



HEALTH AND WELLBEING BOARD: 22 JANUARY 2015

REPORT OF THE DIRECTOR OF CHILDREN AND FAMILY SERVICES

PROGRESS REPORT FOR REFORM OF SPECIAL EDUCATIONAL NEEDS AND DISABILITY

Purpose of Report

1. The purpose of the report is to:
 - Provide a progress update about the implementation of Special Educational Needs and Disability) (SEND reform in Leicestershire.
 - To outline the responsibilities of health professionals with regard to the SEND code of practice.
 - To outline the intentions for future reporting arrangements, bringing more regular reports to the Health and Wellbeing Board.

Background

2. At the meeting on 13th March 2014 the Health and Wellbeing Board received a paper which provided information about the Children and Families Act and within it the revised Code of Practice for Special Educational Needs and Disability.
3. The Children and Families Act received Royal Assent on 13th March 2014.
4. Part 3 of the Children and Families Act outlines new responsibilities across education, health and social care team for children and young people with special educational needs and disability. This includes a new Code of Practice which was finalised in July 2014. It is expected that all partners will work together to deliver a person-centred approach through:
 - Education, Health and Care (EHC) plans and assessment processes;
 - A Local Offer;
 - Personal Budgets offered in EHC plans
 - Mediation and dispute resolution arrangements;
 - Joint commissioning arrangements.
5. Included is the requirement for CCGs to:
 - Commission services jointly for children and young people (up to 25) with SEND, including those with EHC plans

- Work with the local authority to contribute to the Local Offer services available;
 - Have mechanisms in place to ensure practitioners and clinicians will support the integrated EHC needs assessment processes;
 - Agree Personal Budgets where they are provided for those with EHC plans.
6. The Department for Education (DfE) has published a series of subsidiary documents to support the Code of Practice. Appendix 1 is the DfE's guide for health professionals which outlines the expectations of partners in seeking to achieve a holistic approach to supporting children and young people with SEND. Appendix 2 is the Department of Health's guidance for Health and Wellbeing Boards which highlights the pivotal role of the Board.
 7. The Department for Education has set out a clear timeline for implementation. 1st September 2014 was a key date by which a number of milestones had to be met in order for the local authority to be legally compliant. All of these milestones were met in Leicestershire.

Leicestershire's progress to date

8. Leicestershire places a high priority on improving the outcomes and raising aspirations for all children and young people aged 0-25 with special educational needs and disability. The vision for all children is that they live in safe and thriving communities where they enjoy good health and wellbeing and achieve their potential. The reform of SEND service is a fundamental element of this vision. As such the project is identified as one of the County Council's 24 priority transformation projects.
9. The reform has been planned in two phases: phase one focused on meeting the initial milestones for September 2014 which are outlined in Appendix 3. Phase two is a longer period of time focusing on the cultural shift which underpins the reform.
10. The key changes and progress outlined below includes specific reference to the expectations of local authorities working in partnership with health professionals and the approach the Leicestershire is taking.

Education, Health and Care (EHC) Plans

http://www.leics.gov.uk/send_ehc_plan.pdf

11. Education Health and Care plans replace statements of SEN and Learning Difficulty Assessments (LDAs). EHC plans can begin at birth and can continue up to the age of 25 if the council considers that the young person needs more time to complete their education or training. CCGs must co-operate with the local authority in relation to EHC needs assessments and plans and health commissioners must secure the health provision specified in the EHC plans.

12. The operating model in Leicestershire will provide a co-ordinated assessment process which can be used to issue a final EHC plan within 20 weeks. The EHC plan template has been developed and tested and the process of converting statements and LDAs began in September. Leicestershire began the process with 2800 children and young people with a statement of special educational needs and approximately 300 students with a LDA.

Next Steps:

- Revise criteria for statutory assessment
- Implement workforce development to focus on person centred approaches
- Embed funding mechanism to use resources more effectively

The Local Offer

http://www.leics.gov.uk/Local_offer

13. From September 2014, councils are required to publish a 'Local Offer' to inform parents, carers and young people with SEND about services across education, health and social care from birth to 25. This should include both universal and specialist services.
14. CCGs, NHS England, NHS Trusts or NHS Foundation Trusts and Local Health Boards must co-operate with local authorities in the development and reviewing of the Local Offer. The offer must include information about provision made by health professionals for children and young people with SEND. The Local Offer must be informed by feedback from children with SEN or disabilities and their parents and local authorities must publish comments from them about the Local Offer. It is acknowledged that Local Offers will be developed and revised over time.
15. In the first instance, existing published information from Leicestershire County Council website from education, children and adult social care services has formed the basis of the Local Offer. Links to health services have also been included. As the County Council develops its online presence and the offer will evolve to incorporate a broader range of information, including joint commissioning with health services.
16. Leicestershire is also participating in a pilot called SEND direct:
www.sendirect.org.uk

Next Steps

- Work with the enabling projects for advice and information to determine long term ownership of the Local Offer and the ICT infrastructure required to support it.
- Continue to work with health professionals to ensure that children with SEND and their parents are fully informed of the range of universal, preventative and specialist services available to them through the Local Offer.

- Ensure that all Leicestershire education settings are providing appropriate information to support the Local Offer including information about funding arrangements.

Personal Budgets

http://www.leics.gov.uk/index/children_families/family/send/send_personal_budget.htm

17. All parents in receipt of a new EHC plan will be able to request a personal budget. Partners must set out in their joint commissioning arrangements and their arrangements for agreeing Personal Budgets. CCGs must commit to ensure that Personal Health Budgets are available to people who would benefit from continued healthcare funding from April 2014 and with any long term condition from April 2015.
18. In Leicestershire, from 1st September 2014, access to a Personal Budget is based on existing policies for direct payments with health, children and family services and adults and communities services. It is anticipated that an early offer for Personal Budgets will be SEN transport. The target operating model is for assessments currently conducted across education, health and social care services to provide indicative budgets through an assessment of need. The longer term vision is to develop a model that is aligned to the aspirations of the Care Act, i.e. a joint assessment by social care and health services leading to a personal budget.
19. The Pathfinder findings with regard to Personal Budgets reflect some of the challenges that we are facing in Leicestershire. These included: the limited availability and reliability of unit cost data; inflexibility of existing commissioning arrangements; growing the provider market appropriately and sufficiently to meet family-led demand; drawing in new services into the Personal Budget offer whilst maintaining the viability of individual services; releasing of school-based funding; and promoting the use of Personal Budgets amongst the health workforce. In terms of quantifying Personal Budgets, most services were either using, or were in the process of developing a resource allocation tool to support practitioners to develop indicative budgets. Such tools had been more commonly developed for use in both children's and adult social care, and were seen as more of a 'work in progress' in both health and SEN. Therefore there has been less progress made in developing personal budgets in health and SEN. From the DfE '[Research and analysis: Special educational needs and disability pathfinder evaluation](#)' page 15, the concept of a Personal Health Budget (PHB) remained relatively new. In Leicestershire, this offer has been restricted to children in receipt of NHS Continuing Care and in most cases personal budgets have been offered on an ad hoc basis.
20. The DfE and the Department for Health are surveying and visiting local authorities and asking for specific evidence to demonstrate that the Personal Budget offer is extended across education, health and social care services.

Next Steps

- SEN transport Personal Budget pilot
- Work with Schools Forum to develop an approach for implementing education Personal Budgets
- Working with health professionals to extend Personal Health Budgets
- Work towards a system for providing a single personal budget across education, health and social care services

Information, advice, mediation and dispute resolution

http://www.leics.gov.uk/index/education/going_to_school/parents.htm

21. Local authorities must make it known to parents and young people the possibility of resolving disagreements across education, health and social care through disagreement resolution and mediation procedures. There should also be information, advice and support service which is free, accurate and impartial. CCGs and health bodies must co-operate with local authorities in carrying out their functions. The NHS complaints arrangements cover the health services which a child or young person receives under an EHC plan.
22. Leicestershire's existing mediation provider, the Together Trust, is being used to provide mediation and dispute resolution until March 2015. Leicestershire is working with nine local authorities in the East Midlands to carry out a tender exercise for both mediation and independent dispute resolution from April 2015.
23. Leicestershire's Parent Partnership Service is now known as SEND Advice and Information Service. This service will also issue certificates if a family does not want mediation and wants to lodge an appeal with the Tribunal.

Next Steps

- Conclude tender process for mediation and alternative dispute resolution
- Further remodel SEND Advice and Information Service (AIS) to fulfil expectation for young adults
- Agree with Parent Carer Forum and SEND AIS the role of government funded 'Independent Supporters'
- Continue to work with the Council's enabling project 'Advice and Guidance'

Joint Commissioning

24. Councils are required to establish joint commissioning arrangements with health partners with responsibility for commissioning health services in the council area. Local authorities, CCGs and other partners must work together to assess the needs of the local population of children and young people with SEN and disabilities and plan and commission services for them jointly.

25. In March 2014 the Health and Wellbeing Board agreed that the local authority, CCGs and NHS England will work together with parents/carers and partners at a strategic level to develop an integrated approach. Health commissioners are now working as part of the SEND project board and a group of health, education and social care lead commissioners has been established. Work is underway to collate existing service outcomes/targets for services across education, health and social care, in order to focus on narrowing the gap. Analysis will focus on the proportion of children and young adults with SEND and whether they are over represented in the identified outcomes. This will then form part of the JSNA. The Joint commissioning strategy is being drawn up in collaboration with health, social care and education commissioning leads.

Next Steps

- Complete needs assessment work and agree shared outcomes based on jointly agreed objectives
- Agree early joint commissioning intentions based on existing knowledge of needs and demand
- Draft joint commissioning strategy in place by January 31st

Person centred planning – user voice

http://www.leics.gov.uk/index/children_families/family/send/send_events.htm

26. A comprehensive training programme has been developed for professionals and practitioners across education, health and care partners between September 2014 and July 2015, in the first instance. Families have contributed to the design of the training that will include face to face sessions as well as e-learning packages. There will also be training for families about, for example, how to use Personal Budgets so that they can be more active in supporting the plan for their child.

Next Steps

- Workforce development plan to be implemented between September 2014 and July 2015
- Training for families and young people to be planned and implemented

Communication and Engagement strategy

27. Raising awareness is a priority and there is a comprehensive communications and engagement strategy which has been drawn up with the council's communications team, working closely with the health communications lead to ensure a joined up approach. Information has been sent to schools and other providers and officers have attended a number of briefings for headteachers, Chairs of Governors and Special Needs Co-ordinators. All families of children who have a statement of special educational need have received a letter to explain what will be happening and how this will affect them. Families have been involved in the content and design of all the communication material.

Next Steps

- Recruit Disabled Young Person's Champion
- Continued engagement with young people to establish a sustainable systematic approach

ICT requirements

28. The shift in working practices and procedures has enabled the project to devise more efficient systems of working that look to optimise ICT solutions and reduce bureaucracy/paper-based systems. Transfer from the 'Statement of SEN' processes to an integrated education, health and care plan required changes to the current ICT platform. Further work is underway regarding information management with schools and other providers. Administration and management arrangements for Personal Budgets across education, health and care needs to be determined. As stated earlier, the need to work together on Personal Budgets is a priority area for phase 2 of the implementation of SEND reform. The Local Offer will also need a sustainable and comprehensive ICT platform to comply fully with the requirements set out in the Code of Practice and recommendations from parents and carers.

Next Steps

- Work with enabling projects to determine the Local Offer platform and administration system for Personal Budgets
- Continue to work with all partners, including health professionals to determine arrangements for information management to work towards a single view of the child

Consultation/Patient and Public involvement

29. Throughout the development of SEND reform there has been liaison and joint working with parents and carers to assist in shaping and designing processes, materials and policy. A priority is the continued engagement of children and young people in the development and delivery of phase two.

Resource implications

30. The SEND reform project is tasked with setting up new systems and ways of working with partners across education, health and social care as set out in the Children and Families Act and accompanying guidance. The SEND reform brings with it additional burdens for which no additional resource has been identified in council or direct schools grant funding. The SEND project is timetabled to conclude on 31st March 2016, at which point these additional burdens will be part of business as normal operating across education social care and health services.
31. The new systems and initiatives put in place are utilising existing systems as far as is practical, but adopting more efficient ways of working. Underpinning the reform work is the development of more robust commissioning and building local capacity in communities to enable needs to be met flexibly and

independently of the local authority except for those most severe and complex cases.

32. There are a number of joint health and local authority responsibilities that will need to be jointly commissioned to ensure the most efficient and effective use of resources and to avoid duplication or segregated responses to need, these will be reflected in the joint commissioning strategy.

Conclusion

33. We are confident about the start that has been made in implementing SEND reform. However, the cultural shift that is now required to meet the aspiration of phase two is more challenging. The next steps which underpin phase two need to be mapped out with clear timelines and milestones. We need to develop better integrated working across complex organisational and governance structures to draw out the common threads which can be prioritised and will come together to ensure that all the statutory requirements are met in full. With regard to development of a joint commissioning strategy and the expectations of health professionals, we need to ensure that the Health and Wellbeing Board receives regular progress updates.
34. We propose to report to the Health and Wellbeing board at every meeting between now and March 2016. Reporting will focus on the key elements which are dependent the strong partnership working between health professionals and the local authority. The Department of Health guidance makes reference to the Disabled Children's Charter which sets out 7 commitments and a vision statement for each Board. We intend to bring a further paper to the Board to outline the implications of this in the spring of 2015.

Recommendations

- (a) That the report be noted;
- (b) That updates on work to progress the SEND reforms be submitted to each meeting of the Health and Wellbeing Board until March 2016;
- (c) That a report outlining the implications of the Disabled Children's Charter be submitted to the Health and Wellbeing Board in Spring 2015.

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