

Durham Special Educational Needs and Disabilities Joint Commissioning Plan 2017-2018


*Durham Dales, Easington and Sedgefield
Clinical Commissioning Group*


*North Durham
Clinical Commissioning Group*



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Purpose

The purpose of this plan is to set out County Durham's key joint strategic commissioning priorities for services for children and young people (0-25 years) with Special Educational Needs and Disabilities (SEND) and detail how each of these will be taken forward over the coming year. It is a cross cutting plan that builds upon County Durham's Strategy for Children and Young People with Special Educational Needs and/or Disabilities 0-25 (2016- 2018) and captures the joint commissioning activity across education, health and care agreed by the following organisations:

- Durham County Council incorporating:
 - Children's Services
 - Education Services
 - Adult Services
 - Housing
 - Public Health
- NHS Durham, Dales, Easington and Sedgefield Clinical Commissioning Group
- NHS North Durham Clinical Commissioning Group

Beyond the above the document also captures commissioning activity that is being undertaken across the North East Region via the North East 12 plus Collaborative alongside activity that is co-commissioned with NHS Darlington Clinical Commissioning Group, NHS England and the Office of Durham's Police and Crime Commissioner.

Introduction

County Durham's Strategy for Children and Young People with Special Educational Needs and/or Disabilities 0- 25 (2016-2018) establishes a shared vision for local children and young people with SEND:

Our shared vision in County Durham is for all children and young people with SEND to have every opportunity to take control of their lives, be as independent as possible and achieve their full potential.

Robust Joint Commissioning arrangements across education, health and care are key to the delivery of this vision. Current performance measures indicate that outcomes for children and young people with SEND in Durham remain varied. Local children and young people with an Education Health and Care Plan generally make less progress than their peers nationally across all age stages, barring the early years and whilst participation in further learning beyond statutory school age is high, the numbers of young adults with SEND in employment remains comparatively low.

In response, our aim is to secure personalised, integrated local support that delivers positive outcomes for all children and young people with SEND and gives parents confidence. Our joint commissioning activity will bring together support across education, health and social care from early childhood through to adult life which will prevent, delay or reduce needs from escalating. Children, young people and their families will be at the heart of Durham's joint commissioning activity through an emphasis on co-production to ground discussions in reality and to maintain a person-centred perspective.

Whilst these local aspirations for children and young people with SEND have been developed during a period of unprecedented ongoing budget reductions within a climate of increasing demand on finite acute, specialist and statutory services, joint commissioning arrangements should enable partners to make best use of all the resources available to improve outcomes for children and young people in the most efficient, effective, equitable and sustainable way.

This documents provides a summary of local need and establishes a local understanding of the joint commissioning process; setting out a suite of agreed principles that will underpin day to day joint commissioning activity across education, health and care. The remainder of the document sets out our local joint commissioning priorities for 2017-2018 and details how each of these priorities will be taken forward over the year.

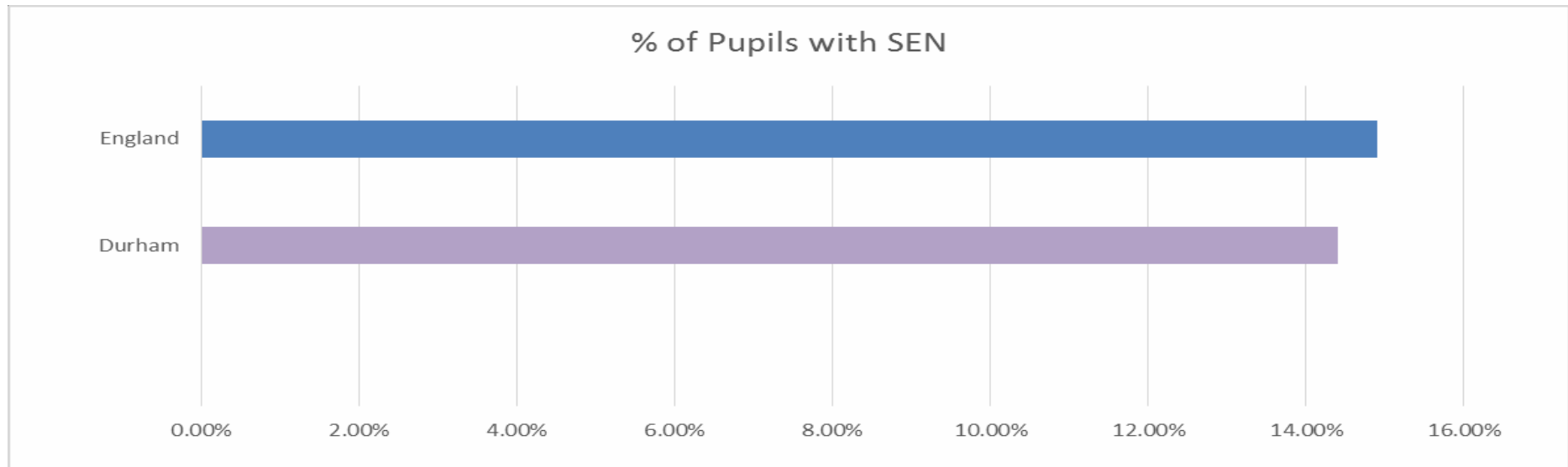
It should be read in conjunction with:

- Durham Children, Young People and Families Plan 2016-2019
- Durham Strategy for Children and Young People with Special Educational Needs and/or Disabilities 2016- 2018
- County Durham Integrated Needs Assessment (Special Educational Needs and Disability)
- Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby Sustainability and Transformation Plan for Durham Dales, Easington and Sedgefield NHS Clinical Commissioning Group
- Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan for North Durham NHS Clinical Commissioning Group

Integrated Needs Assessment

There is a population in County Durham of over 158,000 children and young people aged 0-25.

There are over 74,180 children and young people in our schools. 14.4% of pupils educated in the county have a Special Educational Need and/or a Disability (Department for Education, 2016) - this is similar to the rest of England (14.9%).



Source: DfE Local Area SEND Report

A child or young person is identified as having special educational needs if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same.

(DfE SEND Code of Practice 2015)

Children with Disabilities

Many children and young people who have SEN may have a disability under the Equality Act 2010 – that is ‘...a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities’. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition (DfE SEND Code of Practice 2015).

In County Durham there are 4,120 children and young people (0-18) in receipt of a Disability Living Allowance, of which 417 children and young people aged 0-25 were open to either the Durham County Council Children with Disability Team or the Transitions Team. Additionally, 378 young people were open to Community Learning Disabilities Teams and 674 with Mental Health Teams.

Looked After Children (LAC) and Children in Need

There is a higher level of SEND amongst children who are looked after and those considered as being in need. In 2015, 27.4% of looked after children in the county had a Education, Health and Care Plan (EHCP), similar to the national rate of 27.6%, with 38.2% having no Statement compared to 32.9% nationally.

Special Educational Needs and Disabilities in Durham

It is a difficult to fully reflect the complexity and subtlety of individual children and young people’s SEND when describing a population the size of the County Durham SEND cohort.

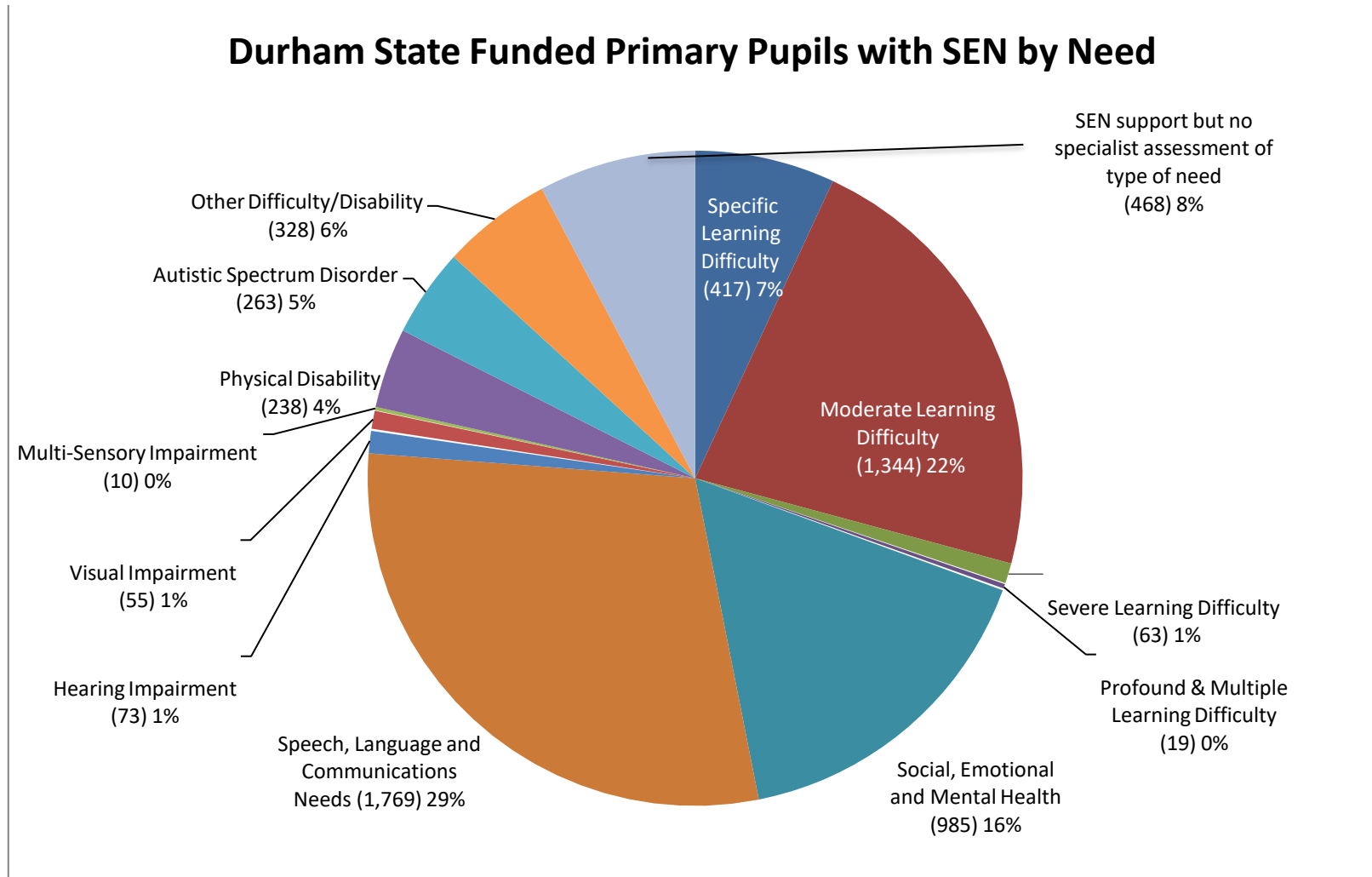
The annual school census is widely used as a key source of information that provides a useful oversight of the prevalence of a range of SEND across children of compulsory school age. However, it should be noted that the process of identifying SEND varies according to whether the health condition or developmental delay was first noticed by the setting, the parent, or an external agent such as a health visitor, general practitioner or specialist. It also depends on a variety of factors, including the type and severity of the condition and the age at which the child had started attending early-years education and care enabling identification,

assessment and diagnosis to take place. For children who have very rare conditions or who have symptoms common to a number of illnesses and/or conditions the diagnosis process can be significantly protracted.

In registering SEND, type 1 of 13 areas is chosen to determine the Primary SEND need of a child. The 13 areas are:

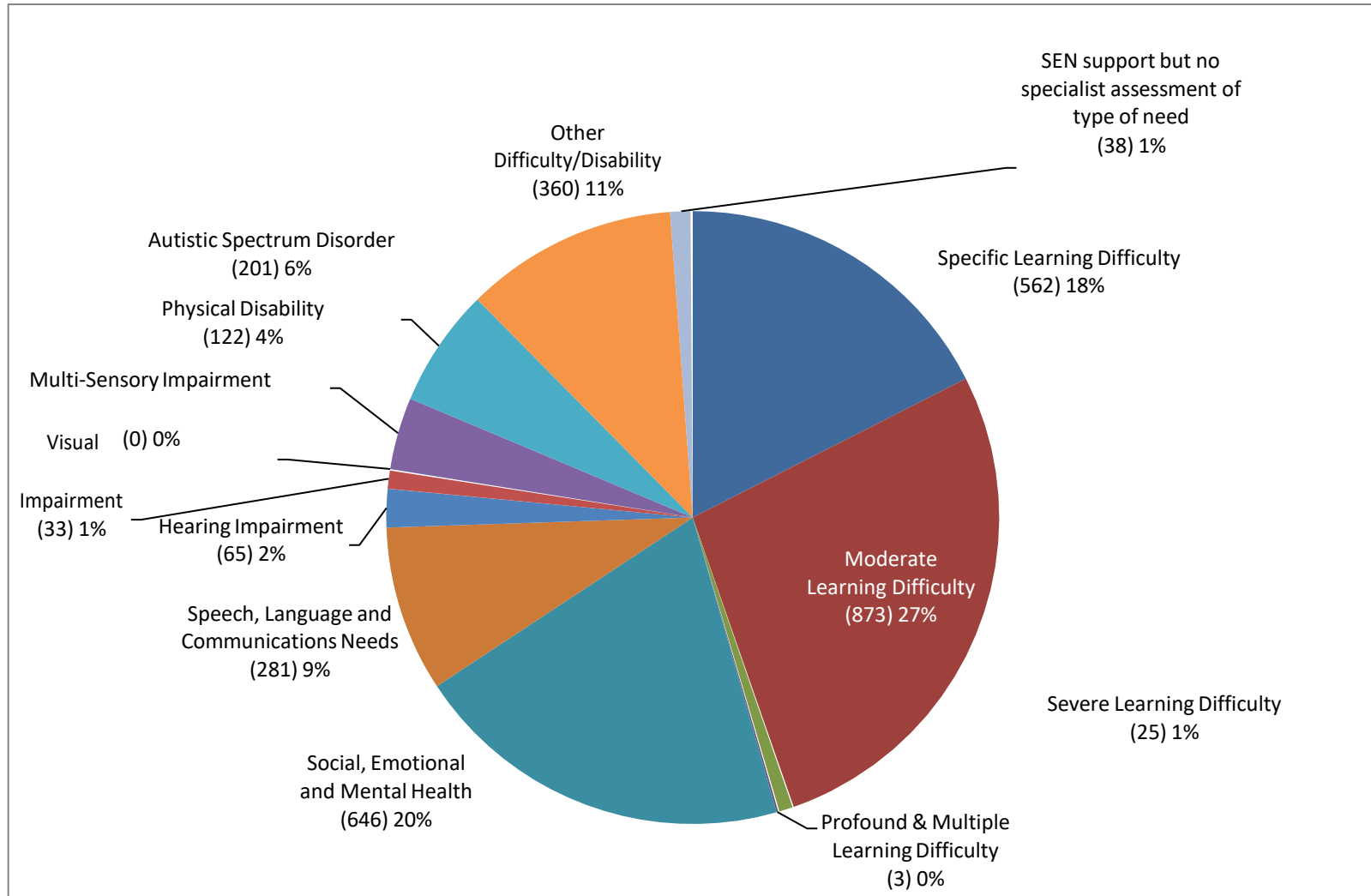
ASD	Autistic Spectrum Disorder	PMLD	Profound and Multiple Learning Difficulties
HI	Hearing Impairment	SEMH	Social Emotional Mental Health
MLD	Moderate Learning Difficulty	SPLD	Specific Learning Differences
MSI	Multi-Sensory Impairment	SLCN	Speech / Language / Communication Needs
NSA	No Specific Assessment	SLD	Specific Learning Difficulties
OTH	Other	VI	Visual Impairment
PD	Physical Disability		

In both the Primary and Secondary education phases, County Durham has a similar distribution of primary SEND need to the rest of England.



Speech Language and Communication, Moderate Learning Difficulty, and Social Emotional Mental Health needs are most prevalent in the Primary Education phase

Durham State Funded Secondary Pupils with SEN by Need



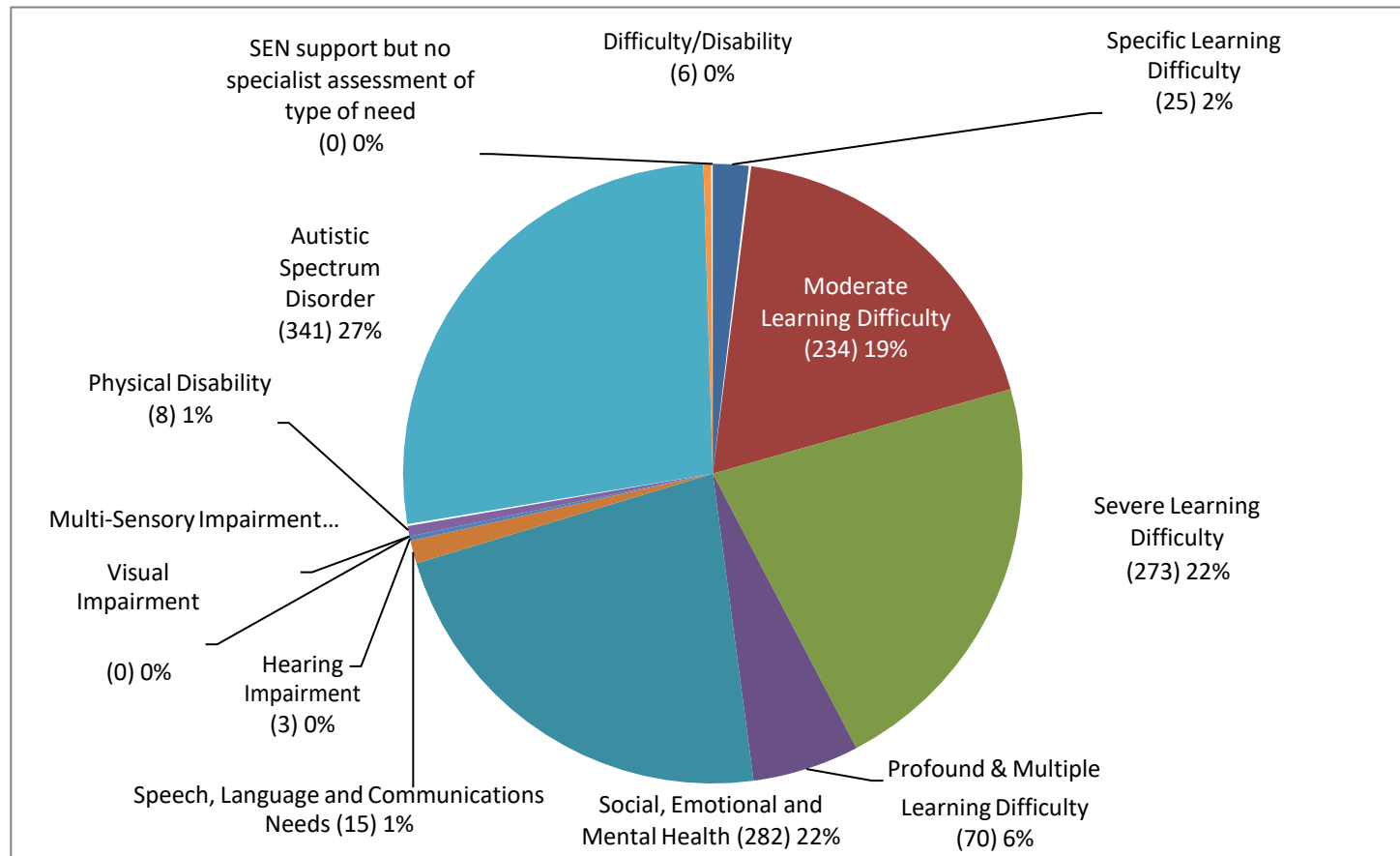
Moderate Learning Difficulty, Social Emotional Mental Health, and Specific Learning Difficulties are the predominant need in the Secondary education phase.

The apparent drop in speech, language and communication needs between primary and secondary school settings is attributed to an increase in professionals understanding of the child's needs as they develop and participate in further assessment activity which can lead to another area being identified as the child's primary need. Further to this, it is accepted that in some instances, speech, language and communication needs identified in primary educational settings may also be addressed by the time the child attends secondary school.

Special Schools

County Durham benefits from 8 Special Schools, providing education for young people who have needs which are best met in a specially adapted learning environment. The primary needs of young people in County Durham attending Special Schools are:

Special School Pupils with SEN by Need



Social Emotional and Mental Health, Severe Learning Difficulties, Moderate Learning Difficulties and Autism are the primary needs of young people in County Durham attending Special Schools

Whilst this information provides an insight into the prevalence of different conditions, disabilities and learning difficulties experienced across the local SEND cohort, it should be recognised that the individual needs of children and young people, and their families are not so easily summarised. For example, many children and young people with SEND have little or no need for ongoing health and/or social care interventions and their educational needs can be met within mainstream educational settings through making adjustments to the curriculum, learning resources and/or environment; whilst some children require significant ongoing treatment and/or care to help with their everyday activities.

Emerging Needs

The Department for Education and Department for Health continue to highlight that the prevalence of SEND continues to rise amongst children. This is primarily due to two key factors. Firstly, the increased survival of pre-term babies and children after severe trauma or illness due to advancements in health technology and care. For example children and young people with life-limiting conditions, such as cystic fibrosis, muscular dystrophy, neurodegenerative disorders or severe cerebral palsy, now have better life expectancy and improved quality of life, due to improved treatment and support. Secondly, there is also a growing awareness of the prevalence and needs of children and young people with complex social communication needs including autism.

In response, joint commissioning activity will need to bring together support across education, health and social care from early childhood through to adult life which will identify children with SEND at the earliest opportunity and prevent, delay or reduce needs from escalating. In addition to focusing on improving the education, health and care interventions/support given to these children, there is also a need to address the many other barriers that often result in children with SEND being excluded from family and community activities. It is not only children's SEND that determine their quality of life, but also poverty, negative attitudes and a disabling environment, for example, unequal access to child care, leisure activities, transport, employment and housing.

National research highlights that when the education, health and care system does not meet the needs of children with SEND and their families they are at greater risk of social exclusion, prolonged admission to hospital,

deprivation, physical harm, abuse, misdiagnosis, exposure to ineffective interventions, and failure to access evidence-based interventions.

For example, research estimates that 40% of this cohort of children and young people will experience significant psychiatric disorder, compared with less than 10% of those without SEND (Emerson & Hatton, 2007). This seems to be a consequence of innate factors that confer vulnerability, compounded by a range of external factors such as exposure to poor care, restrictions in liberty and neglect linked to limited coping strategies and skills.

Similar studies reiterate that children and young people who have speech, language and communication needs are placed at significant risk of failing to achieve their potential (ICAN 2006, Rose 2006, Marmot 2010). Educational attainment, future employment prospects and adult independence are all built upon good communication skills.

In 2012 The All Party Parliamentary Group on Autism reported research indicated that 17% of children diagnosed with autism have been excluded at least once and only 15% of adults with autism are in full time employment. The National Autistic Society note that 40% of people on the autism spectrum experience at least one anxiety disorder at any time, compared with 15% of the general population. Durham's Special Educational Needs and Disabilities Information and Advice Service (SENDIAS) has highlighted that a significant proportion of local queries (52%) relate to children and young people with complex social communication needs including autism linked to parent/carer concerns in relation to their children's ability to 'cope' in educational settings.

Most starkly, Public Health England (2016) highlight that information from a range of sources consistently reports that people with SEND in England die much younger than the general population (13 to 20 years younger for men with SEND; 20 to 26 years younger for women with learning disabilities).

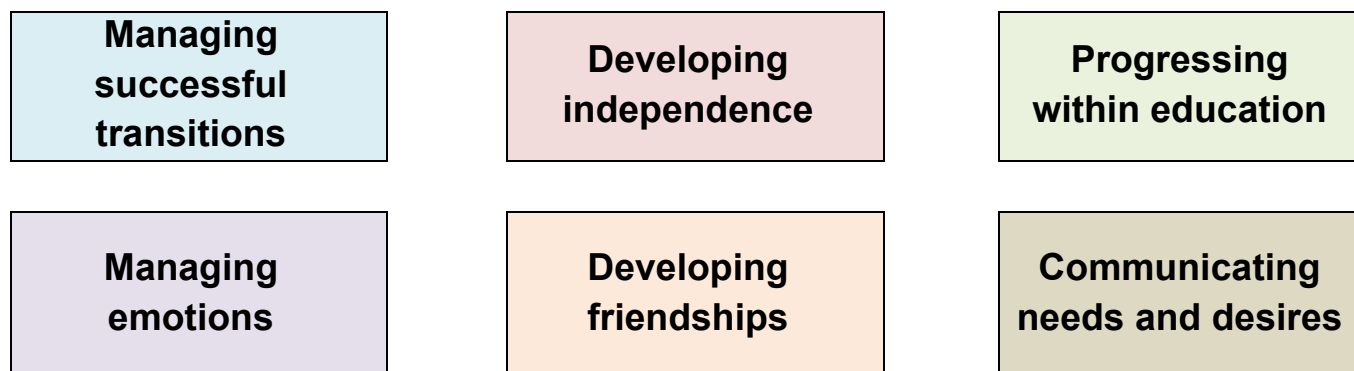
Current performance measures indicate that outcomes for children and young people with SEND in Durham remain varied. Local children and young people with an Education Health and Care Plan generally make less progress than their peers nationally across all age stages, barring the early years and whilst participation in further

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Desired Outcomes

Local authorities conduct assessments of education, health and care needs where it is considered that it may be necessary for special educational provision to be made for the child or young person (0-25 years) in accordance with an Education, Health and Care Plan (EHCP). The purpose of an EHCP is to make special educational provision to meet the special educational needs of a child or young person, to secure the best possible outcomes for them across education, health and social care and, as they get older, prepare them for adulthood. A local audit of EHCP's indicate that local children and young people with SEND have a broad range of desired outcomes with the most consistent being:



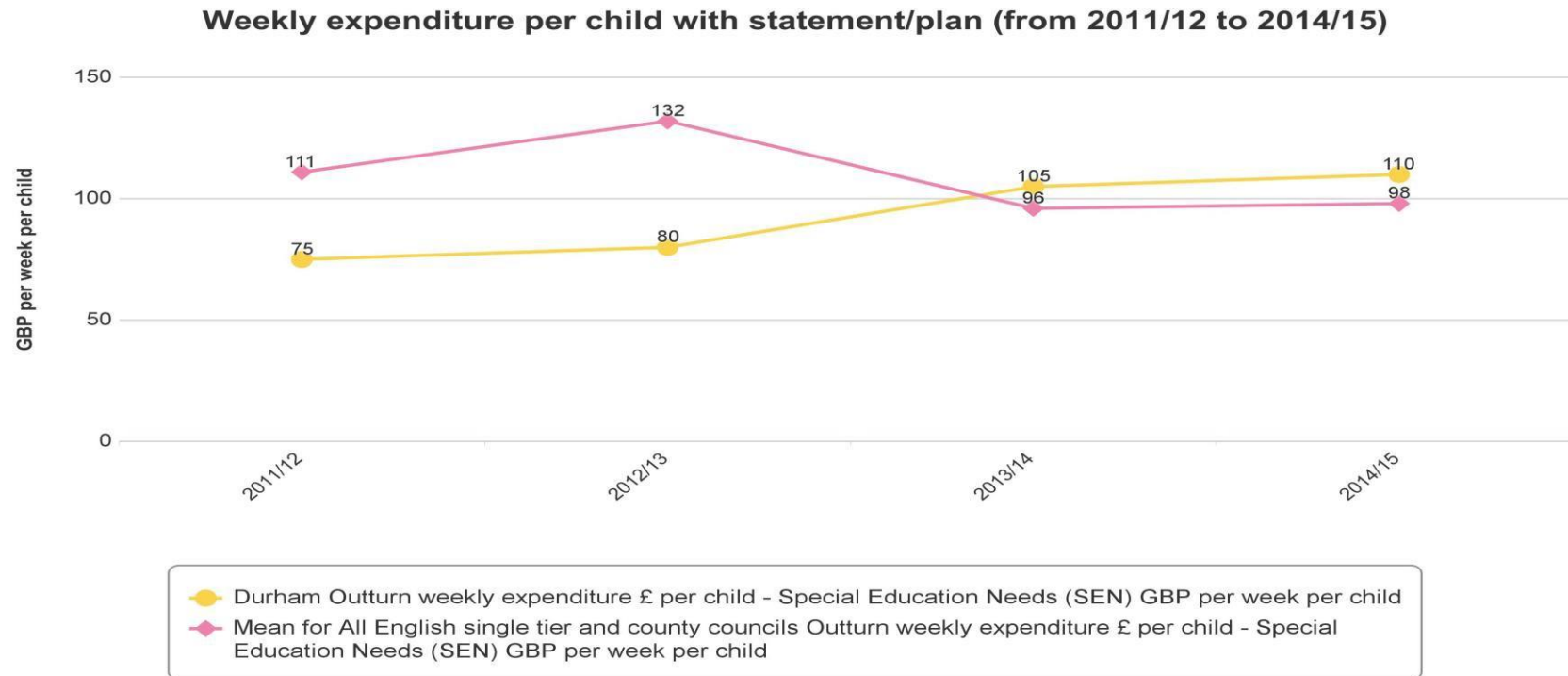
Resources and Levels of Spend

Current spend across commissioned education, health and care provision for children and young people with SEND is detailed in the table below:

Spend Area	2015/16 Actual Spend	2016/17 Actual Spend
Schools Related		
Primary / Secondary School SEN	3,638,757	2,835,744
Nursery Outreach	1,273,800	1,221,690
Enhanced mainstream provision	1,040,000	1,060,000
Special School Funding	20,734,857	23,801,512
Total Schools Related	26,687,414	28,918,946
Independent Education Sector Placements	4,437,384	4,665,222
SEN Transport	5,493,137	5,698,351
SEN Transport Post 16	987,165	1,055,372
Total SEN Transport	6,480,302	6,753,723
Community Health Services		
Paediatric SALT	2,786,775	2,019,957
Paediatric Occupational Therapy	1,271,385	1,316,021
Paediatric Physiotherapy	491,396	496,802
Community Equipment Aids and Adaptations	14,229	14,386
Total Community Health Services	4,563,785	3,847,166
Social Care Services		
Short Breaks	3,383,909	3,003,602
Direct Payments	1,603,630	1,343,402
Total Social Care Services	4,987,539	4,347,004

Comparative expenditure

The metrics below show the reported expenditure on SEN in Durham. This figure is based on the total reported weekly expenditure on SEN by the local authority, divided by the number of pupils with historical statements of SEN or EHC plans. In Durham, this figure is £110 per week per child, in the previous period it was £105; this compares to the average for all English single tier and county councils of £98.

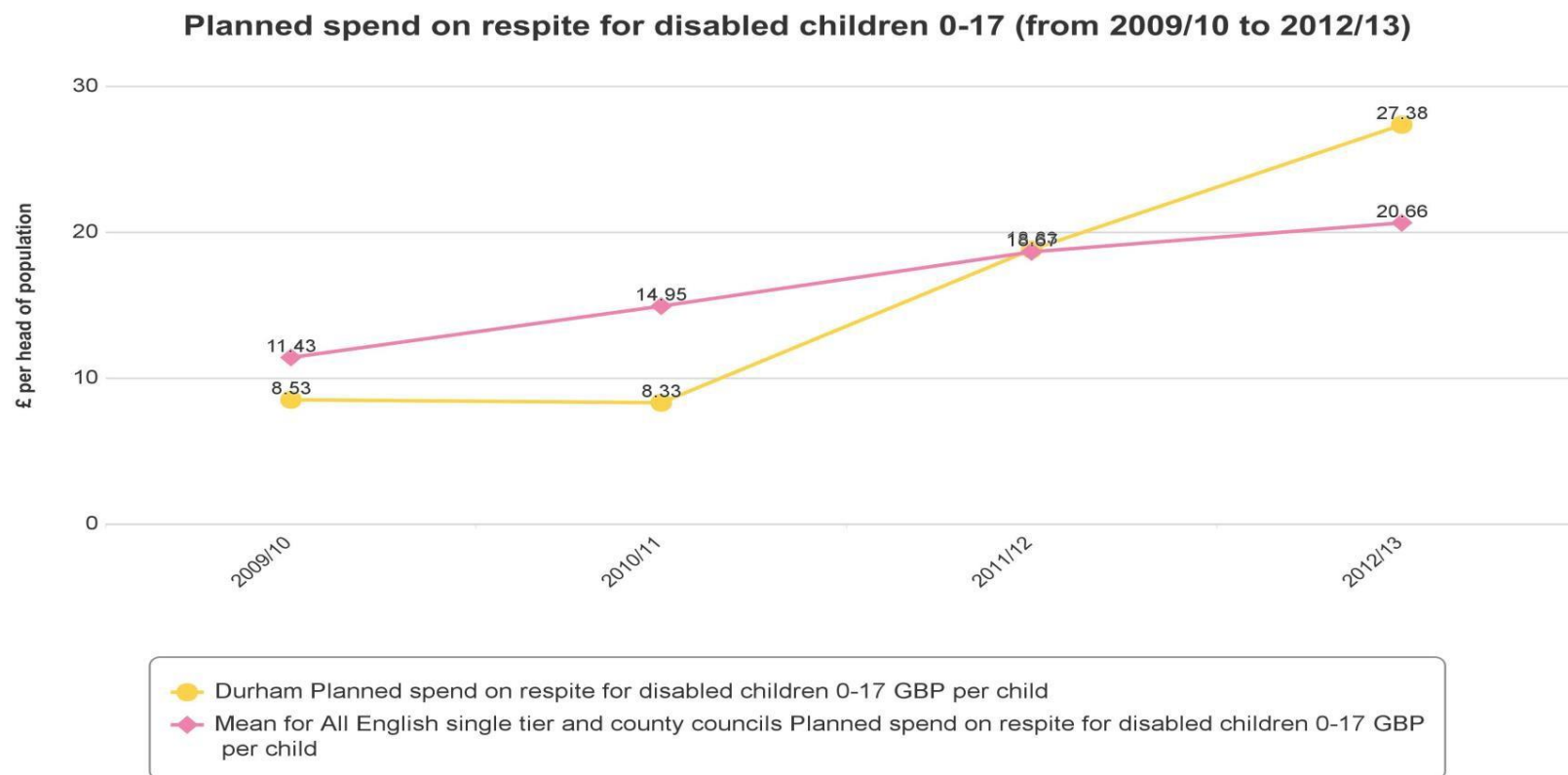


Source:

Metric ID: 3440, Department for Education, LAIT

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Councils and Clinical Commissioning Groups also provide respite for disabled children aged 0-17. In Durham, planned spend in the most recent period was £27.38 per child, compared to £18.83 in the previous period; in all English single tier and county councils, the average is £20.66 per child, an increase since the previous period (£18.67). This figure is calculated by taking the local area's planned expenditure on short breaks and dividing this by the number of 0-17 year olds in the Local Authority area.



Source:

Metric ID: 863, Public Sector Audit Appointments Limited (PSAA), Education Estimates (Section 251, formerly section 52)

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This information suggests that Durham currently spends more on securing access to special educational provision and respite provision for children with SEND in comparison to national averages. It is anticipated that joint commissioning arrangements should enable partners to make best use of all the resources available to improve outcomes for children and young people in the most efficient, effective, equitable and sustainable way. All of the above services are subject to review and further analysis in the coming year which will involve national benchmarking activity to broaden an understanding of Durham's comparative levels of spend and potentially identify further efficiencies linked to best value.

Joint Commissioning

Commissioning is essentially the process by which public sector organisations decide how to spend their money to get the best possible outcomes and wider support for local people, now and in the future. Joint commissioning represents a method for two or more partner agencies to commission collaboratively to secure better outcomes for a defined population than either can achieve on their own.

Recent national legislation (Health and Social Care Act 2012; Children and Families Act 2014; SEND Code of Practice 2014; The Care Act 2014; NHS Mandates) has established a clear requirement for local authorities and health bodies to have arrangements in place to plan and commission education, health and social care services jointly for children and young people with SEND.

The practice of jointly commissioning *individual* packages of education, health and care for children and young people with SEND is now firmly established in Durham with multi-agency panels meeting regularly to consider how best to meet the needs and aspirations of children identified within their Education, Health and Care plans. Alongside the above, Durham County Council and Durham CCG's have also made full use of Section 75 and Section 256 agreements to enable the pooling of budgets to secure joint service development and commissioning activity (particularly in relation to Short Breaks/Respite provision and Paediatric Therapy Services).

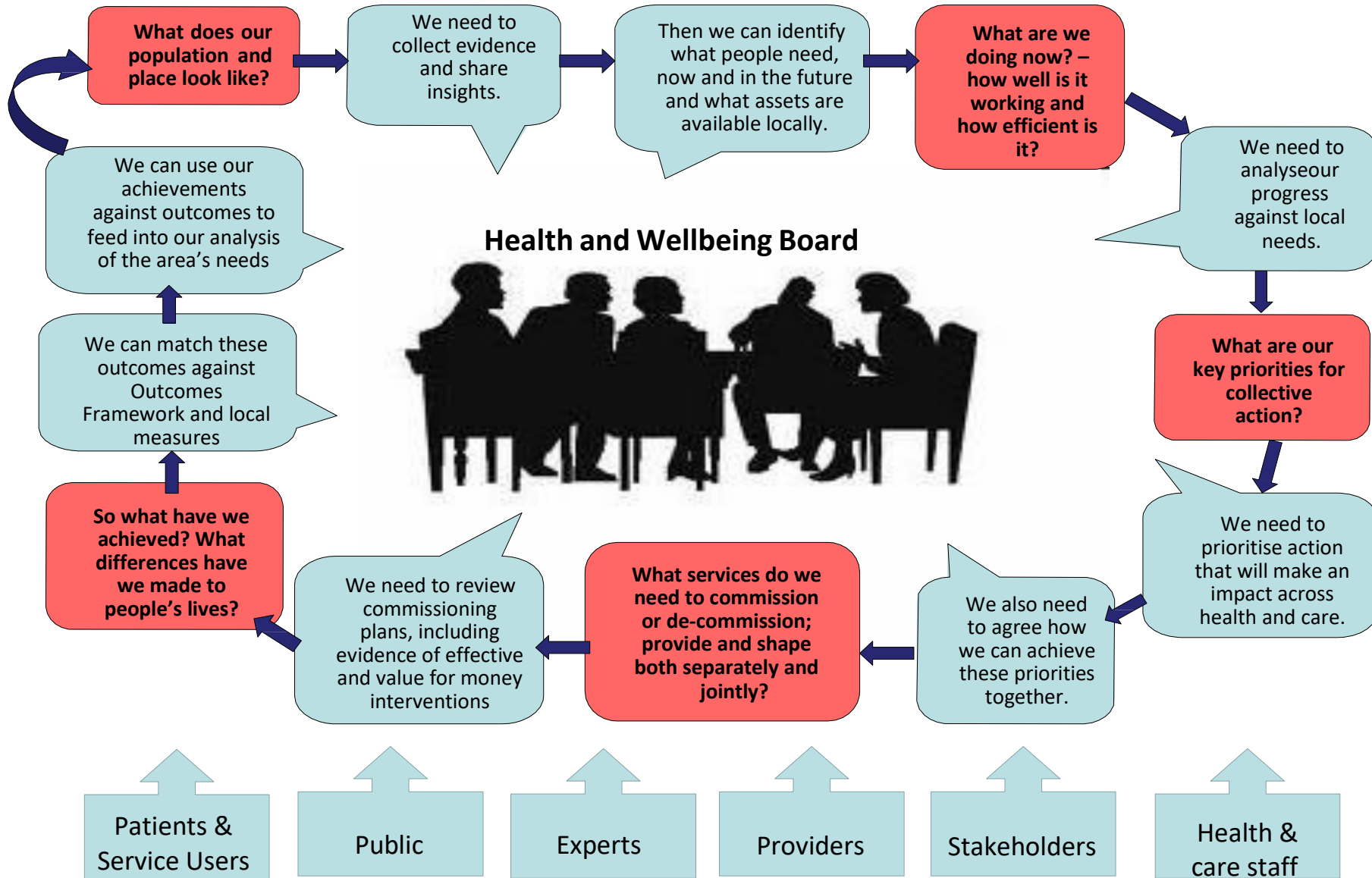
Joint Commissioning Activity for 2017-2018 will build upon this foundation and will focus upon the following service areas:

- Review of Local Short Breaks/Respite offer
- Review of Community Equipment, Aids and Adaptations pathways
- Review of Paediatric Therapy Services
- Developing the provider market to secure improved Transition pathways
- Review of Maternity and Early Years Pathways

- Review of Health and SEND needs of Young People who offend
- Review for children and young people with complex social communication needs (including Autism)
- Commission Independent Travel Training
- Review of Durham's High Needs Educational provision
- Undertake an analysis of Speech, Language and Communication needs analysis
- Participate in the North East 12 Collaborative (Phase 2)
- Participate in the Regional Transforming Care Programme
- Review of CAMHs Pathways for children and young people with SEND

Each of these joint commissions will benefit from collaboration across the full Joint Commissioning Cycle (see over)

Joint Commissioning Cycle



There will be an emphasis on working across the Joint Commissioning Cycle to:

Establish collaborative partnerships across education, health and care and with parent groups, children and young people to secure a collaborative approach across each of the commissioning work streams for 2017-2018. (These will include representatives from Public Health England, housing, sport and leisure and colleagues from neighbouring clinical commissioning group's and local Authorities where appropriate).

Develop a **joint understanding** of local need through joint analysis of available data and projections, alongside the views of people about their needs, preferences and the extent to which the services are delivering the intended outcomes.

Jointly plan to establish short, medium and long term decisions about how services need to change and how this will happen. This will involve being clear about the options available in terms of investment, service redesign, the capacity of the provider market and consulting on how to achieve the best outcomes and best value. Plans should result in jointly developed SMART service specifications that clearly identify the desired outcomes.

Jointly deliver the specified services and/or managing any transitional arrangements, maintaining a strategic overview of what Durham is seeking to achieve, as well as effectively commissioning/decommissioning services, and implementing sound procurement arrangements.

Jointly review by taking an evidence based approach to monitoring and reviewing progress, and making adjustments in the light of changing circumstances to improve service offer. Feedback from people who use services and their carers, and other strategic partners will be an essential element of the evidence needed to review progress and identifying whether services are achieving the desired objectives.

Joint Commissioning should reduce unnecessary duplication of services and/or or barriers between service provision leading to the development of more efficient and cost effective service provision. Through working together and putting in place joint decision-making processes, partners can use Joint Commissioning to support early identification of needs, prevention and outcome focused service delivery and work to improve the experiences of services that children, young people and their families have.

Joint Commissioning Principles

We are committed to working in partnership and putting families at the heart of everything we do. Our commissioning activities will operate within the following principles to ensure we work together to develop the best possible services and wider support for local people, now and in the future.

Keeping children, young people and vulnerable adults safe from harm underpins all of our commissioning activity

We will maximise all opportunities to secure improved outcomes for children, young people and families through our commissioning activity

All of our commissioning activity will have regard to a combination of economy, efficiency and effectiveness to secure continuous improvement for service users and best value in relation to the use of public monies.

We will maximise opportunities for service users/carers to be involved in the development and co-production of services that they access
--

All of our commissioning activity will recognise diversity and promote equality to ensure that people with protected characteristics are not disadvantaged
--

We will maximise all opportunities to add social, environmental and economic value across our commissioning activity
--

Our commissioning intentions will be open and transparent to enable us to build and maintain good long term relationships with the provider market
--

Co-production

Co-production is a way of working that ensures people who use education, health and care services are involved in an equal partnership. Co-production places an emphasis on engaging groups of people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, co-production helps to ground discussions in reality and to maintain a person-centred perspective. Co-production is part of the range of approaches that includes citizen involvement, participation, engagement and consultation.

For co-production to become part of the way we work, we will create a culture where the following values and behaviours are the norm:



County Durham Joint Commissioning Plan 2017-2018

Objective	Underpinning Legislation, guidance, local drivers	Key Actions	Time Scale	Responsible Officer(s)	Anticipated Impact
<p>Review and re-commission Short Break Services that promote independence, improved choice and outcomes for children and young people with SEND.</p>	<p>Children and Families Act 2014</p> <p>SEND Code of Practice 2014</p>	<p>Re-commission short break services (day) to meet assessed needs for short breaks of those families requiring early help and those with complex needs (0-25).</p> <p>Map</p> <p>Participate in NE12 phase 2 collaboration at a regional level to evaluate a regional/collaborative approach to the commissioning of specialist short breaks (over-night).</p> <p>Carry out Strategic Review across all short break services to determine commissioning intentions for short breaks from April 2018:</p> <ul style="list-style-type: none"> • Map existing short break opportunities and understand barriers to access in universal services and the local offer. • Analyse and understand needs, identify duplication and gaps in services. • Determine budget, financial position and value for money and understand aspirations and needs of families and how these can be met • Recommission countywide Short Break's offer service for 1st April 2018 and implement and monitor success of transition plan 	<p>May 2017</p> <p>April 2017</p> <p>July 2017</p>	<p>Lindsey Dunn L/A Claire Garner-Harris (NECs) ND & DDES CCGs</p>	<p>Parents are able to access a broad menu of Short Breaks and Respite options to support their capacity to care for their children and any siblings.</p> <p>Access to universal community based provision for children and families is improved to promote inclusion and the independence of families.</p> <p>Reduction in the level of Short Breaks and Respite provision directly commissioned by the LA/CCG'S.</p>

Objective	Underpinning Legislation, guidance, local drivers	Key Actions	Time Scale	Responsible Officer(s)	Anticipated Impact
<p>Establish clear pathways for the assessment and consideration of community equipment, aids and adaptations to secure improved outcomes for children and their families re independence and parental capacity.</p>	<p>Children Act 1989</p> <p>Chronically Sick and Disabled Persons Act 1970</p> <p>Local Government and Housing Act 1989</p> <p>NHS Act 2006/Health and Social Care Act 2012</p>	<p>Review legislation, emerging case law and lessons learned from complaints to establish best practice.</p> <p>Map existing processes for considering community equipment, aids and adaptations and establish a clear multi agency pathway.</p> <p>Map existing funding arrangements for the procurement of community equipment, aids and adaptations and establish clear lines of financial and legal responsibility where needs cannot be met through pooled budget arrangements.</p> <p>Review existing model of delivery and make recommendations regarding future delivery of this service.</p>	<p>April 2017</p> <p>April 2017</p> <p>May-June 2017</p> <p>September 2017</p>	<p>Mark Smith L/A</p>	<p>Clear pathway established to enable community equipment, aids and adaptations to be considered alongside broader family support to improve outcomes for children and their families.</p> <p>Protocol established to set out the LA's response to families who cannot and or choose not to access loans where the cost of the home adaptation is over 30k.</p> <p>Reduction in complaints received from families regarding concerns relating to community equipment, aids and adaptations.</p>

Objective	Underpinning Legislation, guidance, local drivers	Key Actions	Time Scale	Responsible Officer(s)	Anticipated Impact
<p>Review delivery models for paediatric therapy services (Speech and Language Therapy, Physiotherapy and Occupational Therapy) to secure positive education, health and care outcomes for children and young people and their families.</p>	<p>NHS Act 2006</p> <p>Health and Social Care Act 2012</p> <p>Send Code of Practice 2015</p>	<p>Jointly review providers performance in 2016/17:</p> <ul style="list-style-type: none"> • Key performance indicators • Benchmarking and value for money • Service user feedback / stakeholder consultation • Any issues relating to service delivery <p>Gather and analyse information on local need e.g. JSNA, national data</p> <p>Report to CCG's including an options appraisal and recommendations and agree level of funding available across CCG's and DCC.</p> <p>Explore and consider integrated therapy models to outline proposal in order to implement an integrated approach to delivering children's therapy services in County Durham.</p> <p>Develop service specification and key performance indicators</p>	<p>July 2017</p> <p>July 2017</p> <p>August 2017</p> <p>September 2017</p>	<p>Rebeca Haynes ND & DDES CCGs</p>	<p>Reductions in parental preference for independent educational provision driven by preference for integrated therapeutic learning environments.</p> <p>Reductions in the numbers of children travelling unnecessarily to access educational provision in out of county settings.</p>

Objective	Underpinning Legislation, guidance, local drivers	Key Actions	Time Scale	Responsible Officer(s)	Anticipated Impact
<p>Secure improved transition arrangements between traditional commissioned children's and adult services to support service user satisfaction, support smooth transition, build resilience and promote independence.</p>	<p>Children and Families Act 2014</p> <p>SEND Code of Practice 2015</p> <p>Care Act 2014</p>	<p>Build upon the work already undertaken with local providers to:</p> <p>Re-commission group based short break day provision to ensure provision supports transition and preparation for independence and adulthood.</p> <p>Redesign local over-night short break respite provision to ensure provision supports transition and preparation for independence and adulthood.</p> <p>Extend adult based accommodation options to include 16+ provision where appropriate.</p>	<p>May 2017</p> <p>June 2017</p> <p>August 2017</p>	<p>Lyndsey Dunn L/A Dr Chandra Anand DMO</p>	<p>Increase in the numbers of local commissioned services who are dual registered with both Ofsted and CQC to accommodate the needs of children approaching transition.</p> <p>Innovative services in Durham that will work with young people to build resilience, promote and prepare for independence.</p>

Objective	Underpinning Legislation, guidance, local drivers	Key Actions	Time Scale	Responsible Officer(s)	Anticipated Impact
<p>Review Maternity and Early Years pathways to improve identification and response to families whose children are at risk of poor outcomes (including children with SEND).</p>	<p>Health and Social Care Act 2012</p> <p>SEND Code of Practice 2015</p>	<p>Participate in the North East Best Start in Life system led Improvement Pilot with a specific emphasis upon:</p> <p>Undertake self-assessment of existing maternity and early-years pathways to identify gaps and duplication, establish best practice and inform service development and commissioning intentions.</p>	<p>July 2017</p>	<p>Gill O'Neil Public Health L/A</p> <p>Suzanne Lamb Durham and Harrogate NHSFT</p> <p>Sarah Burns and Gill Findley ND & DDES CCGs</p> <p>Jo Crawford CDDFT</p>	<p>A whole system understanding is established and acted upon to improve to ensure:</p> <p>All expectant mothers experience a healthy pregnancy.</p> <p>All children are ready to learn at 2 years leading to improvements in the numbers of children who are 'school ready' at 5 years.</p> <p>All children receive the appropriate immunisations and vaccinations</p> <p>The early identification and response to children with SEND is improved.</p> <p>Reductions in child obesity are achieved.</p>

Objective	Underpinning Legislation, guidance, local drivers	Key Actions	Time Scale	Responsible Officer(s)	Anticipated Impact
<p>Understand the health and SEND needs of Young People who offend and secure improved service offer to promote positive outcomes and reductions offending behaviour</p>	<p>Crime and Disorder Act 1998</p> <p>SEND Code of Practice 2015</p>	<p>Multi-agency Steering Group to implement the findings of the Health Needs Assessment of Young People who offend.</p> <p>Implement an interim model of co-commissioning for 2017/18 and 2018/19 including:</p> <ul style="list-style-type: none"> • Extend existing County Durham Youth Offending Service (CDYOS) contract with North Tees and Hartlepool NHS Foundation Trust for Speech and Language Therapist based within CDYOS to 30 November 2017 (funded by CDYOS). • Above dedicated post will be included in wider CCG Speech and Language contract from December 17 (funded by CCG's). • Apply a contract variation to 0-19 Health Visiting and School Nursing Contract with Harrogate and District NHS Foundation Trust to include 1FTE Specialist Children's Public Health Nurse based in CDYOS. (Funded by Public Health) • NHS England to fund 2fte Health Care Support Workers (Mental Health) • County Durham Drug and Alcohol Service to be re-procured and include 2fte Drug and Alcohol staff dedicated to CDYOS (funded by Public Health) • NHS England to fund 1.5fte Liaison & Diversion Link Workers 	<p>January 17 to March 19</p> <p>April 17 to March 19</p> <p>April 17 to Nov 17</p> <p>Dec 17 to March 19</p> <p>April 17 to March 18 (0-19 contract has plus option to extend to March 19)</p> <p>April 17 to March 19</p> <p>October 17 to March 19</p>	<p>Gill Eshelby/Mark Smith</p> <p>Gill Eshelby/Mark Smith</p> <p>Gill Eshelby/Mark Smith Sarah Burns and Gill Findley ND & DDES CCGs</p> <p>Michelle Hagger (NECs)</p> <p>Gill Eshelby/Mark Smith L/A</p> <p>Julie Dhunny (NHS)</p> <p>Jane Sunter/David Shipman L/A</p>	<p>Improved and tailored health care provision within CDYOS based on the identified health needs of young people who offend.</p> <p>Reductions in the number of first time entrants to the Youth Justice System</p> <p>Reductions in the number of young people who re-offend.</p> <p>Reduction in the numbers of young people who receive custodial sentences.</p>

Objective	Underpinning Legislation, guidance, local drivers	Key Actions	Time Scale	Responsible Officer(s)	Anticipated Impact
		Carry out discussions strategic level discussions in relation to commissioning responsibilities and ensure sustainability of health care provision beyond March 2019.	<p>April 17 to March 19</p> <p>April 18 to March 19</p>	<p>Julie Dhunny (NHS)</p> <p>Gill Eshelby/Mark Smith L/A</p>	

Objective	Underpinning Legislation, guidance, local drivers	Key Actions	Time Scale	Responsible Officer(s)	Anticipated Impact
Undertake whole system review to establish how outcomes for children and young people with complex social communication needs (including autism)	Children and Families Act 2014 Autism Act 2009 SEND Code of Practice 2015	Understand what national and local policy is telling us Establish a best practice benchmark Baseline local demand/ needs analysis Establish current position/ state within County Durham Identify and understand gaps Develop a Multi-Agency Autism Action Plan	Jan-Mar 17 Feb-Mar 17 Mar-Apr 17 May-June 17 May-June 17 June 17	Paul Shadforth/ Janet Crawford L/A Alison Ayres (NECs) ND & DDES CCGs	A whole system understanding is established and acted upon to improve services and experience for children with complex social communication needs to increase resilience, future employment opportunities and promote improved mental health.

Objective	Underpinning Legislation, guidance, local drivers	Key Actions	Time Scale	Responsible Officer(s)	Anticipated Impact
<p>Develop options to support independent travel training for young people and young adults with disabilities.</p>	<p>Travel training good practice guide 2011</p> <p>SEND Code of Practice 2015</p>	<p>Identify cohorts who would benefit from Independent Travel Training and analysis current transport costs/packages to establish potential savings.</p> <p>Establish a Business Case to outline benefits, costs and savings of developing a model to support independent travel training.</p> <p>Secure joint funding across education, health and care.</p> <p>Design service with children and their families</p> <p>Commission new model in line with recommendations.</p>	<p>May 2017</p>	<p>Paul Shadforth/ Mark Smith L/A</p>	<p>Reductions in dependency on education, health and social care services to secure transport for young people and young adults with SEND.</p> <p>Increased post 16 education and employment opportunities for young people and adults resulting in reductions in the number of young people (0-25 years) who are NEET.</p>

Objective	Underpinning Legislation, guidance, local drivers	Key Actions	Time Scale	Responsible Officer(s)	Anticipated Impact
<p>Undertake a review of Durham's High Needs Educational Provision to create sufficient good school places for all pupils, including those with special educational needs (SEN) and disabilities.</p>	<p>Children and Families Act 2014, SEND Code of Practice 2015,</p>	<p>To develop a clear understanding of the current High Needs provision made for County Durham children and young people.</p> <p>To consolidate all existing linked Strategic Reviews including the:</p> <ul style="list-style-type: none"> • <i>Strategic Review for Children and Young People with Complex Social Communication Needs (including autism)</i> • <i>Strategic Review of Therapeutic Services</i> • <i>The Mental Health and Wellbeing Strategy</i> <p>To develop a shared understanding of the best provision model for children and young people with high needs.</p> <p>To ensure expenditure where possible is distributed in County Durham provision.</p> <p>To publish the findings of the Strategic Review of High Needs Provision.</p> <p>To publish a strategy for High Needs provision in County Durham.</p>	<p>December 2017</p>	<p>Paul Shadforth L/A Kim Lawther DCO ND & DDES CCGs</p>	<p>An improved High Needs offer that makes Education, Health and Care Provision for Children and Young People with SEND in County Durham. A more efficient use of resource. Improved education, health and care outcomes for children and young people with SEND</p>

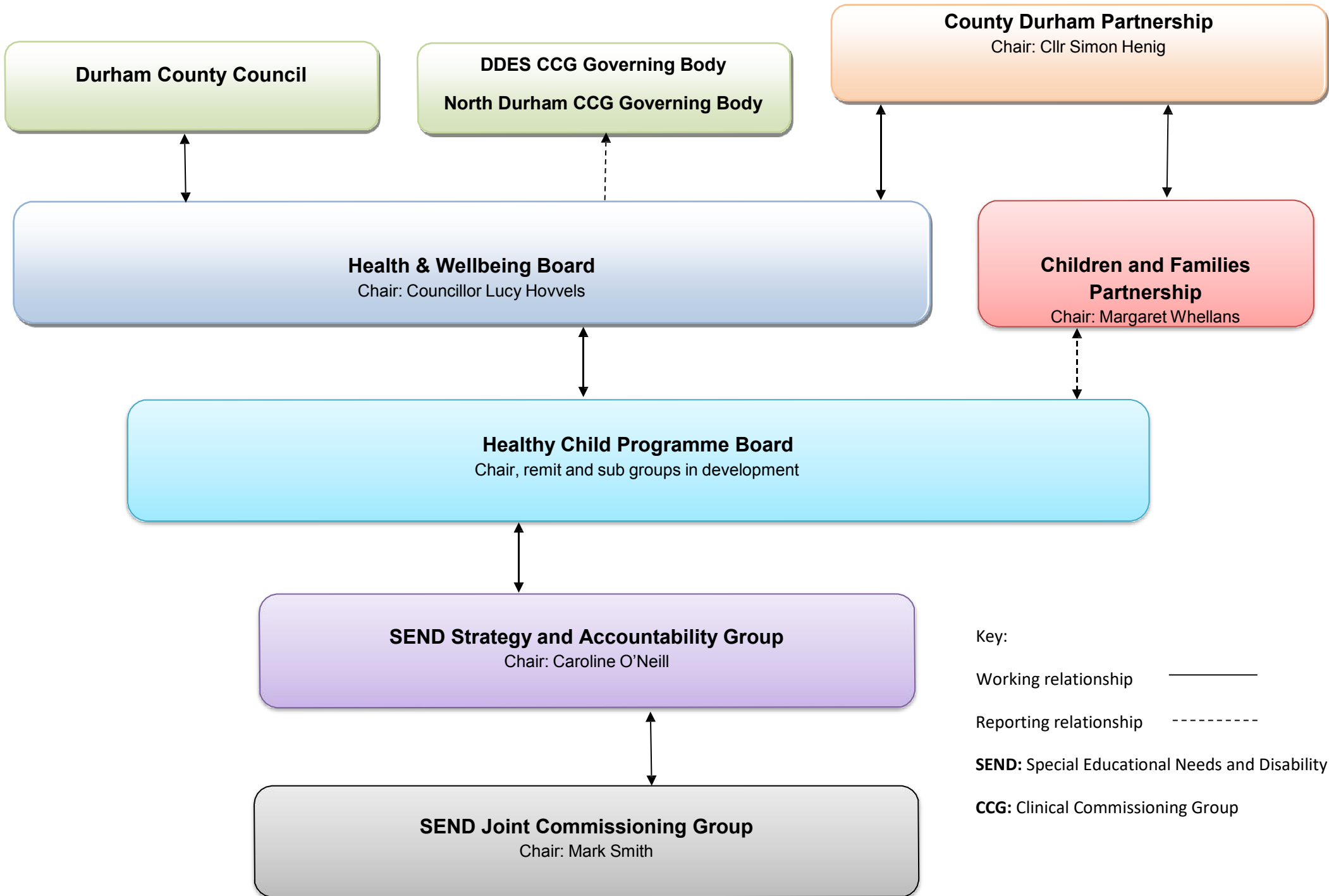
Objective	Underpinning Legislation, guidance, local drivers	Key Actions	Time Scale	Responsible Officer(s)	Anticipated Impact
<p>Undertake an analysis of Speech, Language and Communication needs to inform service development and commissioning intentions.</p>	<p>SEND Code of Practice 2015</p>	<p>Understand what national and local policy is telling us</p> <p>Establish a best practice benchmark</p> <p>Baseline local demand/ needs analysis</p> <p>Commission local children to identify what makes a difference for children and young people families.</p> <p>Establish current position/ state within County Durham</p> <p>Identify and understand gaps</p> <p>Develop a Multi-Agency Speech, Language and Communication Strategy</p>		<p>Mark Smith L/A Becky Haynes ND & DDES CCGs</p>	<p>Whole system understanding is established and acted upon to support service development activity and inform future commissioning intentions to improve outcomes for children with speech, language and communication needs.</p>

Objective	Underpinning Legislation, guidance, local drivers	Key Actions	Time Scale	Responsible Officer(s)	Anticipated Impact
<p>Participate in the North East 12 Collaborative (Phase 2) to secure best value when commissioning educational placements within independent special schools and colleges.</p>	<p>SEND Code of Practice 2015</p>	<p>Contribute to engagement events with current and potential providers of the services agreed for Phase 2 to discuss the proposed lotting structure, financial model, additional services and core service requirement.</p> <p>Contribute to engagement events for Operational staff to ensure operational staff have the opportunity to feedback comment on proposals at that stage in the process.</p> <p>Contribute to the further development of core specifications, lotting structures and financial models.</p> <p>Undertake an impact assessment by modelling current placements against the proposed lotting structures and fees to determine financial viability.</p> <p>Advise DCC and CCG's of cost/benefits to determine strategic commitment to North East 12 Collaborative (Phase 2)</p>	<p>May 2017</p>	<p>Dawn Wilson L/A Janet Arris & Guy Nokes (NECs) ND & DDES CCGs</p>	<p>Ensure relationships with all Providers are good and improving; open and transparent.</p> <p>Increase financial efficiencies and value for money in all placements</p> <p>Achieve financial transparency in placement costs</p> <p>Achieve fairness of financial contribution from Health, Education and Social Care in those instances where placements are joint funded</p> <p>Ensure a consistency of quality across all Providers</p> <p>Encourage and enable growth in the local market in order to provide a range of choice and suitable placements to meet the needs of Children and Young People</p> <p>Establish 'harmonised' terms and conditions for Providers and purchasers.</p>

Monitoring and Review

Individual work-streams will be monitored via the SEND Joint Commissioning Partnership.

The overall progress of the plan will be reported on a quarterly basis to the local SEND Strategy and Accountability Group, with the Healthy Child Programme Board, Health & Wellbeing Board, Children and Families Partnership alongside Durham CCG Governing Bodies receiving an annual report (see over).



Key:

Working relationship —————

Reporting relationship - - - - -

SEND: Special Educational Needs and Disability

CCG: Clinical Commissioning Group

Durham SEND Joint Commissioning Plan

2017-2018

For further information please contact:

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