

## **NHS Calderdale Clinical Commissioning Group**

### **Children and Young People with Special Education Needs and/or Disabilities**

#### **Purpose of this document**

This document has been developed by Calderdale Clinical Commissioning Group

- To demonstrate Calderdale CCG commitment to a collaborative approach to improving outcomes for children and young people aged 0-25 with special education needs and disabilities.
- To identify where Calderdale CCG has evaluated its compliance with the Children and Family Act for children and young people with special education needs and disabilities.
- To set out the areas identified for further development.

#### **The Children and Families Act 2014**

The Children and Families Act 2014 placed a legal obligation upon Clinical Commissioning Groups in their commissioning of services and collaboration with local partners in meeting the needs of children and young people (CYP) with special educational needs and disabilities from birth to the end of the academic year in which they become 25.

#### **Leadership and Governance**

The Head of Service Improvement is the senior strategic lead for Calderdale Clinical Commissioning Group in its delivery of services to CYP with SEND. This allows the CCG to demonstrate that it has a Senior Champion with a clear line of accountability to the Governing Body. The Service Improvement Team has oversight of how services are commissioned, coordinated and work together to meet the needs and aspirations of CYP with SEND and representatives sit on a range of strategic meetings as the representative of the CCG.

To support it in achieving its statutory responsibilities, Calderdale Clinical Commissioning Group has an associate role for a Designated Clinical Officer (DCO). The role is based within the Service Improvement Team and can broadly be understood as follows.

The Designated Clinical Officer works closely with the Local Authority Special Education Needs Team (SEN Team) in their coordination of assessment and development of Education and Health Care Plans (EHCP). To do this, the DCO reviews all applications and sits on the SEN Moderating Panel. The DCO also works with local health providers to enable their collaboration in the EHCP process such that the 20 week timescale is achieved where possible. The DCO is also the person who deals with disputes that arise around health care delivery.

The Quality Committee of the Calderdale CCG determined in October 2016 that they require an annual report on work and progress around compliance with the Children and Families Act 2014 as it related to CYP with SEND. There is also the opportunity to exception report at any point. Detail from the reports provided to the CCG by the Local Authority SEN Team will be included in any report to Quality Committee.

Areas that are not being achieved were described on the CCG risk register from end of November 2016.

## **The Legal Obligations**

The legal obligations can be understood within six domains as set out to CCG Accountable Officers by NHS England in August 2015

- Identification
- The Local Offer
- Joint Commissioning Arrangements
- Education and Health Care Assessment and Planning
- Health Care Provision
- Mediation (health care issues)

This document sets out how Calderdale Clinical Commissioning Group is working to meet its legal obligation, describing the steps that it is taking to ensure that CYP with SEND receive the right support to focus upon the outcomes that matter to them.

### **1. Identification**

Section 23 of the Children and Families Act places health bodies under a duty to identify children under compulsory school age with SEND and to inform the child's parents. They must also inform the local authority (LA). Calderdale CCG is not a provider organisation and as such will not be directly involved in this identification role. However, the CCG is committed to working with partner agencies to describe the health role in an early identification pathway and to ensure that this is described in provider contracts.

The Local Authority SEN Team is the point of coordination for CYP who may need an Education Health and Care Assessment and Plan. It is within this process that CYP with SEND who require an assessment and plan are identified to the CCG via the Designated Clinical Officer. From that point on, the DCO will be involved as appropriate to ensure that health providers are engaged to describe both health need and input as part of the process.

## **2. The Local Offer**

Calderdale Commissioning Group must and has worked with the local authority to develop a web based Local Offer for CYP with SEND. Co-produced with CYP and their families, the Local Offer sets out the support available across education, health, care and the voluntary sector. The Designated Clinical Officer participates in Local Authority led reviews and updates of the Local Offer and communicate with local health providers to ensure that they are aware of the Local Offer and in particular request

- That they are able to signpost CYP and families to the Local Offer
- That on notice boards and service websites they display details of the Local Offer and how to access it.

## **3. Joint Commissioning Arrangements**

The Children and Families Act 2014 requires the CCG to participate in joint arrangements with the local authority for considering and agreeing the commissioning arrangements for CYP with SEND.

There are a number of emerging examples of where the Clinical Commissioning Group and Local Authority jointly commission services and where the specification is clear about the services obligations to CYP with SEND. The Child and Adolescent Mental Health Service is a mature example of this. Calderdale is also looking to revise the various specifications for Speech and Language Therapy into a single and jointly commissioned specification. There is however need to progress mapping of existing services for CYP with SEND through provider contracts-assessing level of need against provision.

Commissioning around individuals with SEND also takes place on a case-by-case basis and there are two main CCG routes into this process

1. An Education, Health and Care Assessment will indicate that a CYP presents with health needs that will be a barrier to education and learning and compromise achievement of outcomes and that these needs cannot be met from mainstream health services. This is raised by the SEN Team with the CCG DCO who will work with the SEN Team, the Continuing Care Team and the appropriate health coordinator to describe the required input. Where the request does not meet the threshold for Continuing Care (using the Leeds pre-check list), there is a notional health budget to meet need identified in this way that is overseen by the CCG.
2. An infant in receipt of Continuing Care and who has additional educational needs who requires a planned transition from early years to school or an older child who has become ill whilst at school, developing additional

educational needs will be flagged to the SEN Team for consideration for an EHC Assessment. Children in these circumstances who do not have additional educational needs will be supported by a health care plan.

3. There is a distinct pathway for young people in receipt of Continuing Care to be considered for Continuing Health Care in preparation for the end of the academic year in which they reach age 25.

Calderdale Clinical Commissioning Group has a continuing care commissioning role with coordination of this process from a dedicated team and there is a protocol that describes their role in the EHCP process.

#### **4. Education Health Care Assessment and Planning**

The CCG has a responsibility to ensure that commissioned services are mobilised to participate in the development of EHC plans and that development takes place within the agreed 20 week timescale.

Whilst the DCO is involved in the detailed oversight of this process which is coordinated by the SEN Team, the CCG has limited involvement in the actual assessment and description of provision that is led by clinicians from the services that the CCG commission.

In order to support the successful completion of EHC plans and to enable commissioned services to meet their obligations the CCG has:

1. Written to the Chief Executives of the two health trusts that deliver the health services to CYP commissioned by the CCG. This requests that the health trust establishes a secure point of email contact that may be used by the SEN Team to request health information and input of the relevant health professional in the EHC assessment and planning process.
2. Worked with the Local Authority SEN Team to develop a template for all health providers and which ensures that there is a proportionate way for different professionals to contribute advice and information to the EHCP. This also allows the CCG to demonstrate scrutiny and sign off as appropriate both from the DCO and Continuing Care.

The DCO has also worked to strengthen provider understanding of their statutory obligations and has worked with the Local Authority in developing a bespoke training for health professionals as well as progressing a survey to ask Primary Care about their understanding of and actions around the SEND agenda.

## **5. Health Care Provision**

The CCG is required to demonstrate that health provision specified in Section G of the EHC plan must be agreed by the CCG and that health care provision should be agreed in time for it to be included in the draft EHCP that is sent to the child's parents or to the young person.

The template referred to in the section above has been designed to achieve this requirement. It allows individual health services to sign off their own involvement. A report completed by the DCO in April 2016 showed that health providers are challenged in their description of both need and provision and that a more comprehensive process was required. The development of the template was intended to:

- Enable an accurate description of need and health input to achieve agreed outcomes that, has been authored by the provider that will be responsible for delivering and reviewing the care described in Section G.
- Enable the CCG to agree input in those cases where there is high cost and low incidence provision.

Quality assurance of the completed templates is undertaken by the DCO and learning shared with the services.

## **6. Mediation**

Section 53 of the Children and Families Act 2014 requires health partners to participate in mediation when asked to do so. The Local Authority SEN Team has commissioned Collis Mediation, a nationally accredited mediation provider, to facilitate mediation around EHC assessment and Plan including where agreed with Health partners.

This falls into the role of the Service Improvement Team but as yet, has not been required.

## **Forward Planning**

- The CCG is committed to reviewing its approach to the commissioning of services and collaborative working for children and young people aged 0-25 with special education needs and disabilities. A first example of this is the Calderdale CAMHS Specification. Calderdale CCG is also leading a system-wide review to ensure that services properly respond to and meet the needs of children and young people on the autistic spectrum.

- The CCG will set out how it will map existing services for CYP with SEND through provider contracts in the financial year 2018/19-assessing level of need against provision.

**The 'Calderdale Local Offer' is a one stop shop giving all of the information you might need on the services and support available for children and young people (from birth to 25) with Special Educational Needs and/or Disabilities and their families. It can be found by following this link:**

**[www.calderdale.gov.uk/localoffer](http://www.calderdale.gov.uk/localoffer).**

**The supporting Facebook page can be found at:**

**[www.facebook.com/Calderdale-Local-Offer-1021684324516755/](http://www.facebook.com/Calderdale-Local-Offer-1021684324516755/).**

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