



Joint Commissioning Strategy

2024 – 2027



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1. Introduction

The purpose of this Strategy is to set out the shared vision and principles for joint commissioning to achieve our commitment to improving the outcomes and life chances of the children and young people with Special Educational Needs and Disabilities (SEND). It recognises that children and young people have individual strengths and needs, and that services and provision need to be differentiated.

The SEND Code of Practice 2014 determines how local partners should work together to jointly commission services to meet local needs and support better outcomes. Joint commissioning is the process of meeting needs and improving outcomes through joint planning, agreeing and monitoring services across agencies.

Rotherham's vision for children and young people with SEN and disabilities is the same as for all 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.

Life can be more challenging for children and young people with SEND, and sometimes they need support to live healthy, happy and fulfilling lives. An outcome is the benefit or difference that we want to see in someone's life when they are being supported. In Rotherham, professionals and parents are committed to working together to help all children and young people with SEND achieve the following outcomes:

- ✓ ***I have a voice and this is listened to and respected***
- ✓ ***I am as healthy as possible***
- ✓ ***I feel safe***
- ✓ ***I have help and support in a way that suits me***
- ✓ ***I have adults in my life who are supported to help me***
- ✓ ***I am supported to be as independent as possible and have a purposeful life***
- ✓ ***I belong and feel valued***

A number of indicators in our outcomes framework measure how well we are working together to support children and young people with SEND.

Evidence from Rotherham Borough data has identified three areas that continue to have a significant impact on the health, well-being and educational access for Rotherham children and young people. Rotherham Local Area will be better if these three areas are addressed. It is proposed they will become the focus of priorities within the SEND Strategy (Appendix 1) and will be referred to as 'commitments'.

The following 3 commitments have been identified as priority areas of development and monitoring:

- 1. Reducing number of permanent exclusions and part time timetables for children and young people with special educational needs.**
- 2. Reducing number of disabled children and young people and those with special educational needs missing school due to health concerns, including mental health.**
- 3. Having a clear process for engagement with children and young people.**

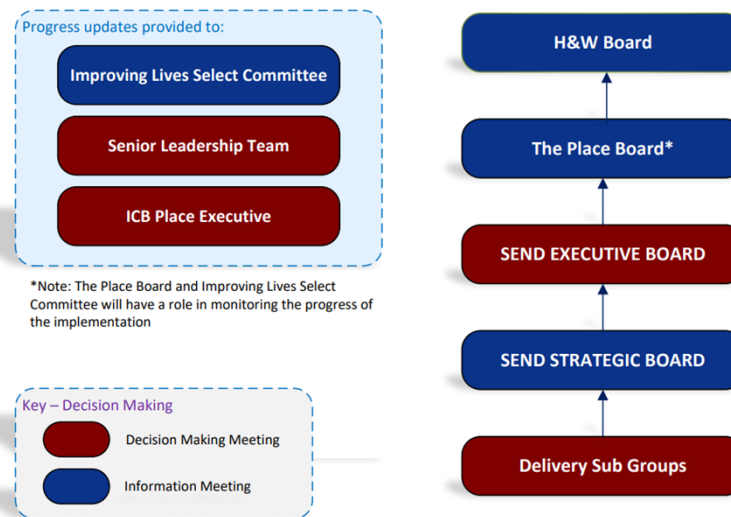
This sets our strong clear ambition for children and young people's services. The vision, outcomes and commitments align with the **Place Plan**: [Place Partnership – Healthy Rotherham \(yourhealthrotherham.co.uk\)](#) and **Council Plan**: [Council Plan 2022-25 – Rotherham Metropolitan Borough Council](#).

The Strategy is informed by the Joint Strategic Needs Analysis, the Local Offer and the voices of Children and Young People and Parents/ Carers.

This strategy is linked to the following:

- The Health and Wellbeing Strategy
- The Place Plan
- The SEND Strategy
- The Early Help Strategy
- The Local Transformation Plan

The Strategy will be monitored and reviewed by the SEND Strategic Board which reports into the Rotherham Place Board



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2. National and Local Context

The 2022 Health and Care Act made a significant structural change for NHS commissioning. CCGs were abolished, with their functions transferred into Integrated Care Boards (ICBs). ICBs have also taken on some commissioning responsibilities from NHS England, including the commissioning of primary care and some specialised services. This is designed to give local systems a greater say in how budgets for these services are spent in their area.

These shifts build on changes to commissioning that have been underway for several years. Many CCGs had been working more closely together at a system level and at the same time were working more closely with local councils at 'place' level to align and integrate commissioning for NHS and local authority services.

The legislation has also changed procurement and competition requirements, removing the requirement for mandatory competitive retendering (supported by a new provider selection regime, due to be implemented by December 2022).

[Integrated care systems explained | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/integrated-care-systems-explained)

Integrated care systems (ICs)

Key planning and partnership bodies from July 2022

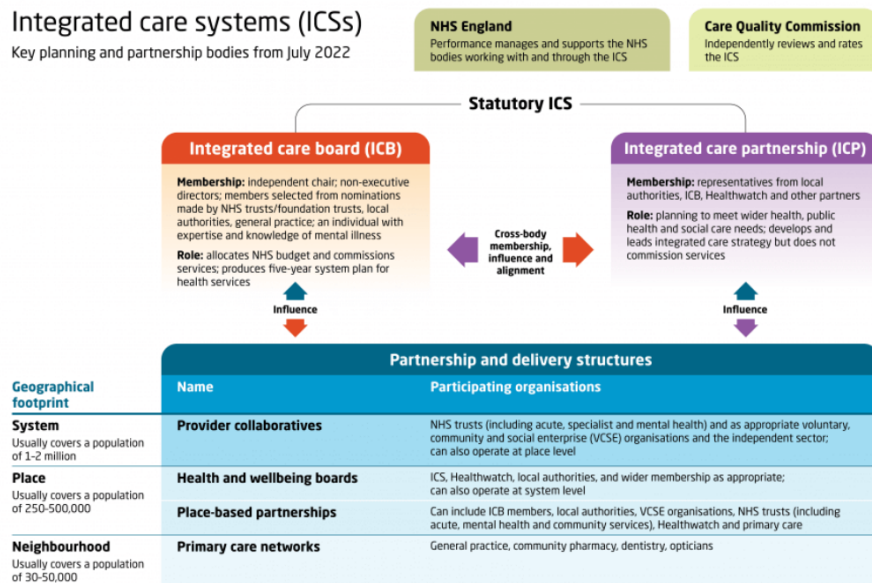


Fig1. Integrated Care Systems explained.

Rotherham Partners have a long and successful history of working together, the Rotherham Place governance was developed by all place partners, through a series of development sessions. As a result of the establishment of the Integrated Care Systems in July 2022, Rotherham Place Partners built on the existing governance arrangements to reflect the new statutory guidance, but the ethos of how we work together to deliver the best for Rotherham remains the guiding principle for all partners.

Rotherham Partners' collective approach to delivery allows a 'Golden Thread' from our 'Health and Well Being' strategy aims through to the priorities within the Place Plan.

This Sufficiency Duty requires the Council to:



3. Responsibilities and Approach

Rotherham Health and Wellbeing (H&WB) Board is a statutory sub-committee of Rotherham Metropolitan Borough Council (RMBC). Locally, it is the single strategic forum to ensure coordinated commissioning and delivery across the NHS, social care, public health, and other services directly related to health and wellbeing. The H&WB Strategy for Rotherham sets the strategic vision for health and social care and improving health and wellbeing outcomes for local people. Rotherham Place Plan 2023-25 is the delivery mechanism for the health and social care elements of the H&WB Strategy.

The national changes to health commissioning are part of a shift towards strategic commissioning and a more collaborative approach to planning and improving services. This means that, instead of focusing on procurement and contract management, the role of commissioners is to work closely with key partners across the system (including with providers) to understand population needs, determine key priorities and design, plan and resource services to meet those needs. This aligns with the approach locally in Rotherham and supports delivery of the commissioning cycle.

www.gov.uk/guidance/the-commissioning-academy-information



Figure 2. The Commissioning Cycle and Procurement Cycle

4. Priorities and Principles

4.1 Principles

Activity to support children and families is underpinned by the Rotherham Charter (Four Cornerstones):

1. Welcome and care

Our Rotherham Family Approach is informed by respectful, collaborative relationships and a stance of critical enquiry and “locating grand aspirations in everyday practice where the experience of the child is the centre”.

2. Value and include

This strategy has been developed in collaboration with a wide range of partners and will be owned and implemented by all professionals working with children, young people, their parents, and carers.

3. Communicate

Rotherham partners use language that reflects this, we want everything to be the best that parents want for their children:

- That they are happy and healthy both physically and emotionally.
- That we keep them safe and protected from harm and exploitation.
- That we support them into adulthood and that we prepare them for independence.
- We are ambitious for our children; we want them to achieve their potential and participate in decisions which affect their lives.

4. Work in partnership

We want our children and young people to work with us and, along with parents and carers, shape the services we offer to them. We value our children and young people and parents and carers as equal partners.

At the heart of these is trust.



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4.2 Priorities

Rotherham Partners' collective approach to delivery allows a 'Golden Thread' from our 'Health and Well Being' strategy aims through to the priorities within the Place Plan. The Place Plan clearly articulates the shared partnership priorities that have been agreed for joint planning and monitoring across agencies.

The Health and Wellbeing Board will have overall accountability for the delivery of the overall Place plan. The management and oversight of the delivery of the CYP Place plan is undertaken by the Integrated Health and Social Care Place Board, co-chaired by the Chief Executive of the Council and Place Director for the ICB, including senior representatives from both the council and ICB.

A pooled fund is established under Section 75 of the NHS Act 2006, the aims and benefits of the Partners in entering into this agreement are to:

- Improve the quality and efficiency of the services;
- Meet the National Conditions and Local Objectives;
- Drive integration between the Health and Social Care Economy;
- Make more effective use of resources through the establishment and maintenance of a pooled fund for revenue expenditure on the services.

A children and young people's work order (Appendix 2) sits under the Section 75 Partnership Framework Agreement for the operation of the delivery CYP Place Plan Priorities. The identified lead officers for each of the CYP Place Plan priorities, plus other supporting officers from the Council and ICB report into the following Operational Groups:

1. Best Start in Life – Better Start Strategy Delivery Group
2. Children and Young People's Mental Health and Emotional Wellbeing – Social, Emotional and Mental Health (SEMH) Strategic Group
3. Special Educational Needs and Disabilities – SEND Executive Board
4. Looked After Children – Corporate Parenting Board
5. Preparation for Adulthood – Preparation for Adulthood Board

5. Progress since the last Joint Commissioning Strategy

| Areas for Development: Voices Priorities | Joint Commissioning Opportunities | Update |
|--|--|---|
| 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>Four cornerstones embed into refreshed service specifications e.g., CAMHs</p> <p>Revised outcomes framework to be co-produced as part of development of new SEND Strategy.</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: Parent Carer Forum SENDIASS</p> | <p>SENDIASS jointly commissioned.</p> <p>Parent Carer Forum commissioned by Rotherham ICB to provide peer support services.</p> <p>Work is underway to develop joint commissioning of Parent Carer Forum.</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>Joint review of workforce development completed.</p> <p>Consolidated offer and single point of access developed via the graduated response.</p> <p>The Place workforce enabler group has developed following the replacement of CCGs with regional Integrated Care Boards. The revised terms of reference for the Workforce and Organisational development enabler group reflect the Rotherham aspiration to embed the four cornerstones with a commitment to “Develop opportunities to co-produce initiatives such as staff well-being and resilience building” recorded in the Place plan.</p> <p>Core competencies developed and implemented.</p> |

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| | <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>The Health Offer has been updated as part of the recommissioning of the 0-19 service specification.</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>The terms of reference for the Joint Resourcing Panel have been updated to ensure all packages of care for eligible children are considered jointly.</p> <p>Opportunities for alignment were considered during the re-commissioning of short breaks. This resulted in the joint commissioning of specialist short breaks and early education placements for eligible children.</p> <p>The equipment panel review was completed and the revised terms of reference implemented.</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>The graduated response has been jointly developed and provides clear pathways of support for children and young people accessing specialist provision.</p> <p>The graduated response includes an SEN Support toolkit.</p> <p>The inclusion pathway, including outreach services, is well embed.</p> |

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| | <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> | <p>The Speech and Language service specification has been reviewed and recommendations implemented to enable the service to target those most in need.</p> |
| <p>Reducing waiting times for neurodevelopmental diagnosis (Neuro-developmental pathway re-design)</p> | <p>Develop a joint commissioning plan for 2020/21 to reduce the waiting time for neurodevelopmental 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>The joint commissioning plan to reduce the waiting time for neurodevelopmental diagnostic pathway has been developed, implemented and reviewed. The Place Board receives regular updates on progress.</p> <p>The plan to sustain the reduction in waiting time has been developed, implemented and reviewed annually. Oversight is provided through Rotherham Place Board and Health Select Commission.</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>The jointly commissioned therapeutic review has informed development of pathway redesign for the RMBC Therapeutic service for children in care and the getting advice CAMHS pathway.</p> <p>Ongoing development of the pathways will be reflected in the refreshed section 75 workorder when completed.</p> <p>The mental health trailblazer is well embed with implementation of With Me In Mind mental health support teams in over 70% of Rotherham schools including all secondary schools.</p> |

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| | <p>Review joint commissioning arrangements for all residential care packages with a focus on quality assurance and clear funding arrangements</p> | <p>All residential care packages are reviewed regularly and health needs considered. A joint quality assurance process has been piloted, further work to embed this in practice is underway. Where appropriate joint commissioning arrangements are in place with clear funding arrangements.</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>Pathways to support are established, including a specific offer of support to increase access to opportunities for paid employment.</p> |



6. About Rotherham

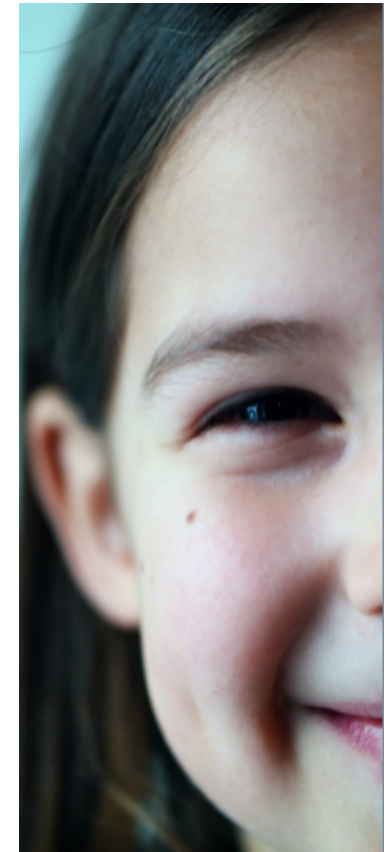
Overview of Rotherham

Rotherham has 57,453 children aged under 18 representing 21.7% of the local population (ONS, mid 2020), 23% of children live in low-income families (England 18%). Our Free School Meals (FSM) entitlement rate is above the English national average (23.8% compared to 21.6% at Primary, 21.4% compared to 18.9% at Secondary – DfE 2020/21). 19.4% of Rotherham's school age population is from ethnic minorities background (England 35.1%) (DfE 2020/21). 34.6% of Rotherham children were living in poverty in 2020, based on research from End Child Poverty.

26.6% of reception age children were overweight or obese (2019/20) compared to 23.0% nationally; 37.9% of Year 6 children were over weight or obese in 2019/20, compared to 35.2% nationally. Rotherham's breastfeeding initiation rate is amongst the lowest in the region at 62.5%, contributing to levels of childhood obesity and paediatric hospital admissions. 12.8% of mothers were smokers during pregnancy in 2021/22 (whilst this is significantly improved on the previous rate of 17.1%, it is still above the national rate of 9.4% nationally for the same period). Smoking in pregnancy contributes to increased risk of stillbirth, low birthweight, and neonatal deaths.

The Special Educational Needs Code of Practice (2015) sets out the requirements for the NHS to identify children with additional needs at the earliest possible opportunity and work with Local Authorities to plan to meet their needs. The impact of the pandemic on mental health has been significant and has made it more difficult for professionals to identify problems at an earlier stage. More people are seeking assessment, diagnosis, and support for children's mental health, learning and developmental needs. 89% of Children and Young People in Rotherham wait longer than 18 weeks to access neurodevelopmental assessment (Q2 2023). Timely diagnosis of Autism is a high priority nationally and a key strand within The NHS Long-term plan, Rotherham's Autism Strategy and Rotherham Partnership's special educational needs and disabilities strategy. 69.5% of Young People aged 14+ are offered an enhanced GP health check (2022/2023).

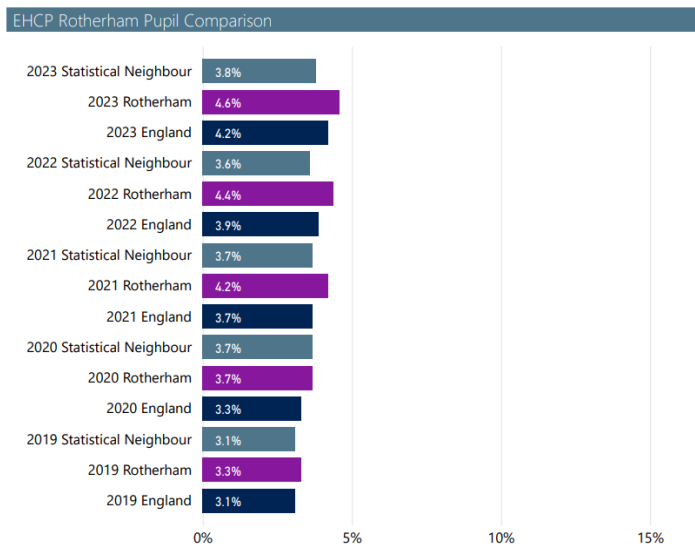
Sleep issues are a common phenomenon in children and young people. It has been reported that 40% of all children and young people will experience sleep disorders at some time in their early lives. This percentage rises in children with Special needs particularly children on the autism spectrum and in Looked after Children. 80% of children in the portage service have sleep disorders of some sort (Q2 2023).



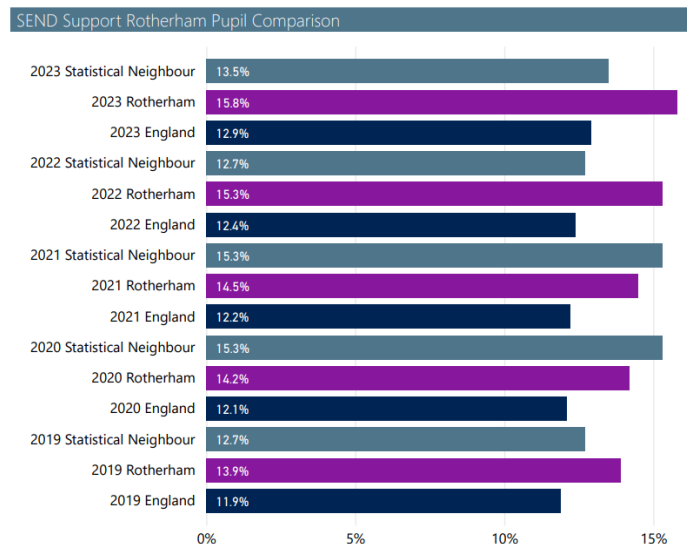
There are 45,763 children and young people attending Rotherham’s schools as at January 2024 School Census. 465 children in a maintained nursery school, 24,661 pupils in primary schools, 19,303 pupils in secondary schools, 1194 pupils in special schools and 140 pupils in pupil referral units (PRUs).

2022/23 School Census SEND data shows that 20.4% of Rotherham children and young people are identified as having any Special Education Need compared to the national average of 17.1% (figures are for pupils attending schools in Rotherham only and do not include children and young people for whom Rotherham are responsible for but are placed out of the borough.) This shows Rotherham schools identify a comparatively high rate of pupils with any Special Educational Needs (20.4%), this is 3.3% above the national average. Most of these pupils 15.8% have needs met by a graduated response (SEN Support level) compared to the national average of 12.9%. This shows we are 2.9% above the national average. 4.6% of our SEND cohort have needs met with support of an EHCP, compared to the national average of 4.2%. This shows we are 0.4% above the national average.

EDUCATION EHCP Data -The percentage of Rotherham school pupils with a reported EHCP compared to Rotherham’s statistical neighbours and National averages.



EDUCATION SEND Data -The percentage of Rotherham school pupils with reported SEND support compared to Rotherham’s statistical neighbours and national averages.



Locally from our internal EHCP data, we know that there are more Children and Young People (CYP) in Rotherham who have an EHCP in place that won't be included in the School Census SEND data – as they may not be of statutory school age or they access a provision out of the borough and therefore this isn't held in the local School Census returns.

At the end of February 2024 - 3328 children and young people 0-25 years old have an EHCP in place. This number equates to 7.4% of our school population, however, if you compare this to the latest Rotherham ONS 0-25 years old population projections this equates to 4.1%. 266 Children and Young People (CYP) (8.0%) from the overall 3328 CYP on plans access out of authority provision, 92% of CYP access a provision in Rotherham. Data shows that between January 2020 and the end of February 2024 we have 1113 more CYP with EHCP's - which equates to a 50% increase over this four-year period.

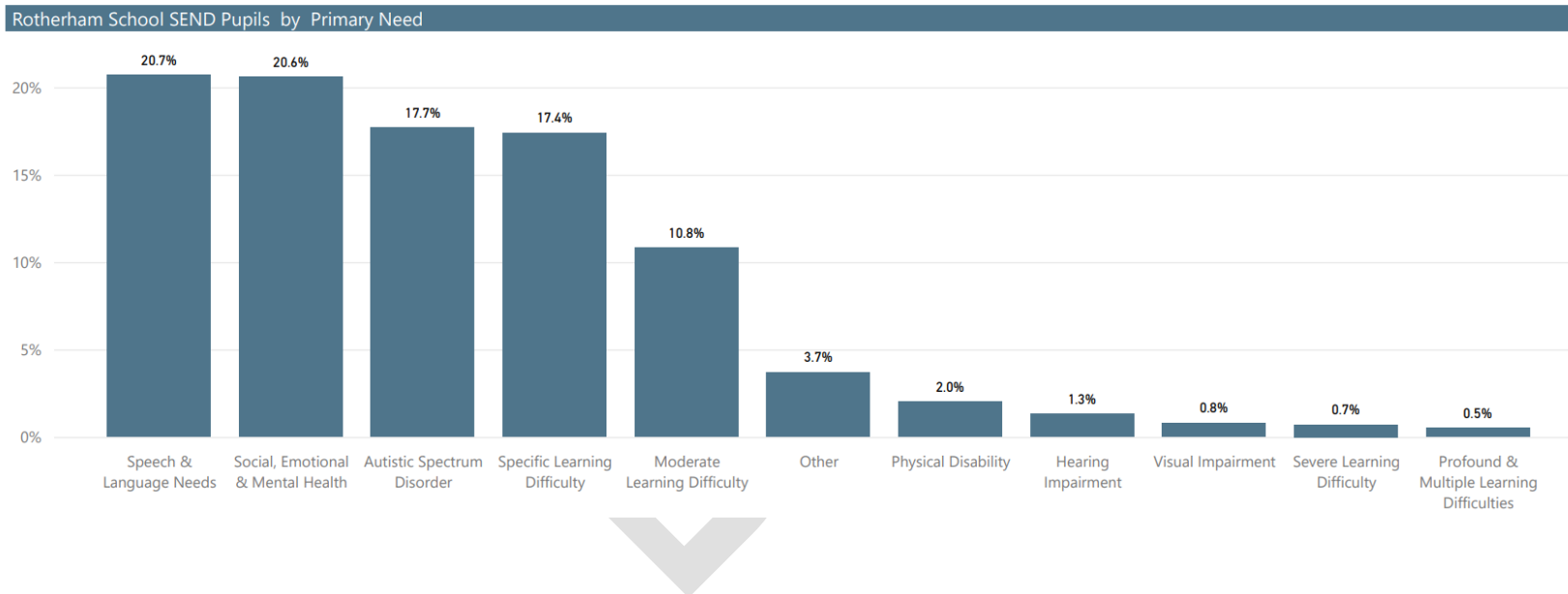
The main presenting areas for need for CYP who have an EHCP are: Autism Spectrum Disorder, (34.6%), Social, Emotional & Mental Health needs (23.6%), Moderate Learning Difficulty, (14.3%), Speech, Language and Communication Needs (13.9%).

Education SEND Data - % Rotherham School Pupils with SEND by Primary Need

The graphs report the percentage of Rotherham school pupils in 2024 with Special Educational Needs (SEN) by their School Phase and Identified Primary Need.

Source Data: Spring School Census 2024

Time Period
2024

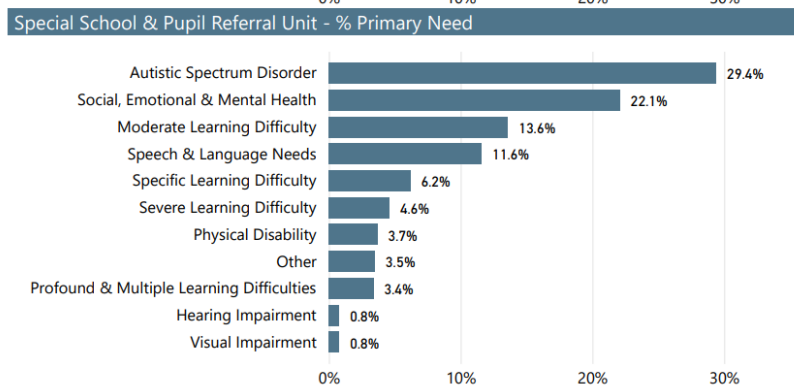
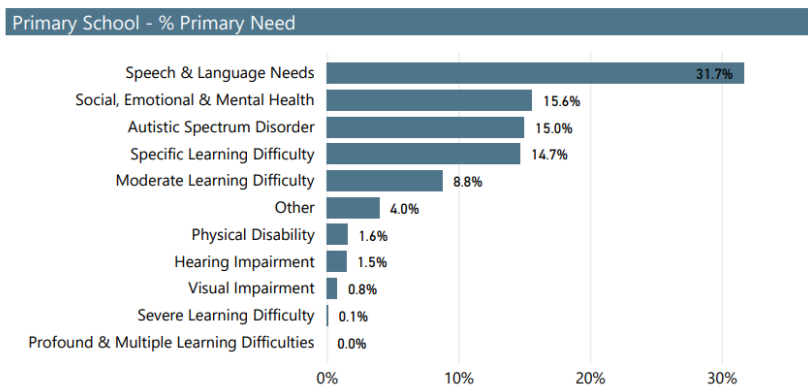
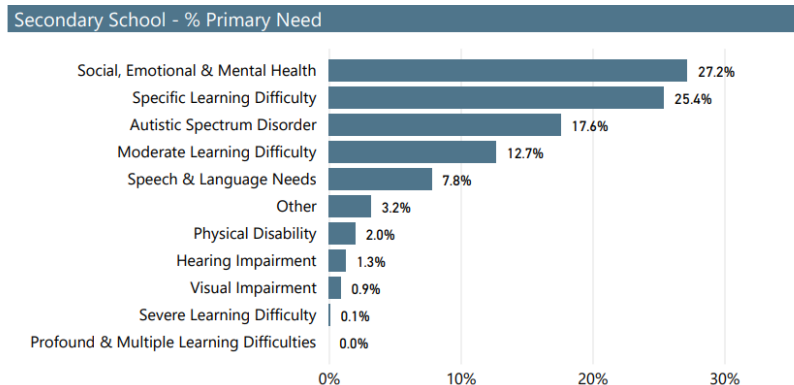


Education SEND Data - % Rotherham School Phase Pupils with SEN's by Primary Need.

The graph reports the percentage of Rotherham school pupils in 2024 with SEND by their identified Primary Need.

Source Data: Spring School Census 2024

Time Period
 2024



Our SEND data over time has shown a rising trend for the number of CYP who have EHCP's in place and fewer CYP over time having needs met through lower levels of support. However, we have a much better graduated response embedded across the borough which is aimed at all educational providers and settings supporting Rotherham children and young people aged 0-25 years. It outlines the provision and support that Rotherham Council expects to be in place in all educational settings which support children and young people with SEND, and therefore forms an important part of Rotherham's Local Offer for SEND.

[Graduated-response-July-2021.pdf \(sendcorotherham.co.uk\)](#)

A 'Good Level of Development' (GLD) is defined as a child reaching the 'expected' level of development by the end of their reception year. It is an outcome of a summative assessment based on the children achieving the Early Learning Goals outlined within the Early Years Framework. The percentage of pupils with a EHCP achieving a GLD in Rotherham has decreased from 2022 and stands at 2.0% for 2023-

this is 1.8% below their national average counterparts. The percentage of pupils identified with SEN support and achieving a GLD is at 28.3% which is 4% above the national average.

The Phonics Screening Check in schools reports how well Year 1 children use the phonics skills that they have been taught and, also to identify students who need extra help with phonics. The percentage of pupils in Rotherham with SEND support meeting the required standard in the phonics screening check in 2018 was above their national average by 2.1%. Rotherham outcomes for this cohort group then declined in 2019 and 2022. This now, for 2023 stands at 50.9% which is 2.4% above the national average and is a 4.9% improvement from 2022 position.

The percentage of pupils in Rotherham with an EHC plan meeting the required standard in the 2023 phonics screening check is at 21.1%, which is a 5.2% improvement in performance from 2022. This shows a 1.2% gap above the 2023 national average. This group of pupils equates to 2.1% of the overall cohort in 2023.

The percentage of Key Stage 1 Pupils identified with SEND support achieving the Expected Standard in Reading, Writing and Maths (EXS+ in R,W&M) combined is at 19.9% which is 2.7% higher than 2022 outcomes but is slightly lower (0.8%) than their 2023 national counterparts. The percentage of pupils in Rotherham with a EHC plan achieving the EXS+ in R,W&M combined has increased from 2022 with achievements at 3.1% which is in line with their national counterparts. This group of pupils equates to 3.1% of the overall cohort in 2023.

The percentage of Key Stage 2 Pupils in Rotherham with SEND support who have met the Expected Standard in Reading, Writing and Maths (EXS+ in R, W & M) combined decreased in 2022 but has improved in 2023 by 1.1% to stand at 19.7%. This remains a 3.9% gap below their national counterparts. The percentage of pupils in Rotherham with a EHC plan achieving the EXS+ in R,W&M combined also decreased in 2022 but shows a 0.7% increase in 2023 - now at 5.7%. This is a 2.7% gap to the national average. This cohort group equates to 5.5% of the overall cohort in 2023.

The overall Progress 8 measure has declined in 2023 and is below the national average for the fourth year. Progress of SEND support pupils in 2023 has improved from 2022 but is -0.01 below the national average for that group of children. However progress of children with a EHCP has slightly decreased by 0.01 to stand at -0.99 but this is 0.14 above their national average counterparts.

The number of 16-24 year olds with SEND in Education, Employment and Training is 56.3% (2022/2023).

7. What families tell us

Children, young people and their families in Rotherham do not experience equal access to a consistent, high-quality range of educational support, health services and specialist provision. Access varies too much depending on where families live and the schools' children attend. Families tell us about the 'postcode lottery'.

We know that outcomes for young people with Special Educational Needs and Disabilities (SEND) are not yet good enough. Progress has been made to improve children, young people and families experiences when children have an EHCP. "The EHC service we have just had has been excellent. It wasn't the year before." "We have had a review and the EHCP is more specific and personalised." "The EHC team are more approachable, they actually want to hear what my views are now and value what I have to say."

Children, young people and families are not always confident that mainstream schools can meet their SEND needs. There are a growing number of requests for Education, Health, and Care Needs Assessment each year. Half of the special schools in Rotherham are regularly full or over their commissioned number and the alternative provision places at the Pupil Referral Units (PRUs) are close to capacity (January 2024).

Increased access to the Learning Disability Annual Health assessment is helpful however children wait too long to access some health services for example therapy services and neurodevelopmental assessment.

Information about the support and services available for children, young people and families on the local offer has improved. "The local Offer Website is easier to navigate." "There is better information about preparing for adulthood on the Local Offer than previously." Children, young people and their families have told us that they don't always feel included in their local communities and that they do not always have the same opportunities. This includes within the community, in some education establishments, for training and in the workplace.

Preparation for adulthood is very important. "My son is now in post 16 and preparing for adulthood, promoting independence, travel training etc. has all made a huge difference to his self confidence." Preparation for adulthood does not always work well. Lots of young people and families do not feel prepared for transition to adulthood.

8. Commissioning Intentions

Based on the analysis of local need and underpinned by the outcomes framework; we have identified the following aspirations for the period of strategy. The delivery plan will be developed with key milestones for each of the objectives and outcome measures documented. Progress against the delivery plan will be reported to the SEND Executive Board.

| Outcomes | Place Priorities | Actions |
|---|---|---|
| <ul style="list-style-type: none"> ✓ I have a voice and this is listened to and respected ✓ I am as healthy as possible ✓ I feel safe ✓ I have help and support in a way that suits me ✓ I have adults in my life who are supported to help me ✓ I am supported to be as independent as possible and have a purposeful life ✓ I belong and feel valued | <p>1. Best Start in Life – Better Start Strategy Delivery Group</p> | <p>Joint review and re-design of the pathway and specification for the Children’s Community Nursing and Community Paediatrics</p> <p>*Joint review and re-design of the pathway and specification for the Child Development Centre</p> <p>Information sharing – Develop and deliver shared information tool across health and care via wider use of the Rotherham Health Record.</p> <p>Develop an enhanced offer for babies and pre-schoolers with SEND or suspected SEND to ensure that families get the right support early on when issues first emerge. This will be through joint working between Family Hubs, the Child Development Centre, Portage</p> |
| | <p>2. Children and Young People’s Mental Health and Emotional Wellbeing – Social,</p> | <p>*Implement and Embed the SEMH Continuum of Need and Competency</p> |

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| | <p>Emotional and Mental Health (SEMH) Strategic Group</p> | <p>Framework, monitor impact via Inclusion Panel and SEMH Strategic Group.</p> <p>*Continuously improve Neuro developmental assessments waiting times for children in Rotherham.</p> <p>*Improve ADHD resources on the SEND online resource to help schools feel fully equipped.</p> <p>Re-develop, implement, and embed a tiered sleep pathway.</p> <p>Jointly commission Kooth (digital counselling service)</p> |
| | <p>3. Special Educational Needs and Disabilities – SEND Executive Board</p> | <p>*Jointly further develop and deliver Graduated Response training to multiagency audience to ensure awareness and advocating of support available via graduated response.</p> <p>*Strengthen multi-agency approach to Youth Justice; reducing the number of CYP with SEND in youth custody</p> <p>Develop and Deliver the SEND ‘Family’ Hub</p> <p>Update the Short Breaks Statement</p> |

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| | | <p>*Jointly commission the SENDIASS service and Parent/ Carer Participation and Peer Support</p> |
| | <p>4. Looked After Children – Corporate Parenting Board</p> | <p>Pathway re-design and review of Looked After Children and Care Leavers Health service specification (extending the age and improving impact measurement).</p> <p>Redevelop and implement our therapeutic offer to looked after children, in-house foster carers/ residential care providers.</p> <p>*Develop and embed a joint Quality Assurance Process for children and young people in residential care, including capturing their voice.</p> |
| | <p>5. Preparation for Adulthood – Preparation for Adulthood Board</p> | <p>Develop and deliver a Health Passport for Transitions</p> <p>Complete a joint needs analysis to inform planning for all young people with long term/ chronic health conditions including diabetes, respiratory, complex care, therapies, epilepsy.</p> <p>*Provide a Local Offer and Guiding Voices ‘Futures Fair.’</p> |

Actions to achieve Commitments are marked with an asterisk *

9. Measures of Success

| Outcomes | What this means | Key Performance Indicators | Target |
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| I have a voice, and this is listened to and respected. | <p>All planning is person centred.</p> <ul style="list-style-type: none"> - Support is planned and delivered in a way that works for the child or young person. It is balanced to include what is important to the individual. - Children, young people, and their families are involved in decision making in all matters that concern them and have greater choice and control over their support. <p>Information is available and accessible.</p> <ul style="list-style-type: none"> - Children, young people, and their families can find the information they need, are able to make informed choices and navigate the system easily from the earliest years to early adulthood. <p>Co-production with children, young people, and families.</p> <ul style="list-style-type: none"> - A wider and greater representation of children, young people and families are involved in strategic decision making and the coproduction of services, so that there is better fit between what children, young people and their families need and what is available. | Numbers of children and young people with SEND attending groups that have a Voice and Influence remit (Genuine Partnerships data). | |
| | | Number and % of EHCP audits that incorporate the view of children and young people, parents, and carers (EHC Audit-Section A) | |
| | | To increase the number of schools, services and settings who are engaging or have engaged with the Genuine Partnerships Four Cornerstones Approach. | |
| | | To increase the number of Schools, settings and services who have been awarded the Charter Gold Accreditation. | |
| | | Number of POET surveys completed annually and responses – will be restarted from September 2024. | |
| | | Numbers of families accessing Rotherham Parent Carers Forum (RPCF dataset) | |
| | | Number of overall visits to our Local Offer Site - new users to the site, numb of engagement sessions on the site. | |
| | | Child survey responses – <i>new indicator this will be introduced for 24/25 academic year.</i> | |
| I am as healthy as possible | <p>Early identification and early support.</p> <ul style="list-style-type: none"> - Children, young people, and their families understand how to access support, receive good communication and have a positive experience from all services. <p>Clear pathways to access support and services.</p> <ul style="list-style-type: none"> - Children and young people’s health needs, and importantly their mental health, are identified early and support is put in place at the earliest opportunity. | % of services are delivered in the required time period (18 weeks) (SALT (Speech and Language Therapy), OT (Occupational Therapy), PT (physio Therapists) CDC (Child Development Centre) | 18 weeks target |
| | | Number of children with a Personal Health Budget | |
| | | % of Education, Health, and Care Plans with written advice from a health professional within 6-week timescale | 6 weeks target |
| | | % of children receiving the 2-year-old health check | |

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| | <p>Children and young people do not need to be in crisis before support is offered.</p> <p>The right support, from the right people, at the right time</p> <ul style="list-style-type: none"> - Children and young people get the support that makes a difference and helps them make progress towards the outcomes that matter to them. There is good support available from universal, targeted and specialist services that meet the needs of families at the right time. <p>Support for wellbeing in all Rotherham educational settings</p> <ul style="list-style-type: none"> - The emotional wellbeing of children and young people is part of the life and work of schools and colleges and there is mental health expertise in every school and setting. | <p>% of children and young people assessed in 2 weeks for a wheelchair</p> <p>Increase % of young people aged 14 or over with learning disabilities offered enhanced GP Annual Health Checks (this info runs over a Financial Year - April to March and is cumulative over this time)</p> | <p>In line with National average</p> |
| <p>I have help and support in a way that suits me</p> | <p>Inclusive Communities</p> <ul style="list-style-type: none"> - Children, young people, and their families can access the places they want to go and the things they want to do, alongside their friends and families in their local community. Children and young people will be made welcome, staff will be able to meet their needs and physical accessibility improves. <p>Excellent Universal and Targeted Services</p> <ul style="list-style-type: none"> - Children, young people and their families can find and access support that meets their individual needs without needing a referral or diagnosis and without being dependent on others. <p>Specialist excellence in Rotherham</p> <ul style="list-style-type: none"> - The needs of all children and young people, including the most complex, can be met close to home from the earliest years, throughout the whole of their education and into employment. The local area will be able to offer sufficient school places for every Rotherham child. | <p>% of young people with SEND who are EET -Education, Employment and Training (16 - 24 In learning and 20-24 in learning)</p> <p>Reduce the number of children and young people with EHCP's that are considered NEET.</p> <p>Reduce the number and % of Fixed Term suspensions and Permanent Exclusions for SEN Support/EHCP children and young people.</p> <p>Number / % of children and young people with EHCP's that are Elective Home Educated</p> <p>Number / % of children and young people accessing Home to School transport.</p> <p>Reduce the number of children and young people with SEND in Youth custody.</p> <p>Absence and Persistent absence for children and young people with SEND (SEN Support and EHCP)</p> <p>Monitoring of children and young people with SEND who are on Part-time timetabling and accessing AP provision- <i>new indictors for academic year 24/25.</i></p> | <p>In line with National average</p> <p>In line with National averages</p> <p>In line with National averages</p> |

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| | | Number and % of children and young people with a EHCP who are attending: Mainstream Provision (this includes Post 16/ FE provision), Resource Provision and Specialist Provision – (Special Schools, PRU and ISP) | |
| | | % of sections within the EHC Plans that have been audited as Compliant | |
| | | <i>We will also monitor attainment outcomes for SEND children and young people which will be shared across all working groups</i> | <i>In line to National averages</i> |
| I have adults in my life who are supported to help me | Parent carers, siblings, family, and others who support children and young people with SEND are well supported. They can easily access support for themselves and for the child they care for, and do not need to repeat their story to get support. | Number of children and young people with a Personal Budget in place | |
| | | Increase the number of children and young people with SEND accessing more community activities. | |
| | | Number of parents attending training via Rotherham Parent Carers Forum | |
| | | % of parents and carers of disabled children and young people accessing carers assessments | |
| | | % of cases from panel where graduated response evidence is rated as ‘good ‘ | |
| | | % of Social Care advice received into the EHCP process within the required timescales (6 weeks’ timescale) | 6 weeks target |
| | | % of EPS advice received into the EHCP process within the required timescales (6 weeks timescales) | 6 weeks target |
| | | Number of Quality Assurance visits completed– <i>this is for out of Borough provisions and in borough provisions – new measure from September</i> | |
| I am supported to be as independent as possible and have a | Preparing for adulthood from the earliest years. <ul style="list-style-type: none"> - Children and young people are supported and encouraged to build on their strengths and be ambitious for their next steps and their future. Those who support, teach and care for children and young people maintain focus on life skills, experience, and | Number of young people referred into Adult Transitions Team. | |
| | | % of SEND young people who are EET - Education, Employment and Training (16 - 24 In learning and 20-24 in learning) | In line with National average |
| | | Increase the number of young people in Supported Internships across the borough (new measure) | |

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| <p>purposeful life</p> | <p>independence so that children and young people have a direction and purpose beyond formal education.</p> <p>High quality transitions.</p> <ul style="list-style-type: none"> - There is high quality, planned transitions between services, settings, and phases. Children and young people continue to progress at every move and are supported seamlessly by well thought out transitions, whether this is between services, settings, or phases. <p>Preparation for employment.</p> <ul style="list-style-type: none"> - Young people are well prepared for their next steps and education, training and opportunities leads to employability for more young people with SEND. <p>Meaningful opportunities beyond age 16.</p> <ul style="list-style-type: none"> - Education settings, training providers, and employers demonstrate their commitment to equality and inclusion and offer positive opportunities to more young people, valuing and appreciating individual's differences and contributions. This means there are more (both amount and variation) of opportunities available to young people and there is something purposeful for everyone. For many this will mean employment; but for others this will look different. The aim must remain that there is a meaningful option for everyone | <p>Number of Supported Internships that led to paid employment- <i>new measure from September.</i></p> | |
| | | <p>To increase the % of Adults Transitions cases aged 17 and a half and over, who were referred to transitions prior to turning 18, who have a Care Act Assessment in place.</p> | |
| | | <p>To increase the % of Current Adults Transitions cases where the young person is aged between 16 yrs. 6 months and 17 yrs. 5 months (i.e., up to 1 year from turning 17 and a half), who have a care act assessment in place or a worker allocated</p> | |
| | | <p>Number of EHCP's that have been ceased through employment reason.</p> | |
| <p>I belong and feel valued</p> | <p>Inclusive Education.</p> <p>All children have access to quality inclusive childcare to make an excellent start to their early education, development, and learning. All Rotherham education settings have an inclusive culture and children, and young people receive the same high quality of offer, regardless of which school, college or setting they attend, regardless of where they live.</p> | <p>Numbers of children and young people with SEND attending groups that have a Voice and Influence remit (Genuine Partnerships data)</p> | |
| | | <p>Number and % of EHCP audits that Incorporate the view of children and young people, parents, and carers (EHC Audits)</p> | |
| | | <p>To increase the number of schools, services and settings who are engaging or have engaged with the Genuine Partnerships Four Cornerstones Approach.</p> | |

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| <p>Accurate identification of needs and intervention in schools, colleges, and Early Years settings.</p> <ul style="list-style-type: none"> - Children and young people’s needs are identified accurately and there is early, evidence-based intervention to support them. Children, young people, and their families can access support and intervention without the need to wait for a formal diagnosis and without unnecessary delay. <p>Effective SEN support</p> <ul style="list-style-type: none"> - SEN support is of an equal high standard across all education settings. Children and young people can attend their local education setting and feel confident that they will be fully included and have their needs met effectively. Children and young people’s talents and strengths are at the forefront of all discussions. All planning and support think about the future of the whole person, and positively builds upon the unique strengths, talents, and personality of the individual. <p>Joined up planning and support across education, health, and social care.</p> <ul style="list-style-type: none"> - Every service plays their part and children young people, and their families experience high quality planning and provision from the most appropriate teams and services. | <p>To increase the number of Schools, settings and services who have been awarded the Charter Gold Accreditation.</p> | |
| | <p>Number of POET surveys completed annually and responses.</p> | |
| | <p>Numbers of families accessing Rotherham Parent Carers Forum (RPCF dataset)</p> | |
| | <p>Number of overall visits to our Local Offer Site - new users to the site and numb of engagement sessions on the site</p> | |
| | <p>Child level survey responses – <i>new indicator this will be introduced for 24/25 academic year.</i></p> | |

10. Appendices

Appendix 1a Draft SEND Strategy

Appendix 1b Children's Work Order

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