically plan and meet the needs of children and young people with LISEND both now, and in the future.

This report has provided a scalable blueprint for others to follow. The regional model of commissioning for LISEND we have suggested would ensure partners agree a shared set of outcomes, manage resources to identify and meet needs more effectively at a regional level and identify opportunities to intervene earlier.

The regional model of commissioning as proposed within this report has the capacity to ensure:

- **Interventions that support disabled children and their families who, without the provision of targeted support, may reach crisis point and require far more intensive interventions at a later stage.**
A regional model of commissioning would do this by providing a platform for more effective strategic planning and commissioning and deliver (in partnership with the market and parents and carers) bespoke solutions, along a continuum of support by maximising capability, capacity and resources across a broader geographic footprint. By ensuring services and support are planned and commissioned along a continuum of support, and at an earlier stage, a regional model of commissioning would support more effective resolution of the underlying issues affecting children and young people with the most profound and complex needs, leading to a reduced escalation of issues requiring more intensive forms of intervention including a reduced requirement for residential placements.
- **Approaches that address systemic barriers to cross-agency working**
By working in a mutually co-operative and more strategic manner at a regional level, a regional model of commissioning would support the partnership to address systemic barriers to cross-agency working including addressing the behavioural, cultural change required in commissioning practice and behaviour across education, health and care services. The approach will also deliver an improved relationship with the market and enhanced opportunities for market development. The Regional Commissioning Partnership and the support offered via the Regional Intelligence Hub will be key catalysts for this.
- **Reductions in the number of children who become looked after as a result of their SEND**
Through better, more integrated regional planning and commissioning, at an earlier stage, and maximising capability, capacity and resources across a broader geographic footprint fewer children, young people and families will fall into crisis and we will see a reduction in the proportion of children and young people who become LAC as a result of their complex SEN or Disability

If the promises of the SEND reforms are to be achieved for this group of children then it is imperative that the system rises to the challenge of high-need, low-incidence children and young people. Regional Commissioning offers a solution which has been talked about for many years. The challenge is to use the opportunity of the SEND reforms to grasp this complex issue and make a fundamental change in how we work together to secure better outcomes for children and families.

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