

ROTHERHAM SEND

JOINT COMMISSIONING STRATEGY 2020-2022



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INTRODUCTION

Rotherham is ambitious for all children and young people to achieve their potential and have the best start in life. The Joint Commissioning Strategy for Children and Young People with Special Educational Needs and Disabilities underpins the overarching SEND Strategy. It recognises that children and young people have different strengths and needs, and that services and provision need to be differentiated so that all children and young people have their needs met and experience success. The SEND Strategy is overseen by the Place Board in recognition that SEND is an area of responsibility for all partners in Rotherham.

Joint commissioning is a continuous improvement cycle and as stated in the Code of Practice for SEND (2014), over time, partners may shift the focus of their activity as the needs of the local population change and delivery of services improves. This strategy builds upon its predecessor, the Rotherham Joint Commissioning Strategy for SEND 2015-18.

The Strategy will be monitored and reviewed by the Rotherham SEND Strategic Board, which reports on a regular basis to the Children and Young People's Transformation and Partnership Board and to the Rotherham Place Board. The governance structure is outlined at **Appendix A**.

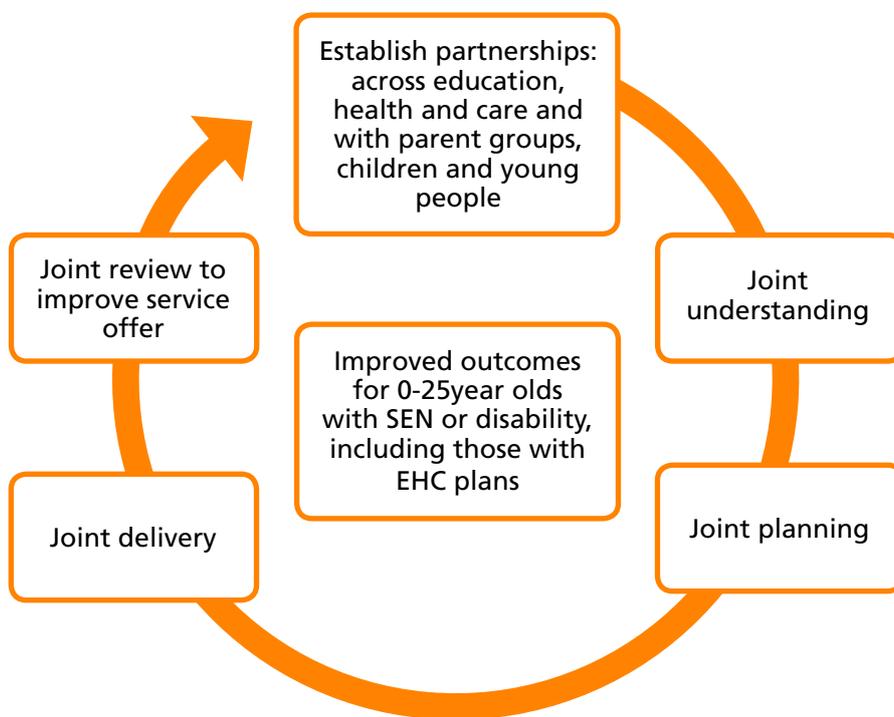


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COMMISSIONING RESPONSIBILITIES AND APPROACHES

Joint commissioning is the process of meeting needs and improving outcomes through joint planning, agreeing and monitoring services across agencies.

Figure 1.1: The Joint Commissioning Cycle



The Children and Families Act (2014) and Code of Practice for SEN (2014) places explicit duties on local authorities and Clinical Commissioning Groups (CCGs) for developing joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities. The duty includes the joint arrangements for commissioning services to improve outcomes for 0 to 25-year-old children and young people with SEND, including those with Education Health and Care (EHC) plans.

The duties for joint commissioning of SEND services extend to a range of partners, including: the Local Authority, Clinical Commissioning Groups, NHS England, Health and Wellbeing Board, Healthwatch and education providers. Further details of commissioning responsibilities for agencies are set out in **Appendix B**.

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Figure 1.2: Commissioning Accountabilities



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UNDERPINNING PRINCIPLES OF COMMISSIONING SEND SERVICES

In Rotherham we have developed Four Cornerstones which we believe are essential for ensuring that good practice in working with children, young people, parents and carers is achieved. These are:



The Four Cornerstones should be embedded within our joint commissioning arrangements to ensure that, in every part of our delivery, these values are integrated into practice. This will enable trust to develop and progress to be made in achieving outcomes for children and young people.

The Rotherham Place Plan 2020-2022 sets out the shared principles across the Integrated Care Partnership. These are:

- Focus on people and places rather than organisations, pulling pathways together and integrating them around people's homes and localities; we will adopt a way of working which promotes continuous engagement with and involvement of local people to inform this.
- Actively encourage prevention, self-management and early intervention to promote independence and support recovery and be fair to ensure that all the people of Rotherham can have timely access to the support they require to retain independence.
- Design pathways together and collaborate, agreeing how we do pathways once collectively, to make our current and future services work better.
- Be innovative, using international evidence and proven best practice to shape our pathways to achieve the best outcomes for people in the most cost-effective way.

- Strive for the best quality services based on the outcomes we want within the resource available.
- Be financially sustainable and this must be secured through our plans and pathway reform.
- Align relevant health and social care budgets together so we can buy health, care and support services once for a place in a joined-up way.

The priorities outlined in Section 8 of the SEND Joint Commissioning Strategy are underpinned by the four cornerstones, the Integrated Care System principles and the duties for joint commissioning, including the requirements to:

- Be informed by a clear assessment of local needs;
- 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;
- Cover the services for 0-25 year old children and young people with SEN or disabilities, with and without EHC plans;
- Include arrangements for: securing EHC needs assessments, securing the education, health and care provision specified in EHC plans, and agreeing Personal Budgets;
- Engage children and young people with SEN and disabilities and children's parents in commissioning process and decisions, including the review of processes to enable improvements to be made to services;
- Use the Joint Strategic Needs Assessment (JSNA) to inform the joint commissioning priorities made for children and young people with SEN and disabilities, which will in turn be reflected in the services set out in the Local Offer;
- Put local governance arrangements in place to ensure clear accountability for commissioning services for children and young people with SEN and disabilities from birth to the age of 25;
- Be based on evidence about which services, support and interventions are effective;
- Agree how they will work together to monitor how outcomes in education, health and care are being improved as a result of the provision commissioned.

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OUTCOMES

We will measure how successful we are in making progress against our commissioning priorities by using series of outcome measures which reflect the need to measure the impact of strategic work on the lives of individual children, young people and their families.

Rotherham has developed four strategic outcomes which will form the basis of planning and measuring the successes for children and young people with SEND.

Each outcome has a series of indicators and performance measures which will ensure that they create a meaningful understanding of the experiences and successes of children and young people with SEND in Rotherham and that the partnership is held accountable for the success of achieving these outcomes and begins to understand where progress is not being made and why, or where success is being achieved and should be shared and celebrated.

The Four Outcomes are as follows:

WELLBEING Outcome: All children and young people in Rotherham with SEND to enjoy good physical and mental health

Preparation for Adulthood Outcome: All young people in Rotherham with SEND are well prepared and supported to exercise choice and control that enable them to enjoy fulfilling lives

CYP and Parents Voice Outcome: All Children and Young People in Rotherham with SEND and their families have their voices heard and this makes a difference to their experiences and outcomes

Whole Child Progress: Promises and Commitment (Attainment) Outcome: All children and young people in Rotherham with SEND have positive opportunities to make progress in a person-centred way

There is now a requirement to ensure that our local commissioning arrangements are linked to these outcomes and key performance indicators are captured to evidence impact.



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LOCAL NEEDS

In Rotherham there are 56,900 children aged under-18, which represents 21.6% of the local population (ONS, 2017). Further local and national demographic information tells us that:

21.8% of children live in low income families (HMRC, 2016) (England 17%)

FSM entitlement rate is above national ave. (14.8% compared to 13.7% at Primary, 14.4% compared to 12.4% at Secondary)

17.8% of Rotherham's school age population is from BME background (England 32.2%) (DfE 2018)

Over the last ten years there has been a significant increase in the Eastern European Roma population (from Slovakia and Czech Republic since 2004 and Romania since 2014), concentrated in a few central neighbourhoods

Disability Living Allowance (DLA) is claimed for 5.3% of children aged under 16 years in the local authority area compared with 3.8% in England as a whole. Learning Difficulties affect 55% of DLA claimants under 16 years in Rotherham. (DWP 2018).

The Rotherham school census data from January 2019 identifies that:

There are 45,209 children and young people attending Rotherham's schools

7796 children in the Census are identified as having a Special Educational Need (17.2%) compared to the latest national average of 14.6%

1506 children (3.3%) in the Census have needs met with support of an Education Health and Care Plan being in place compared to the latest national average of 2.9%

Local data shows that at the end of April 2019 - 2160 CYP aged 0-25yr old have an Education Health and Care Plan in place. This number equates to 4.8% of our School population but if compared to the 2018 latest Rotherham ONS 0-25yr population projections this equates to 2.7%

6290 children (13.9%) have needs met by a graduated response (Sen Support level) compared to the national average of 11.7%

The main Primary Needs coming through from Schools via Census data on all Rotherham SEND Children are recorded as:- Specific Learning Difficulty (22%) , Speech, Language and Communication Needs (16.8%) and Social Emotional Mental Health (15.9%) needs.

When focussing on CYP who are in Rotherham Schools whom have a EHCP in place – the information from the Census shows that the main primary needs for these CYP are around Autistic Spectrum Disorder (29.3%), Moderate Learning Difficulties (15.7%), Social Emotional Mental Health needs (14.6%) and Speech, Language and Communication Needs (10.8%).

There are more Children and Young People in Rotherham who have an EHCP in place that won't be included in the Census dataset, as they may not be of statutory school age or they access a provision out of area:

Local Data shows that at the end of January 2020, 2240 children and young people aged 0-25yr old had an Education Health and Care Plan in place. This number equates to 4.9% of our School population – however when compared to the latest Rotherham ONS 0-25yr population projections this equates to 2.8%.

235 children and young people (10.5%) from the overall 2240 on Plans access on out of authority provision, 89.5% of CYP access a provision in Rotherham.

Data shows that between January 2015 and the end of January 2020 we have had 1179 more CYP with EHCP's, which equates to a 111% increase over this 5 years period.

The latest dataset around SEND shows the rising trend in the number of CYP who have EHCP's in place and fewer CYP having needs met through SEN support.



Local data shows the main presenting areas for needs for CYP who have a EHCP are Autism Spectrum Disorder, (31%) Social, Emotional & Mental Health needs (21.4%), Moderate Learning Difficulty, (20%), Speech, Language and Communication Needs (8.9%)

There is now a requirement to ensure that our local commissioning arrangements are linked to these outcomes and key performance indicators are captured to evidence impact.

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WHAT FAMILIES TELL US

In November 2019, the VOICES Next Steps event brought together young people, parents/carers and a wide range of stakeholders to consider the priority areas to be taken forward for a refreshed Rotherham SEND Strategy. The key priority messages from the event were as follows:

Believe

- Workforce development on how to understand, work with and involve young people with SEND
- Involvement of partners in the Believe movement

Get me help quicker

- Workforce development that focusses on being welcoming, inclusive, an empowering and holistic approach, person-centred reviews and practice and pathways and referral processes

Improved communication

- Reduce waiting times (Health and Social Care)
- Closer working with mainstream schools
- Enhance early identification, including more focus on the two-year assessment and longer Child Development Centre support
- More timely Social Care and Health input into EHCPs
- Increase respite opportunities, including those for siblings
- Review SEND funding for services
- Review traded services offer
- Make transitions to adulthood better
- Create a person-centred lifelong service with clear pathways
- Improve communication
- Increase support to enable independence including in paid employment.

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KEY ACHIEVEMENTS

Much has been achieved over the lifetime of the SEND reforms in Rotherham. Some Of our key achievements to date are:

The relationship between Rotherham MBC and Rotherham CCG is strongly developed and this has enhanced the ability to work collaboratively on joint commissioning activity at individual, operational and strategic level to ensure high quality provision to meet the needs of children and young people with SEND

A well-established Children and Young People's SEND Strategic Board, which is overseeing the development of SEND provision and joint commissioning work in Rotherham

Rotherham MBC and Rotherham CCG commissioners have strong links with the Rotherham Parent Carer Forum, with parent/carer representation on key strategic groups and on-going consultation and co-production exercises

There are a number of jointly commissioned packages of individual support for children and young people with complex, which are now reviewed regularly by the newly established Joint Resourcing Panel.

There is an established Joint Commissioning Operational Continuing Health Care Panel.

Alongside any individual packages of support, Rotherham MBC and Rotherham CCG currently jointly commission Child and Adolescent Mental Health (CaMHS) in Rotherham through a Section 75 pooled budget agreement.

There are jointly funded posts between Rotherham MBC and Rotherham CCG

An All-Age Autism Strategy and implementation plan has been co-produced with all stakeholders and there is a commitment to create an All Age Neurological Pathway

In 2019/20 Rotherham Clinical Commissioning Group invested £390k to support additional services for children and young people with Special Educational Needs and Disabilities. This has included investment to create a co-produced Sensory Model, additional Speech and Language Capacity and additional training capacity.

The SEND Education Sufficiency Strategy will create 111 new school places to support children and young people with Education, Health and Care Plans. Health provision will be aligned to support new education provision.

JOINT COMMISSIONING PRIORITIES FOR ROTHERHAM 2020-2023

Areas for Development: Voices Priorities	Joint Commissioning Opportunities	Responsible Individual
Listening, involving and believing children, young people, their carers and their families	<p>Embed the Four Cornerstones into service specifications as they are refreshed</p> <p>Embed SEND Strategic Outcomes into commissioning arrangements</p>	<p>Paull Theaker RCCG Commissioning Manager</p> <p>Sean Hill RMBC Commissioning Manager</p>
Resources to sustain and develop the voice of young people in the way they would like it to happen	<p>Review existing arrangements to capture the voice of children, young people and families and explore Joint Commissioning Arrangements for:</p> <p>Parent Carer Forum</p> <p>SENDIASS</p>	<p>Sue Wilson Head of Performance at RMBC</p> <p>Joint Assistant Director Commissioning, Performance and Inclusion (RMBC/RCCG)</p>
Workforce development to aid better understanding of experience and to promote better responses	<p>Undertake a joint review of workforce development offer for children, young people and families with SEND</p> <p>Devise a consolidated offer with a single point of access</p> <p>Embed Four Cornerstones and SEND Workforce Development Offer into Place Workforce Enabler Group</p>	<p>Jenny Lingrell Joint Assistant Director Commissioning, Performance and Inclusion (RMBC/RCCG)</p>

Areas for Development: Voices Priorities	Joint Commissioning Opportunities	Responsible Individual
	<p>Joint work between Rotherham CCG, The Rotherham Foundation Trust and Special Schools to develop Core Competencies Framework and Documented Roles and Responsibilities</p> <p>Roll-out the Health Offer approach across all community health services, so as to provide clarity to schools and wider partners as to health roles and responsibilities</p>	<p>Paul Theaker RCCG Commissioning Manager</p> <p>Vicky Whitfield Designated Clinical Officer</p>
<p>Clearer pathways and thresholds – better joined up thinking</p>	<p>Develop joint commissioning arrangements for Home Care arrangements</p> <p>Re-commission short-breaks, identifying opportunities for alignment between the Local Authority and Rotherham CCG.</p> <p>Review Joint Equipment Panel</p>	<p>Sean Hill RMBC Commissioning Manager</p> <p>Jane Newton Head of Continuing Health Care To be confirmed</p>
<p>Developing the offer from mainstream schools</p>	<p>Develop clear joint pathways of support for children and young people who are accessing specialist school places (SEND Education Sufficiency Strategy)</p> <p>Develop an SEN Support Toolkit</p> <p>Review Inclusion Services that are traded by the Local Authority</p> <p>Review the offer of speech and language to ensure that it is targeted appropriately at need</p>	

Areas for Development: Voices Priorities	Joint Commissioning Opportunities	Responsible Individual
<p>Reducing waiting times for neuro-developmental diagnosis (Neuro-developmental pathway re-design)</p>	<p>Develop a joint commissioning plan for 2020/21 to reduce the waiting time for neuro-developmental diagnostic pathway</p> <p>Develop a joint commissioning plan for 2021/22 to sustain the reduction in waiting time for neuro-developmental diagnostic pathway</p>	<p>Christina Harrison RDASH/Jenny Lingrell Joint Assistant Director Commissioning, Performance and Inclusion (RMBC/RCCG)</p>
<p>Understanding of, and response to, SEMH/ anxiety/autism</p>	<p>Joint commission a Therapeutic Review and identify opportunities to align pathways</p> <p>Reflect findings of Therapeutic Review in refreshed arrangements for CAMHS Section 75 agreement</p> <p>Develop a Learning and Evaluation approach to the Mental Health Trailblazer and ensure that findings are embedded into joint commissioning arrangements to support children and young people to be emotionally resilient and have good mental health</p> <p>Review joint commissioning arrangements for all residential care packages with a focus on quality assurance and clear funding arrangements</p>	<p>Christina Harrison RDASH/Jenny Lingrell Joint Assistant Director Commissioning, Performance and Inclusion (RMBC/RCCG)</p>
<p>Increasing support to enable independence, including in paid employment</p>	<p>Develop pathways to support the transition for children and young people with long-term conditions</p>	<p>Ian Spicer Assistant Director Adult Services. RMBC</p>

APPENDIX A

RMBC/CCG GOVERNANCE STRUCTURE

The diagram below shows the governance structure for the joint commissioning process. The SEND Strategic Board is the forum where joint commissioning priorities are discussed, agreed and monitored, with periodic updates given as part of wider SEND update reports at the oversight groups outlined below.



APPENDIX B

COMMISSIONING ROLES AND RESPONSIBILITIES (CODE OF PRACTICE FOR SEN, 2014)

The roles and responsibilities of bodies involved in joint commissioning arrangements are summarised below:

Agency	Key responsibilities for SEND	Accountability
Local authority	Leading integration arrangements for Children and Young People with SEN or disabilities	Lead Member for Children's Services and Director for Children's Services (DCS)
Children's and adult social care	Children's and adult social care services must co-operate with those leading the integration arrangements for children and young people with SEN or disabilities to ensure the delivery of care and support is effectively integrated in the new SEN system	Lead Member for Children and Adult Social Care, and Director for Children's Services (DCS), Director for Adult Social Services (DASS)
Health and Wellbeing Board	The Health and Wellbeing Board must ensure a joint strategic needs assessment (JSNA) of the current and future needs of the whole local population is developed. The JSNA will form the basis of NHS and local authorities' own commissioning plans, across health, social care, public health	Membership of the Health and Wellbeing Board must include at least one local elected councillor, as well as a representative of the local Healthwatch organisation. It must also include the local DCS, DASS, and a senior CCG

Agency	Key responsibilities for SEND	Accountability
Clinical Commissioning Group	To co-operate with the local authority in jointly commissioning services, ensuring there is sufficient capacity contracted to deliver necessary services, drawing the attention of the local authority to groups and individual children and young people with SEN or disabilities, supporting diagnosis and assessment, and delivering interventions and review.	<p>CCGs will be held to account by NHS England.</p> <p>CCGs are also subject to local accountability, for example, to the Health and Wellbeing Board for how well they contribute to delivering the local Health and Wellbeing Strategy.</p> <p>Each CCG has a governing body and an Accountable Officer who are responsible for ensuring that the CCG fulfils its duties to exercise its functions effectively, efficiently and economically and to improve the quality of services and the health of the local population whilst maintaining value for money</p>
NHS England	NHS England commissions specialist services which need to be reflected in local joint commissioning arrangements (for example augmentative and alternative communication systems, or provision for detained children and young people in relevant youth accommodation)	Secretary of State for Health
Healthwatch	Local Healthwatch organisations are a key mechanism for enabling people to share their views and concerns – to ensure that commissioners have a clear	Local Healthwatch organisations represent the voice of people who use health and social care services and are represented in the planning and delivery of local services. This can include supporting children and young people with SEN or disabilities. They are independent, but funded by local authorities.

Agency	Key responsibilities for SEND	Accountability
<p>Maintained nurseries and schools (including academies)</p>	<p>Mainstream schools have duties to use best endeavours to make the provision required to meet the SEN of children and young people. All schools must publish details of what SEN provision is available through the information report and co-operate with the local authority in drawing up and reviewing the Local Offer</p> <p>Schools also have duties to make reasonable adjustments for disabled children and young people, to support medical conditions and to inform parents and young people if SEN provision is made for them</p>	<p>Accountability is through Ofsted and the annual report that schools have to provide to parents on their children's progress</p>
<p>Colleges</p>	<p>Mainstream colleges have duties to use best endeavours to make the provision required to meet the SEN of children and young people. Mainstream and special colleges must also co-operate with the local authority in drawing up and reviewing the Local Offer</p>	<p>Accountable through Ofsted and performance tables such as destination and progress measures</p>





ROTHERHAM INTEGRATED CARE PARTNERS

Connect Healthcare Rotherham CIC
NHS Rotherham Clinical Commissioning Group
Rotherham Doncaster and South Humber NHS Foundation Trust
Rotherham Metropolitan Borough Council
The Rotherham NHS Foundation Trust
Voluntary Action Rotherham