

Rotherham Joint Commissioning Strategy for Children and Young People with Special Educational Needs and/or Disabilities.

May 2016

Version 12

Rotherham Joint Commissioning Strategy for Children and Young People with Special Educational Needs and/or Disabilities (SEND)

Introduction

Rotherham is passionately committed to working collaboratively to support children and young people with Special Educational Needs and Disabilities (SEND), and their families. This document provides an overview of how the joint commissioning of services for children and young people with SEND in Rotherham will be developed and implemented in line with the requirements of the Children's and Families Act 2014. Effective joint commissioning will ensure that resources are maximised across our services to improve outcomes for children and young people (0 – 25 years of age) with SEND and their families.

The joint commissioning scope, vision and principles outlined within this document, are in line with the *Rotherham Joint Commissioning Strategy for Children and Young People – Our Journey to Excellence - August 2015- August 2018*.

The arrangements will be subject to external scrutiny through a new SEND Ofsted and Care Quality Commission framework.

What is Joint Commissioning?

Joint commissioning in the context of SEND, consists of two types of commissioning:

1. Individual commissioning for a young person which takes the form of an Education, Health and Care Plan.
2. Joint commissioning in terms of the population of Rotherham SEND population, which is the process for deciding how to use the total resources available for families, in order to improve their outcomes in the most efficient, effective, equitable and sustainable way.

Individual Commissioning

Individual commissioning is a person-centred and joined up approach to identifying and meeting the needs of an individual child or young person and their family. The Education, Health and Care (EHC) Planning pathway facilitates a clear understanding of individual needs and the support and provisions necessary to achieve agreed outcomes. An EHC plan clarifies roles, responsibilities, accountabilities and represents a clear joint commissioning plan for an individual.

The representation of the current SEND Local Offer on page 8 of this document, describes the relationships between the EHC Assessment Team and commissioners within SEND across Children and Young Peoples and Adult Services. It is a representation of how individual commissioning arrangements through the Education, Health and Care Plan process should inform the arrangements for population commissioning.

Joint Commissioning for the population

Joint commissioning facilitates key agencies (Education, Health and Care and others) working together to identify the outcomes that matter to and for children and young people with SEND, their families and communities and the planning, delivery and monitoring of services effectively against how the outcomes are being achieved.

Joint commissioning involves:

- Shared commitment to improve experience and outcomes.
- Common strategies underpinning a joint strategy.
- Agencies jointly designing and managing consultation and feedback activities.
- Jointly designed population needs analysis, which will identify gaps, including the JSNA.
- Joint working groups to review and develop the market.
- Agencies identifying pooled budgets for particular areas, and a joint approach to decision making on budget allocation to meet common objectives.
- Use of Health Act Flexibilities.
- Multi-agency review groups including children, young people, parents and carers ensuring robust joint arrangements for the collection and interpretation of performance information.
- Sharing of risk with market development.
- Agencies issuing joint block contracts or share contract risk.
- Standard joint contract terms that are realistic and deliverable by providers.
- Emerging hybrid roles supporting a joint strategic commissioning function across agencies.
- Clear understanding of the resources and skills required to provide support to joint strategic commissioning
- Joint appointments of commissioning staff.

The Joint Commissioning Framework outlined on the next page uses a typical commissioning cycle across four key steps of understand, plan, do, review. For each of these steps the framework explains what partners will do to jointly commission services for children and young people with SEND and their families. This will be developed into a work plan taking account of the findings from the service mapping work.

Who are the Partners?

The statutory partners, NHS Rotherham Clinical Commissioning Group and Rotherham Council, are committed to improving outcomes for children and young people with SEND and their families. The Children and Families Act sets out clear requirements for each of the partners.

Key to joint commissioning will be the co-production and engagement with children, young people and their families. The strategy will enable a clear relationship and seek to develop joint commissioning approaches.

Section 1.22 of the revised Code of Practice 2014 outlines the principle of joint working:

'If children and young people with SEN or disabilities are to achieve their ambitions and the best possible educational, health and other outcomes, including getting a job and living as independently as possible, local education health and social care services should work together to ensure they get the right support'

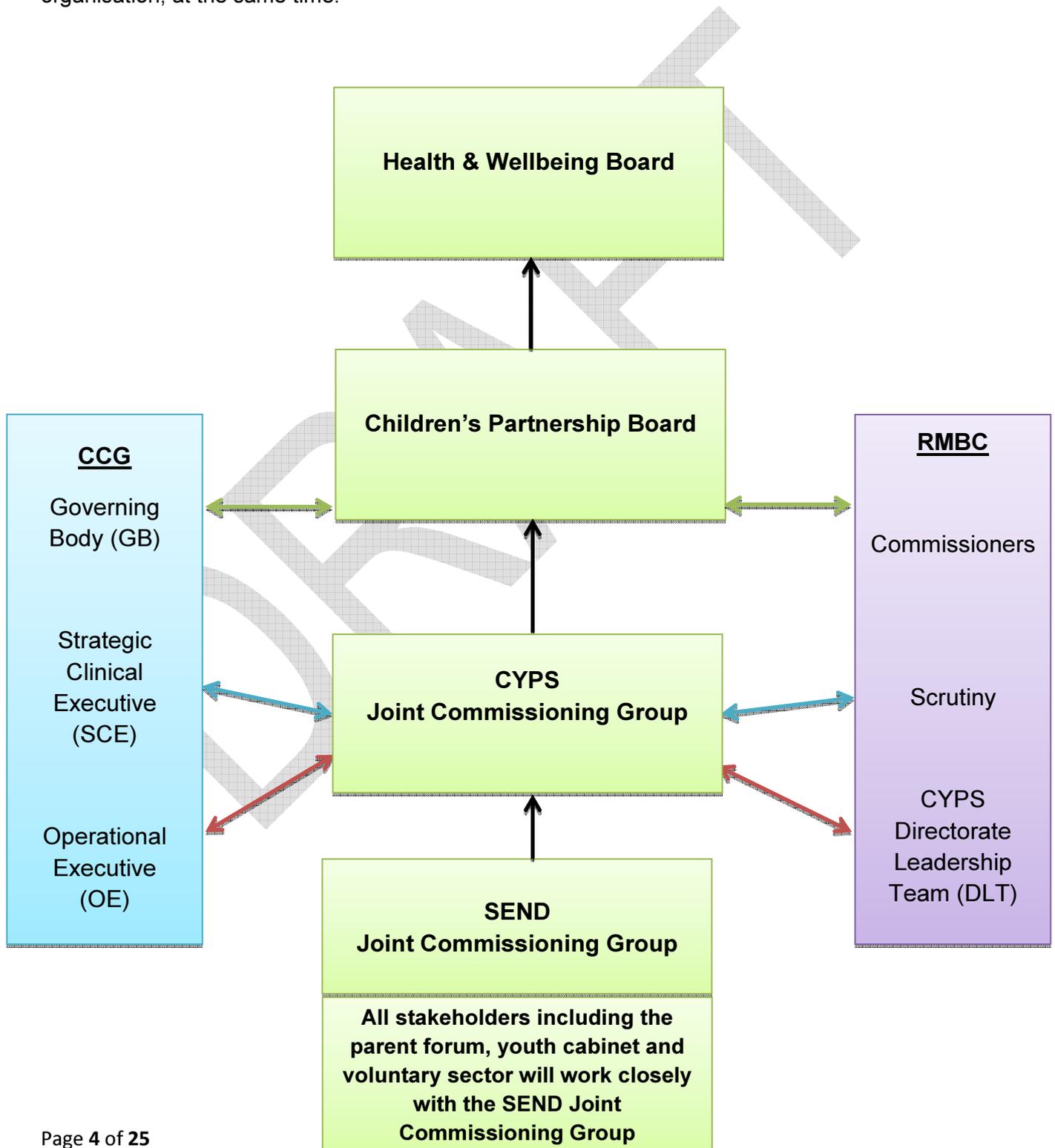
Section 3 of the code details the requirements for working together across education health and care for joint outcomes. In particular, that the joint commissioning cycle will rely on partnerships being established between education, health and social care together with parents groups, children and young people. Involvement with and feedback from schools, pre-school settings and post-16 education providers will be vital in helping to inform the commissioning cycle of 'joint understanding, joint planning, joint delivery and joint review'.

Covering age 0-25 the Act makes the provision of effective transitions and the development of further joint commissioning across children and adult commissioning structures vital.

The arrangements will be subject to external scrutiny through a new SEND Ofsted and Care Quality Commission framework.

RMBC/CCG Governance Structure

The diagram below shows the governance structure for the joint commissioning process. Papers will be sent through the governance process to the corresponding meeting of each organisation, at the same time.



What are the benefits of Joint Commissioning?

Through working together and putting in place joint decision-making processes, stakeholders 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. Joint Commissioning can reduce unnecessary duplication of, or barriers between provision and the development of more efficient and effective service provision.

What are our SEND Joint Commissioning Vision and Principles?

The Vision

Our vision for Rotherham children and young people with SEN and disabilities is the same for all of our children and young people; that they be safe, happy, healthy, confident and successful, contributing to a thriving, inclusive community that is welcoming to all.

Their achievements, supported by effective settings and services working in partnership with families and communities, will enable them to enjoy independence, improve experience and have fulfilling lives.

We aim to:

- Lift aspirations and build on existing strengths
- Increase Personalisation – such that provision and support is designed and delivered in collaboration with children, young people and their families so that it is person centred, responsive and better matched to need
- Focus on and improve outcomes that are important to, and for, children, young people, families and communities
- Enhance Partnerships – so that we can jointly commission to collectively achieve and sustain our vision

The Principles

- Provision and service development and delivery will be driven by our collective ambition to achieve the best possible outcomes for children, young people, their families and carers.
- Services will be commissioned in line with the spirit and requirements of the Children and Families Act 2014.
- To encourage education, health and care commissioners and providers to only make changes to SEND structures, provision and entitlements following discussion with partner agencies.
- We will work in partnership with providers who also commission SEND activities, including colleges.
- Joint commissioning approaches will involve co-production with parents/carers and young people.
- We will enhance information sharing and communication
- We will reduce duplication and streamline service management
- Service development and delivery will be driven by the best possible outcomes for children, young people and their families and carers.
- All agencies and services will communicate clearly and regularly with others about their roles

What are our Joint Commissioning objectives?

- To ensure that children, and young people with SEND gain maximum life chance benefits from educational, health care and social care and have the opportunity to achieve their full potential.
- To ensure that children and young people with SEND are fully informed and engaged.
- To ensure progression and continuity of support and care as young people move into adulthood.
- To enable children and young people with SEND to have as much choice and control over their lives as possible.
- To ensure that families and carers are supported.
- To enable children and young people with SEND to benefit from high quality services that are designed around their individual needs.
- To enable children and young people with SEND to be included within and contribute to their community, supporting positive activities, friendships and relationships.
- To ensure that the workforce across agencies, is appropriately skilled, trained and qualified, to promote a better understanding of, and meet the needs of children and young people with SEND.
- To develop and implement clear joint performance mechanisms to evidence individual experience and outcomes as well as value for money.

Where are we now?

The introduction of Education, Health and Care Plans in September 2014 has resulted in improved arrangements for tailored SEND packages for children and young people.

The position as at October 2015, is that there are 705 statements that will need converting into Education, Health and Care Plans (EHCPs), with 251 EHCPs already been issued, 95 cases that are under assessment and 240 conversion that are ongoing or which will be started in the near future.

The Local Offer for Rotherham describes the current range of services and provisions available to families, which represents the totality of commissioned services in Rotherham.

There is a newly established advice and information service and currently there are two independent parental support workers.

However, there is little evidence of joint commissioning of SEND services. The only service that is commissioned within joint commissioning arrangements and aligned budgets, is the Child and Adolescent Mental Health (CAMHS) service. Other services have developed with joint commissioning approaches, such as Specialist Equipment provision and Continuing Health Care packages.

There has been a mapping of SEND services and also a review of SEND arrangements, which has enabled a more detailed understanding of how these services are configured, including information on service delivery, the cohort of service users and their complexity of need, unmet need, service costs and funding source. The key findings from the mapping work are as follows:

Rotherham families tell us that we have:

- A lack of opportunities for supported employment packages
- Gaps in service for those who don't meet the criteria for Targeted Family Support

- A need to improve transitions

The Rotherham Inclusion Focus February 2015 told us:

- The current model of provision for young people with Social, Emotional and Mental Health needs is financial unsustainable and it does not appropriately meet the needs of this very vulnerable group.
- There is more work to do to further develop and implement the SEND Reforms in Rotherham. This includes enhancing the EHC Assessment Team to provide a 0-25 assessment service.

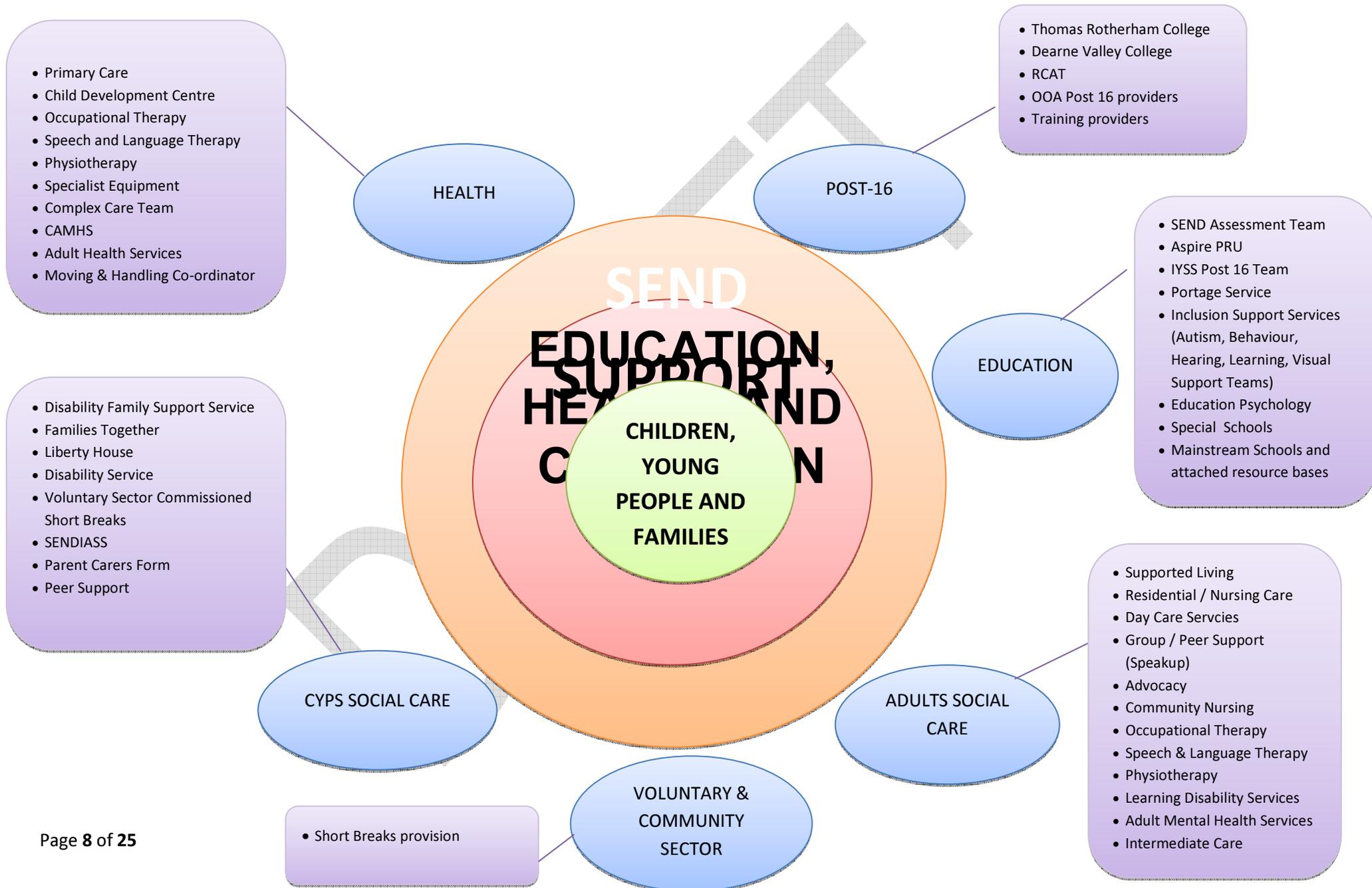
SEND Mapping Exercise October 2014 to February 2015 told us:

- There is limited out of school support for families post Autism Spectrum Condition (ASC) diagnosis
- Individual service links with the Child Development Centre (CDC) are not strong and there is a view that the CDC is inflexible towards their working with families. The CDC provides a service up to the age of 5 and there is a marked difference in the way that assessment is undertaken by CAMHS for those who are over 5 year
- Hearing Impaired young people: a lack of technical aids for the home and no funding source for extracurricular activities to enhance life experience
- Visually Impaired young people: Resources and equipment is reaching the end of its life. There are good links with the Sheffield eye clinic, but there is less collaboration with the Rotherham eye clinic
- The Education Psychology Service is unable to provide a service to pre-school children, the Aspire PRU, young people who are out of authority and unable to respond to requests from Health (e.g. Paediatrics) for input that does not meet school thresholds
- Opportunity to create efficiencies and flexibility in the way in which home to school transport is delivered
- The Speech and Language Therapy Team does not provide a service above age 11 unless the child has specific needs with regard to ASC. There are long waits for group therapy and intensive therapy is restricted.
- The services at Kimberworth Place (Children's Disability Team, CAMHS, Hearing Impairment Team, Visual Impairment Team, Autism Communication Team and the Child Development Centre) work well together on an informal basis, however a number of key teams may also benefit from being based in Kimberworth Place including the ISS (currently based in Rockingham Development Centre), and the EHC Assessment Team (currently based in Riverside)
- There is a gap for those who don't meet the targeted family support criteria, the Children's Disability Family Support Service criteria or are not the right age for Children's Centres.

A sample of the Current SEND Local Offer

The diagram on page 8 outlines a sample of the key services that form a part of the current SEND Local Offer and that are involved in the development of Education, Health and Care Plans. These services are provided by a range of providers across the statutory and voluntary sector.

A sample of the current Rotherham SEND Local Offer



Overarching SEND Joint Commissioning Framework

1. Understand

UNDERSTAND - We will:

Use the Rotherham Local Offer (LO) to further map all provision including that provided in schools and colleges. Find out how it is used and the outcomes it achieves. Identify gaps in provision and understand the impacts of these across the system.

Use quantitative and qualitative needs analysis to identify current and future needs and unmet needs of children and young with SEND and their families and understand what is important to children, young people and their families.

Develop ways of gathering more informative commissioning intelligence across partners and from EHCP's, actively sharing information and working to fill in information gaps.

Work out the real cost of in-house and externally commissioned services and the outcomes they achieve, assessing their effectiveness and value for money.

Understand the development needs of the workforce.

2. Plan

PLAN - We will:

Agree the 'must do' outcomes we expect providers to deliver, and how they will contribute to the identified outcome indicators.

Explore how different procurement techniques might be used to improve efficiencies. Ensure user involvement to improve outcomes. Ensure the most effective and proportionate approaches are taken to meet the desired outcomes.

Co-produce services with children, young people and their families.

Develop a clear strategy for the provider market and publish future joint commissioning intentions.

Co-produce a strategy, which includes a commitment to the provision of personal budgets, personalisation, co-production and self-directed support.

Plan the timings of procurement activity across partners and ensure effective risk identification and risk management systems are developed and embedded in future service planning.

Children, Young
People and
Families with SEND

3. Do

REVIEW - We will:

Jointly monitor service delivery against expected outcomes and report on how well it is doing, using this to improve the Rotherham Local Offer and delivery.

Review and monitor workforce developments and the implementation of key working within provider services.

Use evidence from the Rotherham Local Offer as part of or joint approach to reviewing the effectiveness of services provided.

Develop a shared monitoring and performance management framework, which monitors outcomes achieved including those within EHCP's.

Work with children, young people and their families to enable them to review services with Commissioners, capturing learning from existing work and developing future processes.

4. Review

DO - We will:

Publish commissioning decisions – provide transparent reasoning's for decisions made.

Procure/re-shape services where necessary - make investment decisions.

Ensure that workforce needs are effectively embedded into joint commissioning plans and that clear developments are made to embed key working within provider services.

Enable children, young people and their families to have control and choice relating to the care and services they receive.

How will we implement the Framework?

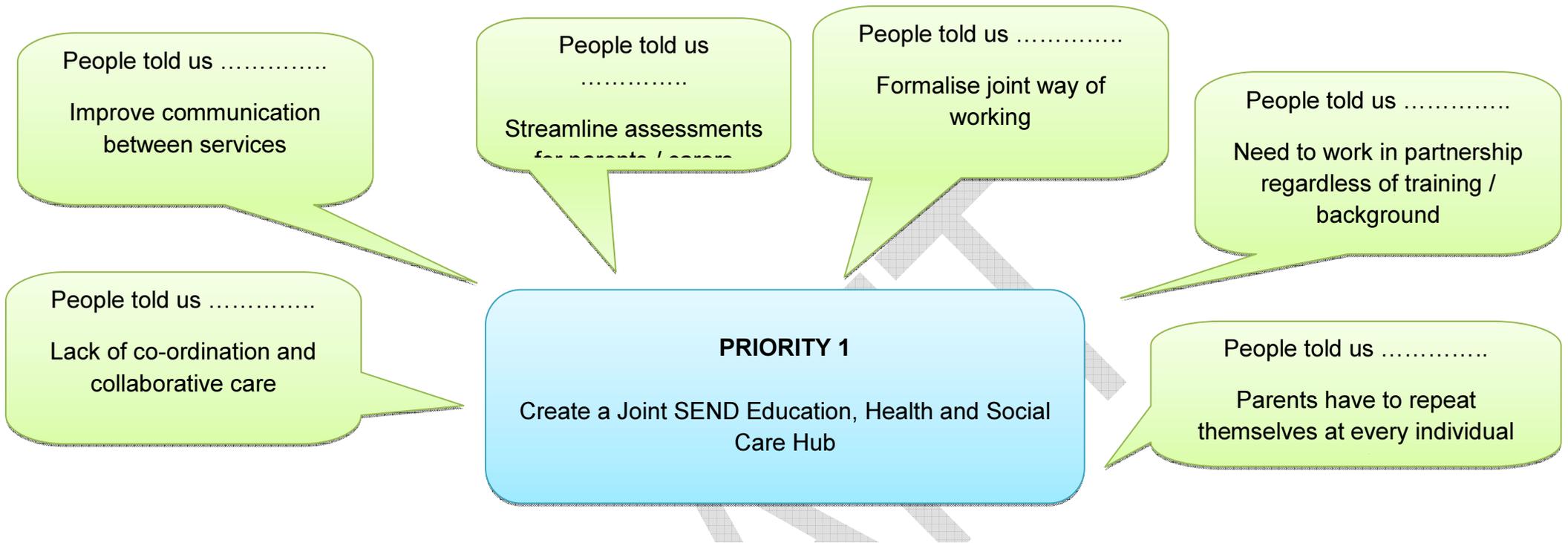
Implementation will require a phased approach to move from the current position, which is a mixture of single, aligned and joint commissioning approaches to more formal, planned and fully coordinated joint commissioning covering the whole of the needs for children and young people with SEND and their families.

The initial focus will be further developing joint commissioning arrangements between the local authority, Rotherham CCG and NHS England. However consideration will be given to how this can be extended to work with schools to understand their potential role and contribution to joint commissioning arrangements.

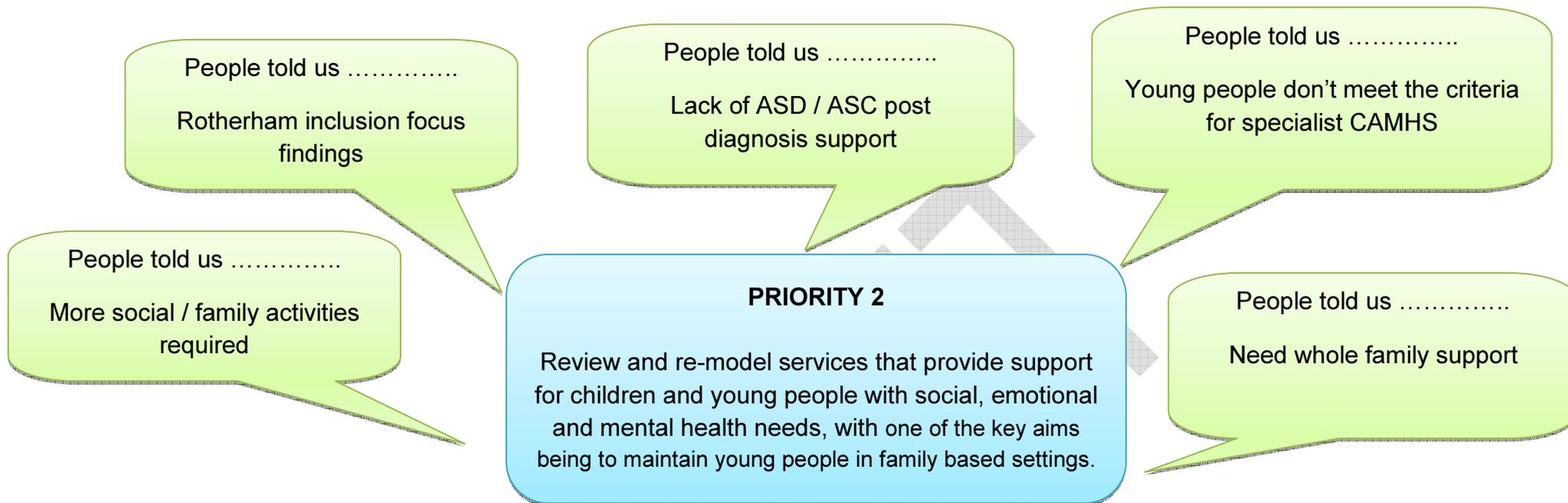
The following list of priority areas of work have been identified through the SEND Mapping exercise and consultation with key staff and will be implemented over the next three years:

- Priority 1 Create a joint SEND Education, Health and Social Care Assessment hub at Kimberworth Place. *Year 1*
- Priority 2 Review and re-model services that provide support for children and young people with challenging behaviour, with one of the key aims being to maintain young people in family based settings. *Year 1*
- Priority 3 Develop a performance and outcomes framework that will be applied across all local authority and CCG SEND provision. *To be implemented by Year 3*
- Priority 4 Align local authority and CCG specifications for SEND service provision, so as to facilitate commonality of practice and a consistent approach (thus reducing duplication, improving efficiencies and developing clearer pathways). *Year 1*
- Priority 5 Audit the Education, Health and Care Planning (EHCP) process to look at how the assessment process (including the decision making process/panels and allocation of resources) can be streamlined, so as to reduce the multiple assessments that young people and their families have to undertake. *Year 1*
- Priority 6 Ensure that there is a co-ordinated joint workforce development plan. *Year 2*
- Priority 7 Develop and implement Personal Budgets. *Year 1*
- Priority 8 Develop pathways to adulthood *To be implemented by Year 3*
- Priority 9 Develop approaches to improving life experiences *To be implemented by Year 3*

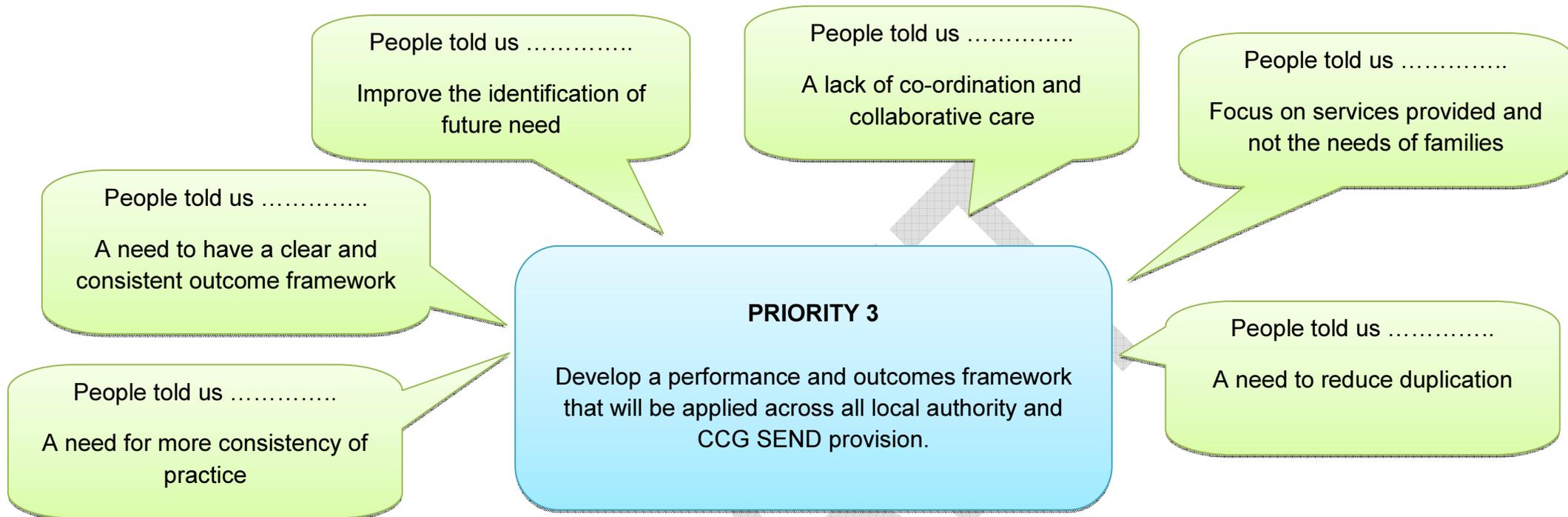
The priorities, along with comments from parents/carers and stakeholders that relate to those priorities, are detailed on pages 11 to 17.



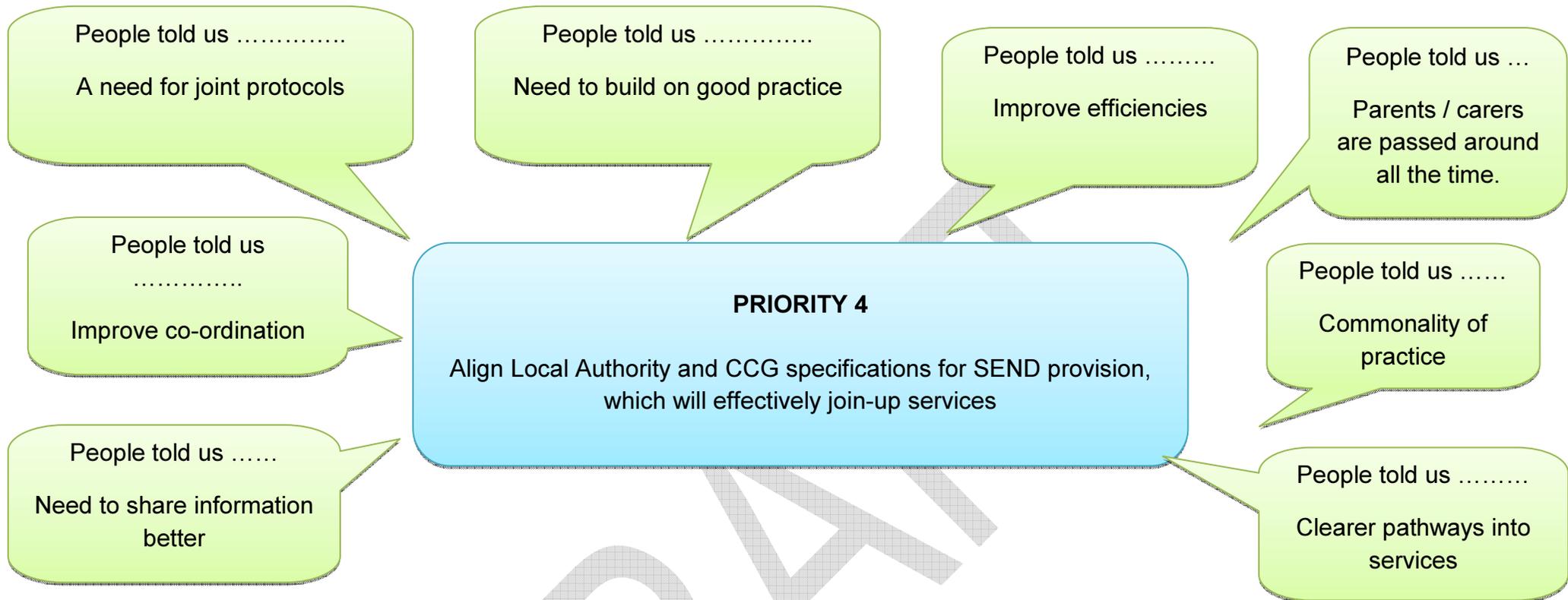
This is how we get there	This is where we want to be
Map services and relationship between services	<ul style="list-style-type: none"> • Individually commissioned plans for children and young people and families are co-ordinated in one place • Streamlined decision making process / panels (Continuing Care, Education Health and Care Plans, Short Breaks, Equipment and transitions) • Hub for personal budgets • Services understand the offer for partner agencies and have shared values and priorities • Education Health and Care Team work in strong collaboration and families • Plans are quality assured • Locality assessments feeds into the assessment hub
Develop shared values and principles for staff to be co-located at SEND Hub	
Consider benefits of moving Education, Health and Care staff together and identify the staff involved and audit use of building space.	
Identify co-ordinator of provision at the SEND Hub	
Consider solutions for information sharing	
Co-ordinate decision making processes	
Develop a robust quality assurance process	
Establish a hub for personal budgets	



This is how we get there	This is where we want to be
Use the CAMHS / Schools Pilot Project to develop new ways of working and increase understanding of social, emotional, mental health.	<ul style="list-style-type: none"> • Collective responsibility for C&YP with social, emotional, mental health issues. • Clusters of learning communities work in partnership to meet needs locally. • Strong collaboration with partners, including CAMHS, schools and Early Help who are linked into school clusters. • Build school resilience • Develop alternative provision • Young people are included and rarely excluded • C&YP mental health needs supported locally in a trusted environment and young people are kept in family based environments. • Schools develop a graduated response • Schools have a whole school approach
Early Help Offer clearly understood	
Develop training package and information and advice	
CAMHS restructure to align provision against school clusters	
School support will have a graduated response to meeting the social, emotional and mental health needs of young people with SEND	
Pathways into specialist interventions shared and understood	
GP's, social care and other services will be aware of and influence social, emotional and mental health developments.	

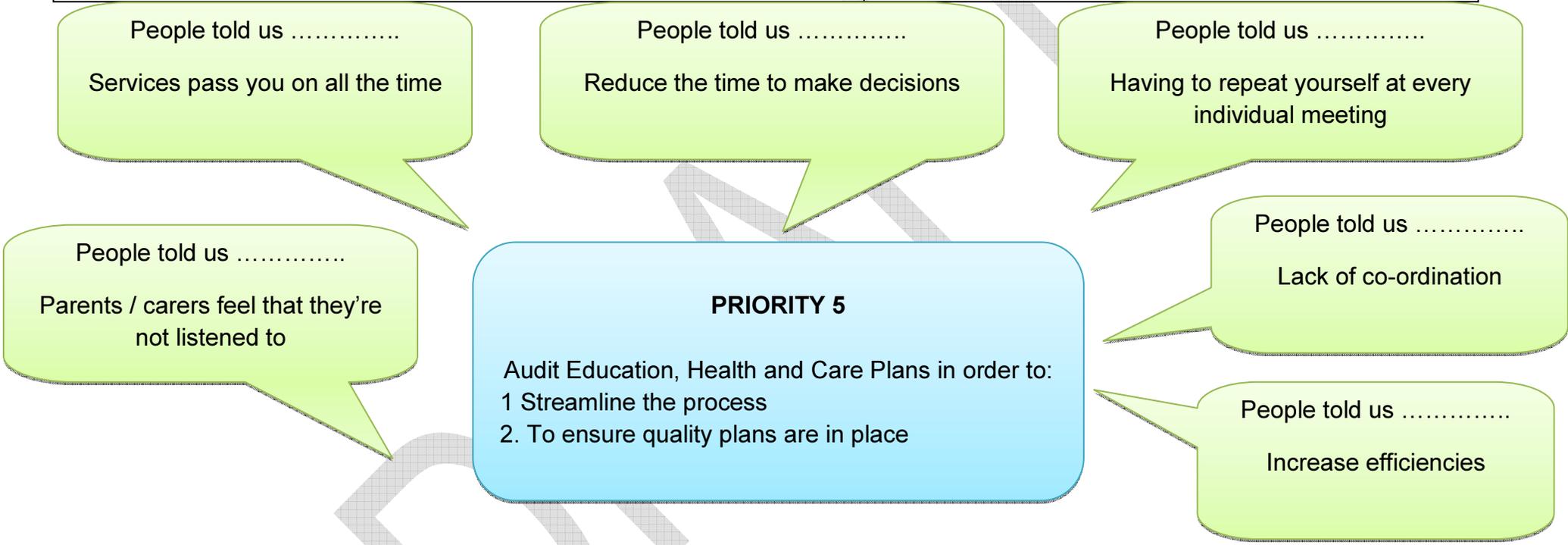


This is how we get there	This is where we want to be
Involve young people and families in determining what the performance measures should be	<ul style="list-style-type: none"> • To understand employment / education destinations for C&YP with SEND.
Create an SEND dashboard, including quantitative and qualitative data	<ul style="list-style-type: none"> • To understand if outcomes in Education, Health and Care Plans are achieved.
Quality assure Education, Health and Care Plan	<ul style="list-style-type: none"> • To understand learning outcomes for SEND.
Audit a sample of Education, Health and Care Plans on a 12 month basis	<ul style="list-style-type: none"> • To understand number of exclusions.
Review data of learning outcomes (Closing the Gap)	<ul style="list-style-type: none"> • Use surveys to understand the views of families and providers e.g. POET and Making It Real
Monitor and collate data on exclusions	
Introduce POET and analysis data	
Link with performance team quality assurance framework	



This is how we get there	This is where we want to be
Identify common working practices (golden thread) and align across all SEND services linked to the digital roadmap strategy.	<ul style="list-style-type: none"> • Families will influence, shape services and be assured that services work collaboratively • Shared values and priorities that underpin SEND services. • Clear communication of joint intentions and expectations • Clear pathways • Service specifications reference new duties and
Identify dates of review of service specifications and include the principles and priorities	
Issue service specifications for in-house services	

<p>Include quality control process to Education, Health and Care Plans</p>	<p>responsibilities eg joint assessment and collaboration.</p> <ul style="list-style-type: none"> • There are specifications for in-house and external services • A golden thread runs through the commissioning strategy to individual service specifications in all areas • Service specifications have SEND non-negotiables
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This is how we get there	This is where we want to be
<ol style="list-style-type: none"> 1. Audit the SEND assessment process , so as to look at merging processes 2. Review a sample of 20 completed Education, Health and Care Plans, to look at quality, outcomes, contribution from partners and C&YP and parental contribution 	<ul style="list-style-type: none"> • Families do not have to tell their story a number of times • All Education, Health and Care Plan partners make quality contributions to the process • Completed Education, Health and Care Plans are signed off

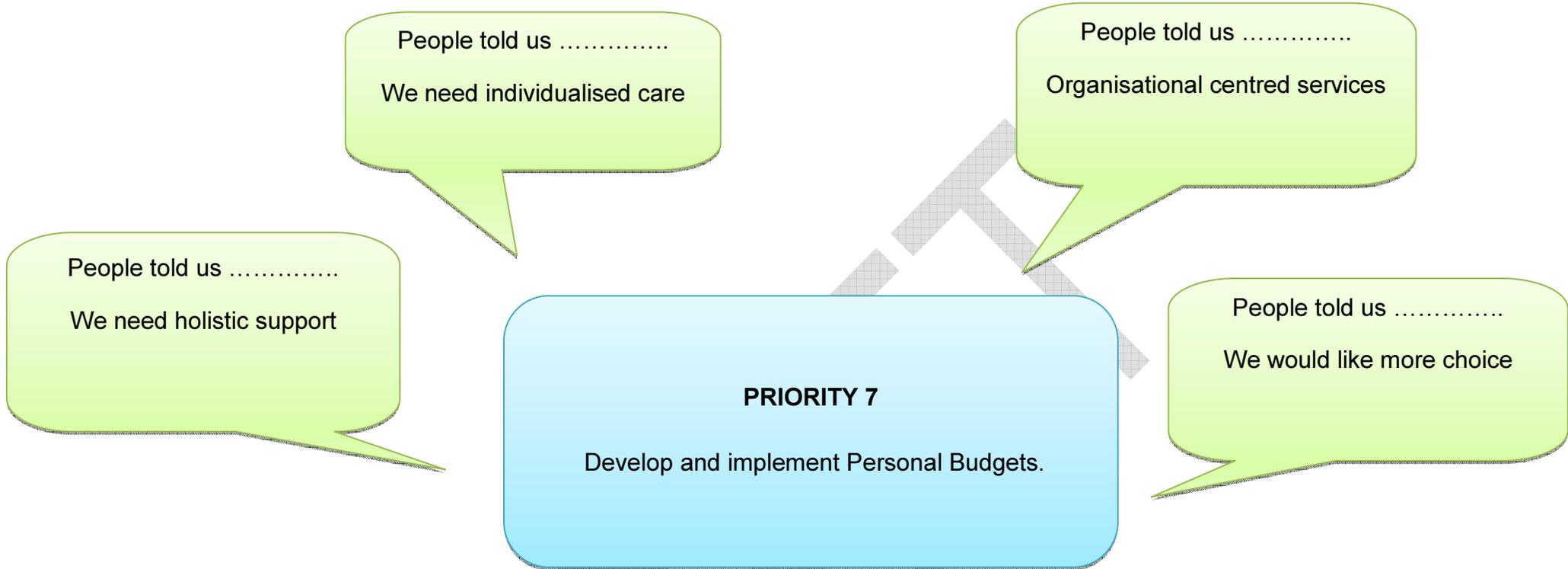
2. Identify learning from the review and	People told us Avoid mixed messages	by the Care, provis	People told us Shared understanding of the SEND agenda and process	nd Social ort or
2. Build in to service specifications the Care process				
2. Explore sign off procedure for Education, Health and Care Plans (two tiered approach)				

People told us
Lack of understanding of each
other's roles

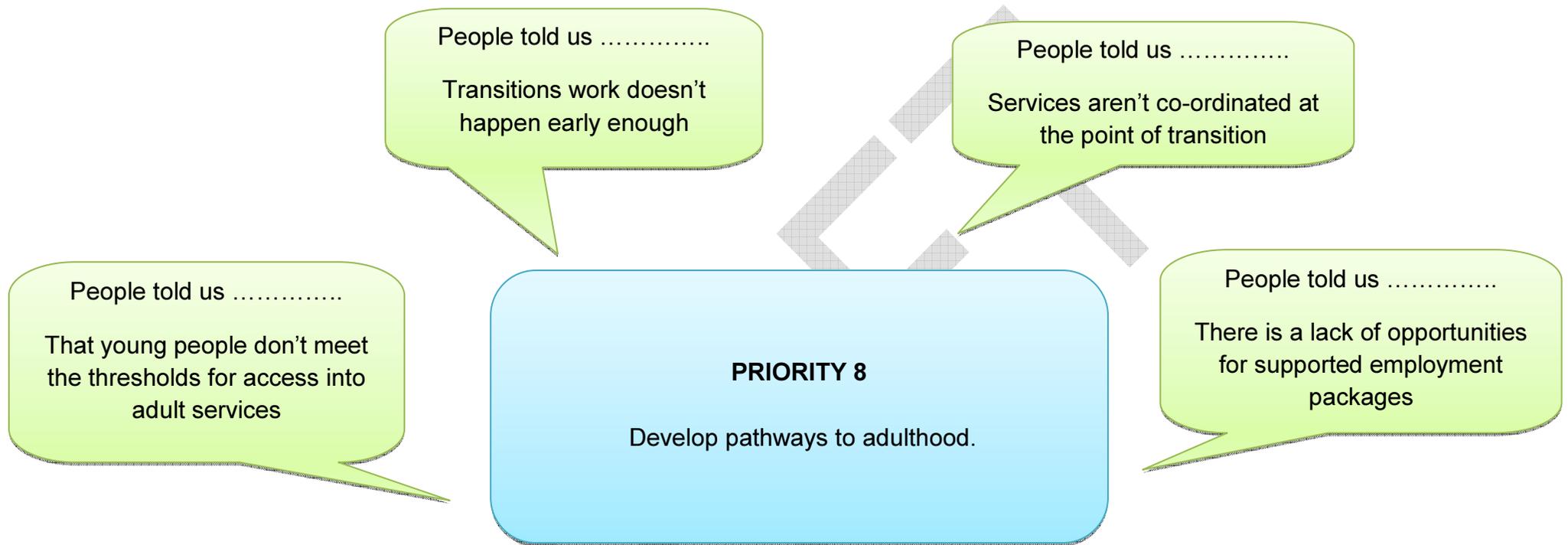
PRIORITY 6
Ensure that there is a co-ordinated joint workforce
development plan.

People told us
Joint training – pooling of
resources

This is how we get there	This is where we want to be
Pool CPD resources	Have joint CPD around key areas of development eg: <ul style="list-style-type: none"> • Young people and parental engagement • Social, Emotional and Mental Health • Education, Health and Care Planning Process • Personal budgets • Safeguarding disabled children • SEND support • Local Offer • Outcome focussed planning • Other identified needs
Develop and renew an annual training schedule	
Focus CPD on joint issues	
Invite colleagues from other service areas to multi-agency training events	
Work with staff and families to identify what matters most in terms of training needs	
Ask families what matters most	



This is how we get there	This is where we want to be
Develop a Personal Budget policy and strategy	<ul style="list-style-type: none"> Families have choice and control through personal budgets Personal Budget strategy developed and included on the local offer.
Personal Budgets Working Group to develop and implement a process for providing personal budgets around areas such as transport, specialist equipment, Short Breaks and specialist Short Breaks	
Undertake a personal budgets pilot with 20-40 families	



This is how we get there	This is where we want to be
Education Health and Care planning team have input from children's and adult's social care	<ul style="list-style-type: none"> • Young people have a plan that takes them into adulthood • A planned approach for transition to adult services. • Education, Health and Care provide a 0-25 plan • Good connections between Education, Health and Social Care • A clear criteria for transition into adult services
Develop links with Young Adults Transitional Team	
Implementing the recommendations of the Transitions Review	
Develop opportunities for semi-independent living and supported employment	



This is how we get there	This is where we want to be
Audit services that provide information, advice and support and consider re-commissioning (possibly managed by the voluntary sector)	<ul style="list-style-type: none"> • Families know where to go for information, advice and support. • SEND independent information and advice service should be linked to other information services. • Young people have support in moving towards independent living • Young people have access to enriching leisure activities • Appropriate levels of family support available
Work with housing to ensure that housing is on the local offer	
Ensure that the local offer is populated with services that provide leisure activities	
Link with Early Help to support the development of positive activities	
Research and develop a model of support for families post Autism Spectrum Condition diagnosis	

How will we know we have made a difference?

The SEND Joint Commissioning Sub Group will lead on the implementation of this strategy and pending work plan. As joint commissioning projects are implemented, agencies will provide information to measure progress regarding the impact of services and interventions. Performance reports will be shared through the necessary governance routes within agencies.

The Sub Group will also actively receive feedback from children, young people and their families, as well as from practitioners working with children and young people with SEND, to help further assess needs and challenges. This, along with the performance management will inform future joint planning, commissioning and decommissioning of SEND services within Rotherham.

Joint Commissioning Plan 2016/17

Priority action	Milestones	Resources	Lead	Risk
1. Create a formalised joint SEND Education, Health and Social Care Assessment hub at Kimberworth Place	<ul style="list-style-type: none"> • Visioning event - March 2016 • Plans in place for move – June 2016 • Teams to move - August 2016 • All teams in Kimberworth Place - September 16 	Estates support to relocate	Paula Williams	<p>A number of teams moving at the same time may cause some service disruption.</p> <p>If all team leads and staff are not actively engaged the move will be location only and not result in the creation of an SEND Hub</p>
2. Review and re-model services that provide support for children and young people with challenging behaviour, with one of the key aims being to maintain young people in family based settings.	<ul style="list-style-type: none"> • Initial discussions with School Partners – September 2015 • SEMH Strategy written – November 2015 • Schools Forum to agree new funding structure – December 	<p>Chris Harrison time</p> <p>Estates support for relocations</p> <p>Dedicated CAMHS support to PRUs</p>	Paula Williams/Chris Harrison	<p>Rising exclusions</p> <p>Limitations on places available at PRUs leading to capacity issues</p> <p>Statutory duty not met</p>

Priority action	Milestones	Resources	Lead	Risk
	<p>2015</p> <ul style="list-style-type: none"> • SEMH Partnerships established – January to March 2016 • Reconfiguration of Aspire PRU for September – April to July 2016 • New admissions policy for Rowan PRU and reconfiguration for person centred approach – April to July 2016 • Establish Emotional Wellbeing & Mental Health Whole School Approach pilots – March 2016 • Whole School Approach pilots operational and evaluation undertaken – September 2016 to July 2017 	<p>Staff time CAMHS Transformation monies</p>	<p>Ruth Fletcher Brown/ Paul Theaker</p>	

Priority action	Milestones	Resources	Lead	Risk
<p>3. Develop a performance and outcomes framework that will be applied across all local authority and CCG SEND provision.</p>	<ul style="list-style-type: none"> • Scope out the services to be included in the framework – May 2016 • Develop the performance and outcomes framework – August 2016 • Implement the performance and outcomes framework – September 2016 • Ongoing monitoring of the performance and outcomes framework, including the assessment of demand. 	<p>CYPS Performance Team time</p>	<p>Nicole Chavaudra/ CYPS Performance</p>	<p>There is a lack of co-ordination</p> <p>There is not a consistency of practice</p> <p>There is a duplication of work</p> <p>Future need is not fully identified</p>
<p>4. Align local authority and CCG specifications for SEND service provision, so as to facilitate commonality of practice and a consistent approach (thus reducing duplication, improving efficiencies and developing clearer pathways).</p>	<ul style="list-style-type: none"> • Scope out the services to be included and review existing specifications – June 2016 • Align specifications – August 2016 • Re-issue amended specifications – September 2016 	<p>Staff time</p>	<p>Emma Royle/ Paul Theaker</p>	<p>There isn't a commonality of practice</p> <p>Information sharing is not improved</p> <p>There aren't clearer pathways</p>

Priority action	Milestones	Resources	Lead	Risk
	<p>commissioned services – September 2016</p>			
<p>6. Ensure that there is a co-ordinated joint workforce development plan</p>	<ul style="list-style-type: none"> • Area Inspection Group established – December 2015 • Area Inspection self-evaluation completed – April 2016 • SEND training plan devised – May 2016 • SEND Communication Plan devised – May 2016 		<p>Paula Williams</p>	<p>Children and Young People's needs not met Poor identification and provision Poor joint working</p>
<p>7. Develop and implement Individual Budgets</p>	<ul style="list-style-type: none"> • Personal Budgets Strategy approved – April 2016n eligibility process and mechanism for administering personal budgets • Develop an eligibility process and mechanism for administering personal budgets – April 2016 • Short Breaks and Transport Personal 	<p>Staff time</p>	<p>Jackie Parkin</p>	<p>Less choice for parents and young people</p>

Priority action	Milestones	Resources	Lead	Risk
	Budget Pilots undertaken – May 2016 to March 2017			
8. Develop pathways to adulthood	<ul style="list-style-type: none"> • Develop an Integrated Transition Partnership – June 2016 • Identify key transition priorities to take forward – April 2016 • Implement the recommendations of the Transitions Review 	Staff time	Linda Harper	Transition work doesn't happen early enough Services aren't co-ordinated
9. Develop approaches to improving life experiences	<ul style="list-style-type: none"> • Research the most appropriate model of support for post diagnosis ASD – January to March 2016 • Implement model of service – April 2016 	Staff time CAMHS Transformation Grant	Paula Williams	Limited out of school ASD support