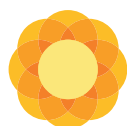


BIRMINGHAM SEND JOINT COMMISSIONING FRAMEWORK

JUNE 2019



*Children and Young People with Special
Educational Needs and Disabilities and
their Families 2019 – 2023*



BIRMINGHAM
CHILDREN'S TRUST



Birmingham
City Council



WEST MIDLANDS POLICE





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BACKGROUND

This Birmingham Joint Commissioning Framework for Children and Young People 0 - 25-years-old with Special Educational Needs and Disabilities (SEND) and their Families sets out how the NHS, Local Authority and Birmingham Children's Trust will take forward their shared vision for improving the lives of children and families in Birmingham. This framework is based on a thorough understanding of the needs of children and their families informed by the SEND Joint Strategic Needs Assessment (JSNA).

This Framework will initially focus on those areas that are most pressing and where a joint commissioning approach is likely to deliver improved services and outcomes. The Framework sets out how our approach will be governed and some key principles. The focus will be on delivering improved outcomes and developing integrated approaches to service delivery where this is most effective and efficient.

'We will truly integrate our commissioning and resources to enable us to effectively ensure our children receive joined up care, at the best quality and our resources go further to support the needs of our children in the city'

Following the Ofsted/Care Quality Commission SEND local area inspection in June 2018, a comprehensive and interactive engagement and consultation was carried out with parents, carers and the voluntary community sector which identified a number of outcomes. Alongside this, the JSNA was published in March 2019 which also highlighted areas with added recommendations where children with SEND face barriers to achieving the outcomes their peers can expect. These recommendations are being addressed and driven by an Improvement Board and number of work streams in line with recommendations within the Written Statement of Action (WSOA) published in January 2019.

BACKGROUND

The broader outcome themes were agreed by the Leadership and Investment Board – for all children and young people to be: healthy; happy; ambitious; safe, independent and resilient. These outcome themes have been aligned to the 4 SEND delivery work streams to ensure a shared overarching vision across all services ensuring that parents, carer, families and children and young people are at the heart of the Strategy.

- **Be healthy** – Driven by JSNA recommendations to inform integrated commissioning across all SEND services and closer preventative working with public health identifying needs early and accurately.
- **Be happy** – Ensuring the views of children and young people are heard and acted upon - Working Together.
- **Be ambitious and resilient** – removing barriers to learning and wellbeing, improving progress and broader achievements, Journey of a Child.
- **Be safe** - Meeting needs in good quality local provision – Leadership & Investment.
- **Be independent** – Helping to prepare children and young people into adulthood – Preparation into Adulthood.

Birmingham City Council (BCC), Birmingham & Solihull Clinical Commissioning Group (CCG) and Birmingham Children's Trust (BCT) face financial challenges which mean it is increasingly important to work closely together to eliminate duplication and improve value, whilst striving to improve quality and improve outcomes for Birmingham families. In Birmingham these joint outcomes are outlined in a number of strategic planning documents including:

- Birmingham's Written Statement of Action – published January 2019
- Birmingham & Solihull CCG Operational Plan 2019
- SEND JSNA 2018 – published March 2019
- SEND Strategic Statement of Purpose 2019 – 2023

The outcomes for SEND are set out in the SEND Strategy Refresh (2019/20) and Outcome Framework.

BACKGROUND

Our Vision for SEND in Birmingham

The SEND Strategy sets out our vision and promise for Birmingham:

“By working together with families and communities we want to support all children and young people, aged from 0 to 25, with SEND to meet their potential, live healthy lives and become active citizens within their communities”.

All children and young people with SEND 0-25 living in Birmingham will have access to high quality multiagency ‘fit for purpose’ local provision. We will work collaboratively with families, carers, children and young people, ensuring they have the right support and opportunities at the right time.

To realise our ambition, we will:

- Ensure our services are centred around the needs of the child/young person, not organisations or sectors, and are easy to access, and navigate.
- Deliver excellent services to children, young people and families that include effectively identifying children and young people’s special educational needs and disabilities.
- Develop excellent models of early support that enables and empowers families to develop their skills particularly at the start of their journey.
- Recognise that parents are the experts in their children.
- Ensure that our approach for transitions and preparation for adulthood is robust and explicit in all that we do.
- Enhance parents, carers and professionals understanding of the SEND system, SEND framework and Local Offer.
- We will ensure that the assessment and planning process involves children, young people, carers and families.
- Work jointly with children, young people, families and carers and with other organisations, through honest and collaborative dialogue, and co-production.
- Making significant improvements to how we strategically plan and deliver services to achieve better outcomes for children and young people.
- Ensure we have a common set of values and behaviours and that we demonstrate these as leaders, colleagues, and at the front line.
- Promote independence and personalisation in our commissioning and services that are available to children and families.
- Ensure the workforce across the care pathway are empowered to work in partnership to meet those needs of the children.
- Ensure we are attractive employers; demonstrated through how we value, support and offer development opportunities for our staff.
- Maximising our use of digital access, support and means of communicating and supporting families and children through their journey.

THE LEGAL FRAMEWORK

Section 25 of the Children and Families Act 2014 places a duty on local authorities that should ensure integration between educational provision and training provision, health and social care provision, where this would promote wellbeing and improve the quality of provision for disabled young people and those with Special Educational Needs (SEN).

The Care Act 2014 requires local authorities to ensure co-operation between children's and adults' services to promote the integration of care and support with health services, so that young adults are not left without care and support as they make the transition from children's to adult social care. Local authorities must ensure the availability of preventative services for adults, a diverse range of high quality local care and support services and information and advice on how adults can access this universal support.

Local authorities and CCGs must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Act). The term 'partners' refers to the local authority and its partner commissioning bodies across education, health and social care provision for children and young people with SEN or disabilities, including clinicians' commissioning arrangements, and NHS England for specialist health provision.

Joint commissioning should be informed by a clear assessment of local needs. Health and Wellbeing Boards are required to develop JSNAs and Joint Health and Wellbeing Strategies, to support prevention, identification, assessment and early intervention and a joined-up approach. Under section 75 of the National Health Service Act 2006, local authorities and CCGs can pool resources and delegate certain NHS and local authority health-related functions to the other partner(s) if it would lead to an improvement in the way those functions are exercised.

To take forward the joint commissioning arrangements for those with SEN or disabilities described in this chapter, partners could build on any existing structures established under the Children Act 2004 duties to integrate services.

The NHS Mandate, which CCGs must follow, contains a specific objective on supporting children and young people with SEN or disabilities, including through the offer of Personal Budgets.

THE LEGAL FRAMEWORK

Joint commissioning arrangements should enable partners to make best use of all the resources available in an area to improve outcomes for children and young people in the most efficient, effective, equitable and sustainable way (Good commissioning: principles and practice, Commissioning Support Programme, (Rev) September 2010). Partners must agree how they will work together. They should aim to provide personalised, integrated support that delivers positive outcomes for children and young people, bringing together support across education, health and social care from early childhood through to adult life, and improves planning for transition points such as between early years, school and college, between children's and adult social care services, or between paediatric and adult health services.

Under the Public Sector Equality Duty (Equality Act 2010), public bodies (including CCGs, local authorities, maintained schools, maintained nursery schools, academies and free schools) must have regard to the need to eliminate discrimination, promote equality of opportunity and foster good relations between disabled and non-disabled children and young people when carrying out their functions. They must publish information to demonstrate their compliance with this general duty and must prepare and publish objectives to achieve the core aims of the general duty. Objectives must be specific and measurable.



SCOPE FOR JOINT COMMISSIONING

What is commissioning?

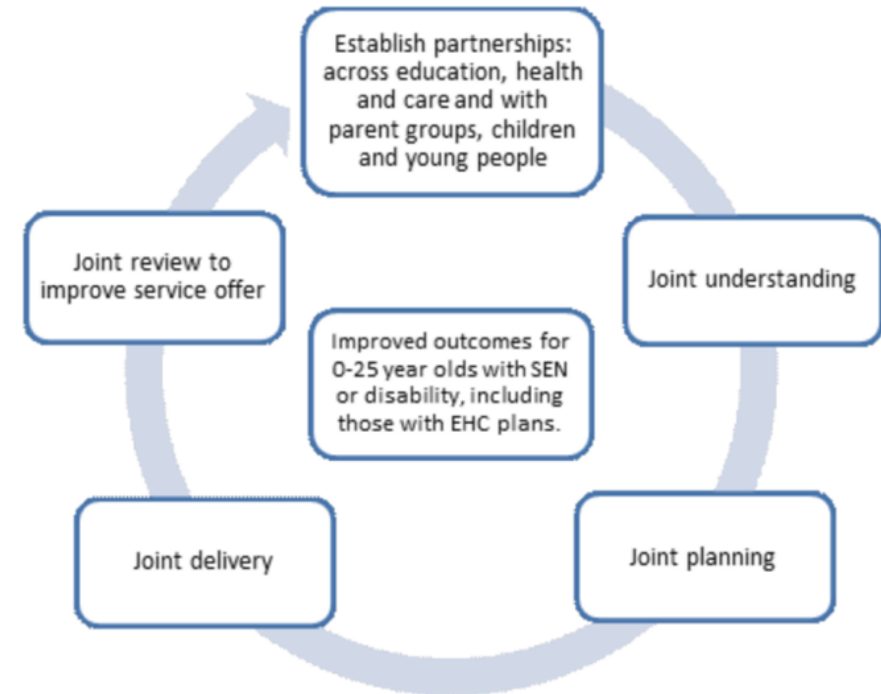
Commissioning is the process of assessing needs, planning and prioritising, purchasing and monitoring health services, to get the best health outcomes. This principle applies across all service provision including local authorities.

Joint planning - Deciding on shared outcomes

Local partners should identify the outcomes that matter to children and young people with SEN or disabilities to inform the planning and delivery of services and the monitoring of how well services have secured those outcomes. Outcomes refer to the benefit or difference made to an individual as a result of an intervention at three levels:

- Individual outcomes such as might be set out in an Education, Health and Care Plan (EHCP): for example, Martha can communicate independently with her friends at playtime.
- Service level outcomes: for example, paternal mental health has improved in 10 families.
- Strategic outcomes: for example, there has been a 10% increase in young people supported into employment and independent living.

Fig.1 The joint commissioning cycle



The SEND Code of Practice sets out Joint commissioning arrangements must cover the services for 0-25-year-old children and young people with SEN or disabilities, both with and without EHCP plans. Services will include specialist support and therapies, such as;

- Clinical treatments and delivery of medications
- Speech and language therapy
- Assistive technology

SCOPE FOR JOINT COMMISSIONING

- Personal care (or access to it)
- Child and Adolescent Mental Health Services (CAMHS) support
- Occupational therapy
- Habilitation training
- Physiotherapy
- A range of nursing support
- Specialist equipment
- Wheelchairs and continence supplies
- Emergency provision

They could include highly specialist services needed by only a small number of children, for instance children with severe learning disabilities or who require services which are commissioned centrally by NHS England (for example some augmentative and alternative communication systems, or health provision for children and young people in the secure estate or secure colleges).

Local authorities, NHS England and their partner CCGs must make arrangements for agreeing the education, health and social care provision reasonably required by local children and young people with SEN or disabilities. In doing so they should take into account provision being commissioned by other agencies, such as schools, further education colleges and other education settings. Partners

should commission provision for children and young people who need to access services swiftly, for example because they need emergency mental health support or have sustained a serious head injury.

Joint commissioning must also include arrangements for:

- Securing EHCP needs assessments.
- Securing the education, health and care provision specified in EHCP plans, and
- Agreeing Personal Budgets.

Local joint commissioning arrangements must consider:

- What advice and information is to be provided about education, health and care provision for those who have SEN or are disabled and by whom it is to be provided.
- How complaints about education, health and social care provision can be made and are dealt with, and
- Procedures for ensuring that disagreements between local authorities and CCGs (and NHS England for specialist services) are resolved as quickly as possible.

The outputs of this work must be presented publicly in the Local Offer.

SCOPE FOR JOINT COMMISSIONING

Engaging with families

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

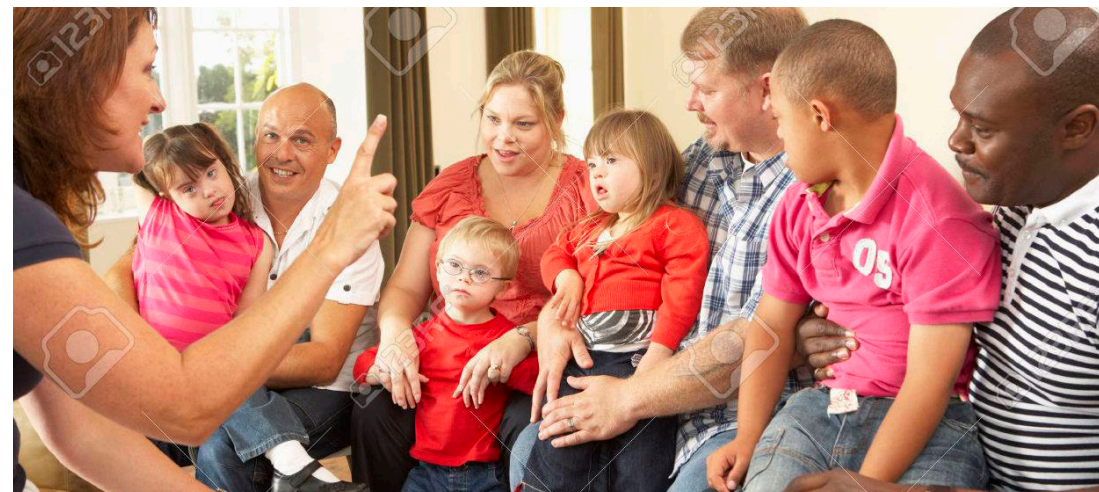
- The views, wishes and feelings of children and their parents, and young people.
- The importance of these parties participating as fully as possible in decision-making and providing the information and support to enable them to do so.
- Supporting children and young people's development and helping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

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

Opportunities to involve parents/carers:

- Developing the scope of Personal Health Budgets
- Developing guidance for Health input into EHC plans

- Writing accessible guidance on both the above, including sourcing and drafting case studies
- Developing and delivering joint training
- Parents and young people presenting the impact of decisions on families
- Participation in procurement exercises (e.g. developing specifications)
- Facilitating stakeholder consultations, especially giving end user views
- Taking an equal place on a commissioning panel
- Development, articulation and review of Designated Medical Officer/Designated Clinical Officer (DCO) role
- Recruitment of DCO and other family-facing roles.



NEEDS ASSESSMENT KEY FINDINGS

The headings below are a summary of the key findings from the SEND JSNA 2018 published in March 2019:

General

Birmingham is a young city with 450,047 of our population aged between 0-25 years and making up 40% of the total population compared to 32% at a national level.

The local population aged 0-24 years is predicted to increase by 2% in 2022 (an extra 10,000) and by 6% in 2027 (an extra 24,000). We expect demand to increase for all children's services including services for children and young people with SEND.

Deprivation and Ethnicity

Birmingham has high levels of deprivation with 40% of the population living in the 10% most deprived areas of England. There is a strong association between low income and higher rates of SEND prevalence.

Birmingham is an ethnically diverse city. In 2011 46% of under 25 year olds in the city were of White ethnicity. This compares to 79% at a national level.

Vulnerable Children

In Birmingham one in four Children in Care (CIC) have an EHCP this is slightly less than the national average. However, Children in Need (CIN) within the city are more likely to have an EHCP (28.4% Birmingham, 21.4% England).

Disability

In 2011 there were 19,598 children and young people aged 0-24 years in Birmingham, recorded with a long-term health problem or disability which limits daily activity. The prevalence is higher than the national average. The higher population prevalence of risk factors associated with disability, such as low infant birth weight and economic disadvantage, may be contributory factors to levels of SEND in the city.

SEND Prevalence

The total number of Birmingham children and young people aged 0-25 years, with an EHCP at January 2018, was 9,023 (includes early years and post-16 EHCPs). Trend analysis for EHCPs show the numbers of children and young people with an EHCP have been increasing over the last 10 years.

NEEDS ASSESSMENT KEY FINDINGS

The prevalence of pupils with an EHCP in Birmingham schools is 3.2%. This is significantly higher than the national figure of 2.9% and higher than other English core cities.

Early Years

The number of children accessing early years support services (Education) has been increasing over the past 5 years. In academic year 2017/18, there were 2,067 children notified to Early Years Inclusion Support. During 2017/18 the priority SEND need area most in demand in the 0-5 age range was communication and interaction.

Primary Schools

The proportion of pupils with EHCPs at Birmingham's primary schools is similar to the national average and to the other English core cities. The proportion of pupils receiving SEN support is higher than the national average but similar to other core cities. The most common category of SEND need is moderate learning difficulties (MLD). However, the SEND need is sourced from nationally published school census data and its accuracy is dependent on the recording of the data at a local level. There are concerns that this picture doesn't match with local professional knowledge where the belief is that Autism and not MLD is the most common category of need.

Secondary Schools

The proportion of pupils at Birmingham's secondary schools with EHCPs (1.3%) and SEN support (11.7%) is similar to the national average and to the other English core cities. In local area secondary schools, the most common category of SEND need is moderate learning difficulty (40%). As with primary pupils, a greater number of secondary pupils are categorised under the moderate learning difficulty than nationally leading to concern, that children's needs are not being accurately identified.

Special Schools

Birmingham has 27 state-funded special schools. In January 2018 there were 4,219 pupils attending this type of school in Birmingham. This was a 20% increase in the number of children at state-funded special schools from 2014. Birmingham has a higher proportion of pupils attending special schools compared to England and the English core cities. Those at these schools make up the majority of pupils with EHCPs. This is a much higher proportion than England but similar to the core cities.

NEEDS ASSESSMENT KEY FINDINGS

Exclusions, absence and educational attainment

2016/17 academic year overall absence rate for children with an EHCP was 9.2% compared to 8.1% for England.

The proportion of children excluded from Birmingham special schools for 2015/16 was nearly twice the national average and much higher than for the West Midlands and Statistical Neighbours.

Whilst educational attainment at KS4 for all Birmingham pupils is similar to England average, pupils with EHCPs in Birmingham do worse than England average when compared with other pupils with EHCPs. However, attainment for SEN support pupils is similar to England.

Early Identification, assessment and service provision

Early identification and appropriate intervention in relation to SEND is important. This may be adversely affected in Birmingham by low take up of early educational entitlement offer (at age 2) across the city and insufficient uptake of 2-2.5-year-old assessments by universal early years services (Birmingham Forward Steps). There

is currently insufficient capacity in the multi-disciplinary Child Development Centres (CDCs) to meet the demand created by referrals for child development assessments for under 5s resulting in long delays for families trying to access the service.

Specialist provision

Speech, language and communication services and other specialist provision e.g. occupational therapy and physiotherapy have been highlighted in the recent Ofsted and CQC SEND Inspection as lacking in capacity to meet demand. There is currently no commissioned autistic spectrum disorder multidisciplinary diagnostic pathway for children over four years old. As such, if children are not identified and assessed before 5, there is no commissioned multi-disciplinary team to assess their need.

Quality of EHCPs

In Birmingham an EHCP assessment is more likely to result in the issue of an EHCP. In 2017 only 2.1% of EHCP assessments did not result in an EHCP being issued. For England this was 4.9%. The reasons for this are not totally clear and it is suggested they are investigated further and reviewed in a future JSNA.

NEEDS ASSESSMENT KEY FINDINGS

EHCPs can utilise personal budgets to enable greater personalisation and provide choice and control to the child and young person. However, in Birmingham in 2017, only 4 personal budgets were issued, transferred or reviewed.

There are currently no commissioned residential placements for 38/52 week placements in the City. For children with SEND who need this service, children are placed in independent specialist provision outside Birmingham.

Transition from children's to adults' services

Transition into adult services should start at 14 years according to the SEND Code of Practice. The SEND Inspection Report (2018) highlighted that more needs to be done to give young people in Birmingham a more positive experience of change in the level and types of service they receive as they grow older.

In Birmingham, there is an initial intention to start transition planning at age 13 or 14 (Birmingham Strategy for Transition). Though there is an aspiration to raise awareness from birth (with children and families) of the importance of preparing for adulthood. Key services are working together to improve transition pathways and to develop a wider offer of opportunities.

Primary Care

Parental dissatisfaction with primary care support for children and families around SEND was identified during the 2018 CQC Ofsted Inspection. The most recent data shows that just over a third of young patients on the GP Learning Disability Register had taken up the annual health check and had a health action plan.



WHAT WE HAVE DONE SO FAR

Establishment of a joint commissioning task and finish group (TFG) with a remit from the Leadership and Investment Work stream to co-ordinate the planning, commissioning and delivery of the “Roadmap to integrated Commissioning” and specifically to:

- Develop a shared view of investment and resources across health and care by mapping and identify areas of joint spend.
- Develop a shared understanding of current and future needs and a gap analysis.
- Develop a shared understanding of commissioning intentions and procurement plans maximising opportunities for aligned and joint commissioning.
- Analyse and recommend approaches to develop integrated service pathways to improve children, young people and families’ experiences of the user journey.
- Produce a process / methodology for decommissioning services and reducing negative impact for children, young people and families.

Principles

The TFG will engage commissioners and stakeholders – including Birmingham and Solihull CCG, BCT, BCC, Special Educational Needs Assessment and Review, Schools and Education and Skills and wider partners, in order to align resources, commissioning processes and deliver an integrated service offer for vulnerable children and young people in the City. The work of the group will be guided by the following principles:

- The promotion of prevention and early Intervention and developing resilience in children, young people and families.
- Promoting Safeguarding through all areas of planning, commissioning and service delivery within internal staff and third party providers.
- Co-production and meaningful engagement with service users and stakeholders in reviewing, redesigning and recommissioning services.
- Single service planning, minimising duplication, streamlining activities and delivering economies of scale.

The TFG will ensure that activity is progressed following a structured commissioning methodology which consists of:

- Understanding of need, demand and gaps.
- Understanding of market forces and supplier relationships.

WHAT WE HAVE DONE SO FAR

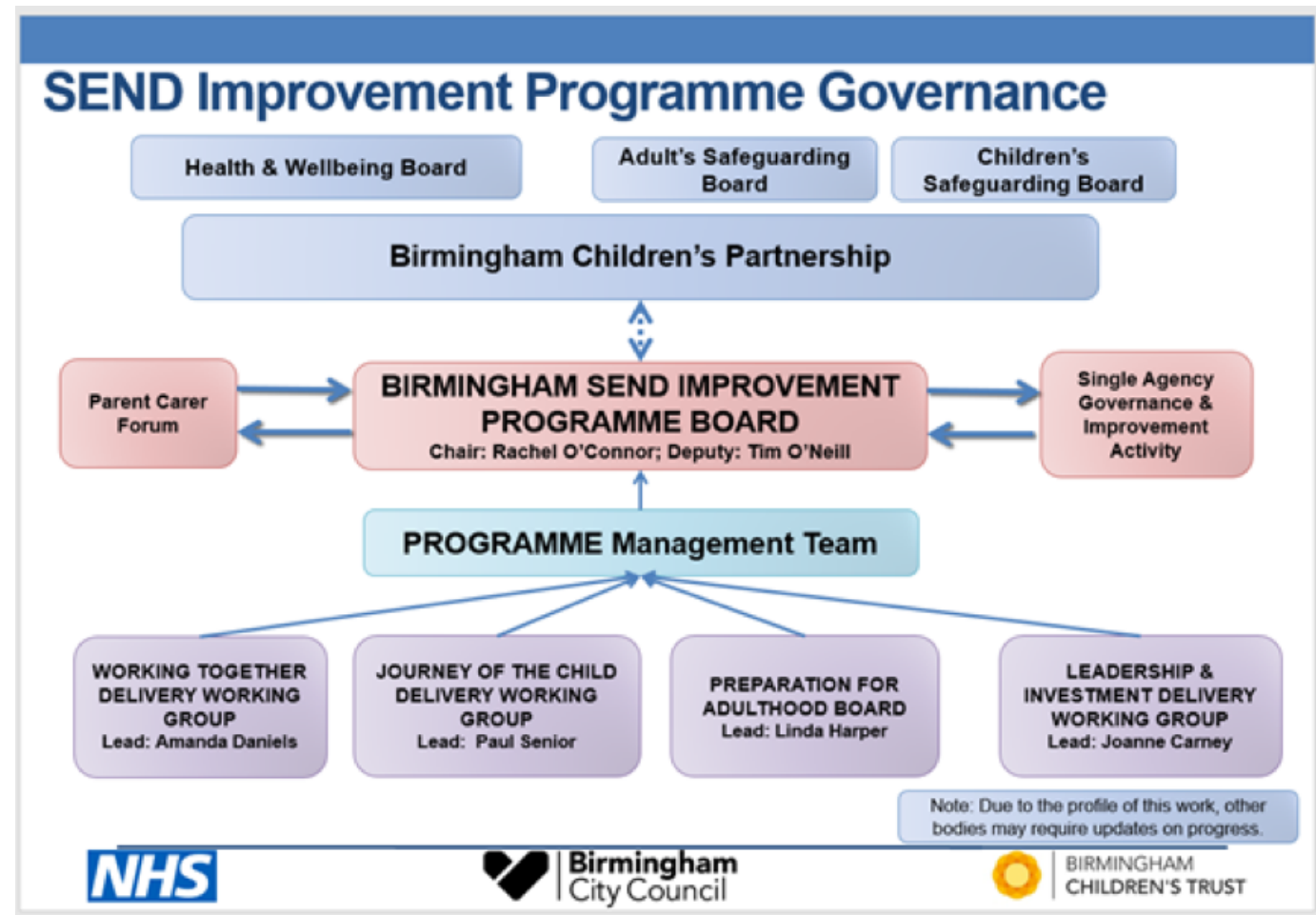
- Service specifications that are based on application of evidence/ best practice and what works.
- Whole systems approach to developing solutions – linked to front-line operational practice.
- Securing value for money and making best use of our combined resources.

Accountability and Governance

The TFG reports to the Leadership and Investment work stream and in turn the SEND Improvement Board and Children's Partnership Board. Each constituent partner within the TFG is responsible for briefing and securing the necessary approvals from within their internal governance structures.

Any reports and updates to the Leadership and Investment work stream and Children's Partnership Board will be shared with TFG members beforehand, wherever possible so there is ownership and alignment of priorities, delivery and outputs.

Fig. 2 SEND Improvement Programme Governance Structure



WHAT WE NEED TO DO FROM NOW UNTIL MARCH 2021

The section below sets out the key activities of the TFG:

Scope the Service Areas and investment profile across the partnership

- a. Map the functions or services – and the service dependencies.
- b. Identify investments according to the functional map.
- c. Define the service user populations.

Scope Needs, data and related intelligence across the partnership

- d. Needs Analysis.
- e. Current service plans and reviews.
- f. Service data and performance against outcomes (and national benchmarks).
- g. Service User Views.

Scope commissioning intentions and procurement plans

- h. Identify contracts.
- i. Type of services delivered.
- j. Cohorts of children, young people and families supported by commissioned.
- k. Cohorts of children, young people and families that are not supported/ unmet needs.
- l. Service gaps.

Develop a section 75 agreement

- m. Describe services that will be managed under joint arrangements as indicated by need and gap analysis.
- n. Agree accountability and governance structures to underpin the section 75 arrangement.
- o. Move to formal arrangements from the start of 2020/21.

REFERENCES

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- Special educational needs and disability code of practice: 0 to 25 years
- Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities
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