

Joint Commissioning Strategy

An Area Wide Approach to Special Educational Needs and Disabilities (SEND)

(Currently under review)



NORTHUMBERLAND
Northumberland County Council

NHS
Northumberland
Clinical Commissioning Group

Northumbria Healthcare **NHS**
NHS Foundation Trust



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2. Legislative Context

6. The SEND Code of Practice, Chapter 3 sets out the scope of joint commissioning arrangements as follows:
7. Joint commissioning arrangements must cover the services for 0-25 year old children and young people with SEN or disabilities, both with and without EHC plans. Services will include specialist support and therapies, such as clinical treatments and delivery of medications, speech and language therapy, assistive technology, personal care (or access to it), Child and Adolescent Mental Health Services (CAMHS) support, occupational therapy, habilitation training, physiotherapy, a range of nursing support, specialist equipment, wheelchairs and continence supplies and also emergency provision. They could include highly specialist services needed by only a small number of children, for instance children with severe learning disabilities or who require services which are commissioned centrally by NHS England (for example some augmentative and alternative communication systems, or health provision for children and young people in the secure estate or secure colleges).
8. Local authorities, NHS England and their partner CCGs must make arrangements for agreeing the education, health and social care provision reasonably required by local children and young people with SEN or disabilities. In doing so they should take into account provision being commissioned by other agencies, such as schools, further education colleges and other education settings. Partners should commission provision for children and young people who need to access services swiftly, for example because they need emergency mental health support or have sustained a serious head injury.
9. Joint commissioning must also include arrangements for:
 - securing EHC needs assessments
 - securing the education, health and care provision specified in EHC plans, and
 - agreeing Personal Budgets
10. Local joint commissioning arrangements must consider:
 - what advice and information is to be provided about education, health and care provision for those who have SEN or are disabled and by whom it is to be provided
 - how complaints about education, health and social care provision can be made and are dealt with, and
 - procedures for ensuring that disagreements between local authorities and CCGs (and NHS England for specialist services) are resolved as quickly as possible

The outputs of this work must be presented publicly in the Local Offer.

3. What Commissioning Means to Us

3.1 What is Commissioning?

11. Commissioning is the process of specifying, securing and monitoring services to meet people's needs at a strategic level. This applies to all services, whether they are provided by the NHS or by the local authority, other public agencies or by the private or voluntary sectors.
12. It is widely accepted that commissioning activity should follow the commissioning cycle if it is to be effective.

3.2 Commissioning Cycle

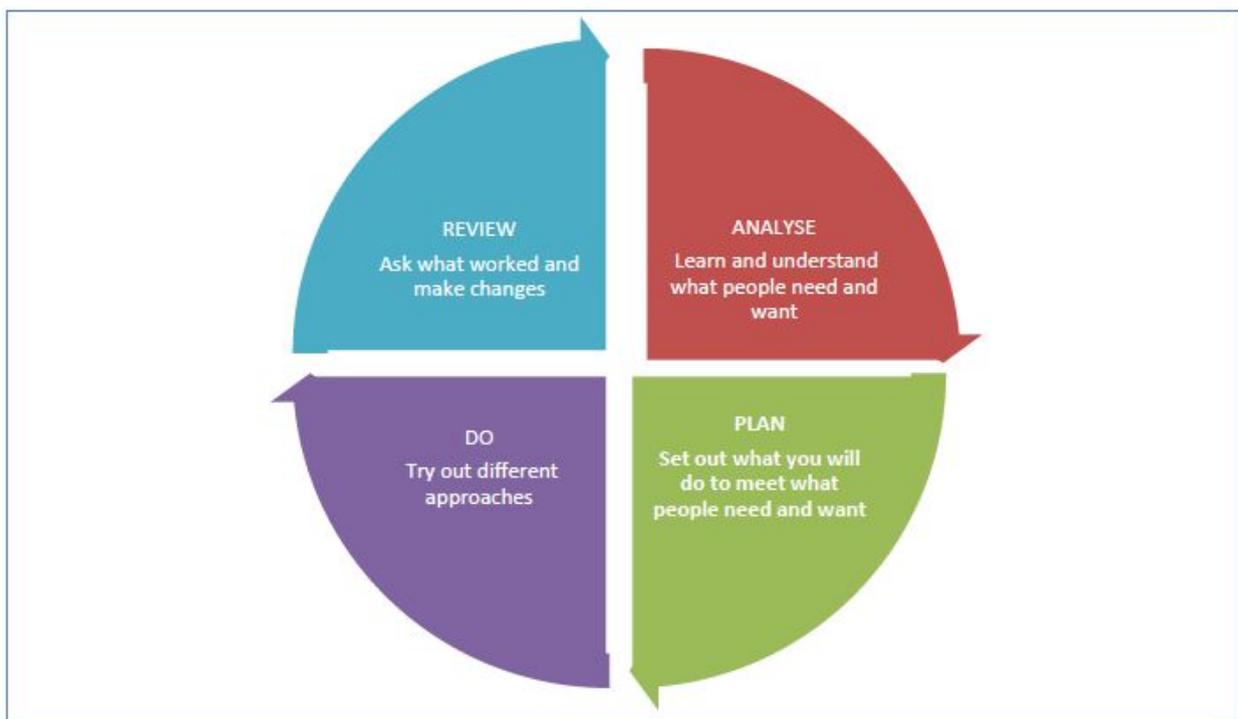


Chart 1

Commissioning has to define what's needed and how these needs are best met before consideration can be given to what services are purchased.

3.2 What is Joint Commissioning?

13. Joint Commissioning is a strategic approach to planning and delivering services in a holistic, joined-up way. It is a means for the different partners commissioning education, health and care provision, to deliver positive outcomes for children and young people with SEND.
14. It is recognised that joint planning and commissioning are a key part of the Special Educational Needs and Disability (SEND) reforms that will help lead to better integrated processes and integrated front line deliver. It requires cultural change

across organisations that in turn requires clear leadership and clear understanding. Effective commissioning is about much more than procurement and contracting, though these are key elements of the commissioning cycle.

15. Commissioning responsibilities for SEND is complex. The Children & Families Act 2014 provides a legislative framework for joint commissioning across the NHS and the Local Authority and provides a number of opportunities and benefits for commissioning across the whole system.
16. To commission effectively for children and young people with SEND a joint approach is required between commissioners, users and providers of services. The Joint Commissioning Cycle provides a continual cycle of review and improvement. It follows the same process as the commissioning cycle it is just done across organisational boundaries.

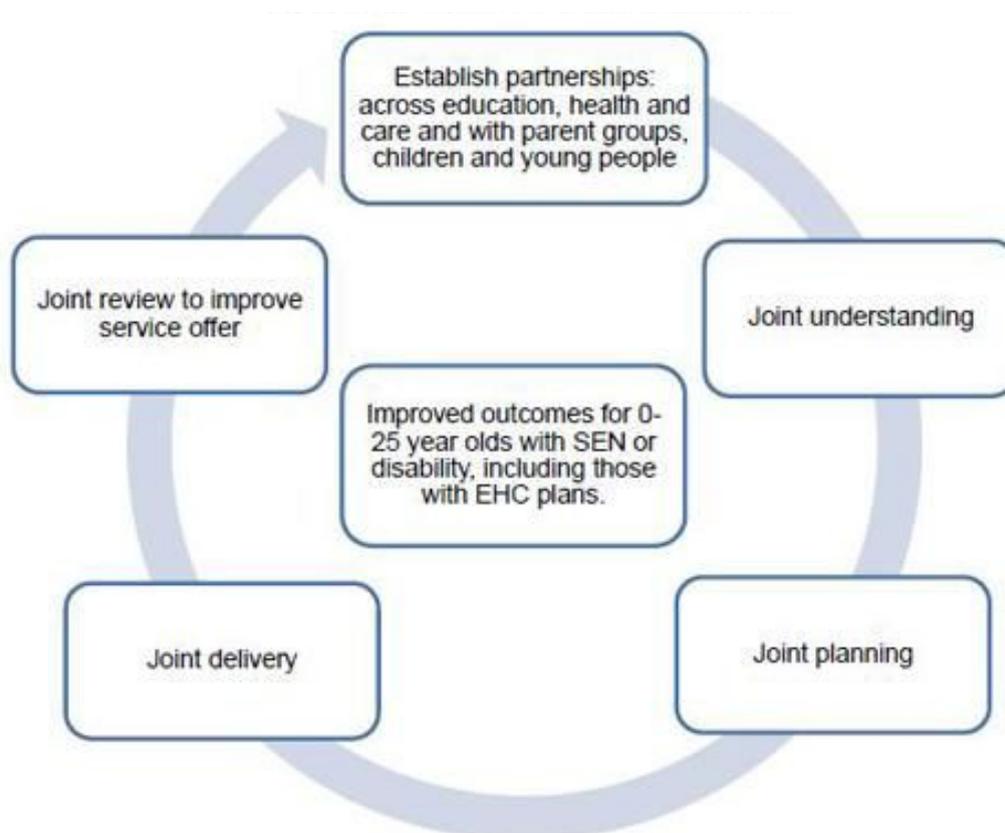


Chart 2

3.4 The Benefits of Joint Commissioning

17. Joint commissioning helps to support partner agencies to:
 - Understand the evolving needs of the community, as well as the key priorities that public sector bodies can most effectively deliver against.

- Design and deliver appropriate services to meet these needs, utilising the capabilities of in-house services, market providers and voluntary and community groups.
- Constantly review and validate whether the work done by those commissioned to deliver services is effective, thereby making best use of resources.
- Manage the process effectively, facilitating the work done by commissioned services to identify and maximise opportunities for collaboration, challenging the “status quo” and encouraging innovation in order to better meet priorities.

This approach bridges the gap between strategic vision and business delivery.

3.5 Differing Levels of Commissioning

18. Although a joint strategic approach to commissioning is essential it is acknowledged that to be fully effective, commissioning happens at differing levels:

Individual Payments	Through mechanisms like Personal Budgets and Direct Payments.
Locality	Through a locality approach e.g. in special schools or mainstream providers
Service	Procuring a service to meet a specific need eg for children with speech and language therapy needs
Strategic	Aggregating information to provide a broader solution within Northumberland.
Regional/National	Contracts usually associated with central Government.

Table 1

Whatever level commissioning occurs on, the commissioning cycle should be placed at the heart of the approach.

4. Our Approach to Joint Commissioning

4.1 Strategic Governance

19. The Health and Wellbeing Board was established to improve the health and wellbeing of Northumberland residents and to reduce health inequalities by bringing together organisations involved in commissioning and providing health services, adult social care and children's services and encouraging better partnership working. The Joint Commissioning Group was in turn created to support delivery of the strategic aims and operations of the Health and Wellbeing Board. It follows that where there is benefit in joint commissioning activity then this is overseen and reflected in the work plan of the Joint Commissioning Group.

The Health and Wellbeing Board

20. Northumberland's Health and Wellbeing Board Vision for 2018/19 is to create a culture that allows the aspirations of residents and communities to be fulfilled by improving how health and social care and other public services work in a joined up way. Northumberland's Health and Wellbeing Board has adopted a strategy based on five key priorities:
1. Targeting children and families who might be at risk of not achieving their full potential;
 2. Focusing on tackling some of the main causes of health problems in the county:
 3. Supporting people with long term conditions to be independent and have control:
 4. Making sure that all public services support the independence and social inclusion of disabled people and people with long term health conditions:
 5. Making sure that all partners work well together and are clear about what they themselves need to do to help improve the health and wellbeing of local people.

Family and Children's Services Overview and Scrutiny Committee

21. As Northumberland Council operates an executive arrangement an Overview and Scrutiny Committee has been created to consider issues relating to children's services and make recommendations to the council's executive.

Joint Commissioning Group

22. The Joint Commissioning Group has been created to support the Health and Wellbeing Board in achieving their objectives by establishing priorities that reflect localised need. In particular, this considers collaborative and integrated

commissioning opportunities across social care, health and education. This is reflected in an action plan with progress reported to the Health and Wellbeing Board.

SEND Strategic Groups

23. The SEND Strategic Groups brings together social care services, health, education and parent/carer representation in partnership to improve outcomes for children and young people with SEND from early childhood through to adult life.

The groups will:

- improve the shared understanding of the needs of children and young people with SEND in Northumberland
- facilitate joint planning, commissioning and delivery to make best use of all the resources available in the local area to improve outcomes for children and young people with SEND in the most efficient, effective, equitable and sustainable way
- engage in joint monitoring and review of the impact of provision on outcomes for children and young people with SEND across education, health and social care services
- develop participation and engagement for children, young people and their families and carers in reviewing Northumberland's local offer; ensuring they have a voice in the strategic direction of provision for SEND.

Future Developments: Accountable Care Organisation

24. The collective vision of health and social care partners in Northumberland is to create a system which consistently delivers the highest quality of care and a seamless patient experience for people living across the county.
25. This vision is supported by plans to develop a single accountable care organisation; this is an overarching organisation that sits above a joined up health and social care system made up of a number of different providers, from health services to the local authority. The aim is to help teams across different organisations to work more effectively together, with the same shared goals.
26. The Integration Board, a formal sub group of the Health and Wellbeing Board, is chaired by the CCG and has agreed a five year vision and work plan designed to integrate all health and care services across the county.
27. Northumberland's proven success in achieving systemic integration, (evidenced in adult social care and health services) provides a firm foundation upon which to further develop joint service delivery and commissioning arrangements. This almost unique position will present clear opportunities to further develop joint commissioning arrangements to support SEND.

4.2 Northumberland's Vision, Aims and Priorities for SEND

Vision

28. Northumberland is committed to giving all children the best start in life and to support them to reach their full potential. We want vulnerable children and young people to develop their independence and resilience, to become confident adults who live fulfilled and productive lives. To this end, we will work in partnership as professionals from a variety of organisations and with children, young people and their families to ensure that services and support for SEND are high quality, accessible, effective and efficient and have maximum impact.

Aims

29. An effective partnership between education, health and care commissioners and providers exists to:
 1. Provide education, health, care services and support systems which give children and young people the best opportunity to engage, achieve, succeed, and progress
 2. Agree arrangements and protocols that enable a partnership approach to:
 - Identify need as early as possible
 - Provide structured information and analysis
 - Jointly plan services and commission services
 - Ensure high quality provision
 - Ensure effective monitoring
 - Accurately evaluate, analysis and planning with ambitious targets for the future
 3. Ensure that children, young people and families have access to timely assessment that enables intervention at the earliest opportunity
 4. Establish and maintain co-ordinated information and advice services that are accessible and support decision making and choice.
 5. Co-ordinate services so that transitions are smooth and support is continuous.
 6. Provide opportunities for children, young people and families to contribute to the design, delivery and evaluation of services
 7. Adopt best value principles in directly provided and commissioned services

Priorities

1. Mediation and Disagreement Resolution

To ensure that services commissioned to support the process of making decisions about provision for children and young people with SEN or disabilities are made jointly by

commissioning organisations, parents/carers and children/young people taking a person centred approach, with views of service users and their families being a central consideration.

2. Therapies

To ensure that the provision of speech and language, occupational and physiotherapy through commissioned services delivered to support educational outcomes against a robust, outcome focussed assessment of need.

3. Complex Care

To establish a transparent system for the assessment of need and the subsequent allocation of resources or commissioning of specialist services to meet that need for those most complex children.

4. Mental Health

To ensure that commissioned services support Northumberland's children and young people are supported to be emotionally healthy and fulfilled throughout their childhood and adolescence.

5. Post 16 Transitions

To ensure that where services are commissioned via the private, independent and voluntary sector that it is done against a clear assessment of need to support positive outcomes and the journey into adulthood.

4.3 The Joint Strategic Needs Assessment

30. A Joint Strategic Needs Assessment (JSNA) is a statutory assessment that Northumberland County Council and the CCG jointly produce and maintain on behalf of the Health and Wellbeing Board. It looks at the current and future health and care needs of the Northumberland population to inform and guide the planning and commissioning (buying) of health, well-being and social care services within Northumberland. The JSNA will inform the joint commissioning decisions for children and young people with SEN and disabilities.

What it Tells Us About SEND

31. The Northumberland JSNA report is designed to update colleagues as to the size and nature of our population of young people who have SEND and may require support from partners within the Health and Wellbeing Board, SEND Strategic Group, Strategic Transitions Group or other partners.

There has been a net increase in the number of preschool children with these complex needs of around 50% since 2013. The growth is mainly in these areas:

- Autistic spectrum disorders (ASD);
- Speech Language Communication Needs (SLCN);
- Severe learning difficulty (SLD) / Profound and Multiple Learning Difficulty (PMLD).

32. These patterns of growth can also be seen in the changing specialist school population 4-16 years. There has also been a significant increase in the number of children with specific medical diagnoses, such as Down Syndrome, and those who rely on medical technologies to live. The causes of these increases are not known. Contributory factors may include a larger number of children surviving increasingly premature birth.

Other areas of need are relatively stable.

4.4 Financial Pressures

33. As is the case in all local authorities, Northumberland County Council has been working in times of significant resource constraint and increased demand and expectations. Across all services, the County Council is expected to deliver £36 million of savings over the period 2017-20 predicated by cuts in Central Government Grant funding to the County Council.
34. The Council has however made a commitment to children's social care which is reflected in a level of protection which has limited the level of reduction when compared to other service areas within Northumberland. This recognises the importance of children's social care services and the potential implications of wide ranging cuts.
35. Education funding via the dedicated school grant and council core budget has been used to fund educational high needs. Although there are an increasing number of children and young people requiring these scarce funds the financing of schools and young people has been prioritised and services have not been cut. However in 2016/17 for the first time the DSG has fallen into a deficit position with an overspend of around £1.2m. the majority of this as a result of High Needs spending. The authority has begun to look at maximising the use of resources and redistributing funds directly to schools rather than top slice the DSG. This has enabled schools to prioritise through service level agreements the support services they wish to commission. In 2017/18 there will be a further review of DSG allocation to ensure that money spent has maximum impact on outcomes for children and young people. Similarly the CCG are working within the context of a financial recovery plan.

4.5 Approach to Decommissioning

36. Decommissioning is the process of planning and managing a reduction in service activity or terminating a contract in line with commissioning objectives.
37. As with commissioning, decommissioning needs to be grounded in a sound and wide-ranging understanding of current and future user needs and levels of demand, service costs, market situation, priorities, key stakeholders, and the drivers for changes to services.

Before taking a decision to decommission it is essential that there is an understanding of:

- Needs, demands and priorities
- Quality, performance and the provider market
- Cost
- Contracts
- Stakeholders

38. Where services are no longer required partners are committed to ensuring that children, young people and their families have been considered, robust exit

strategies have been developed and organisations are supported in other commissioning processes.

5. SEND Provision by Commissioned Service

5.1 Overview

39. As previously outlined, joint commissioning works best when it is used to support managers and professionals to achieve the commercial objectives set out within individual policies and strategies of partner agencies in order to meet the recognised needs of service users. In other words, commissioning provides the business perspective to support professionals in shaping service delivery in order to secure better outcomes for children, young people and their families with SEND whilst providing a framework to drive up standards of delivery.
40. This section has been structured to demonstrate how commissioning activity is supporting the various responsibilities of the Health and Wellbeing Board. It follows that it includes reference to some of the larger value commissioned services that contribute to the SEND agenda only rather than the full range of services available to children with SEND. For clarity, it does not include those contracts that may have been spot purchased to meet the bespoke needs of individual children.

5.2 Services for Disabled Children

DfE Registered, Non-Maintained and Independent Special Schools and Colleges – Day and Residential Placements

41. The role of a Local Authority Education team is to ensure sufficiency of good places for all children including those with SEND within the maintained sector and to work with the regional academies commissioned to ensure a joined up approach to place planning. There are occasions when it is appropriate to commission services from external providers in order to support education delivery.
42. A process exists to purchase placements for children and young people aged 0 – 25 in non-maintained and independent special schools and colleges against identified need. This includes both residential and day placements.
43. The Education Health Care Plan (EHCP) forms the basis of the needs analysis against which a provider is approached and outcomes agreed. By using the EHCP as the identifier of need it ensures that the commissioning process pays full regard to education, health and social care needs.

The contract is structured to provide for education need in the following categories:

- Autistic Spectrum Disorder (ASD) – mild to moderate
- ASD with Social, Emotional and Mental Health (SEMH) issues
- ASD with complex learning difficulties or severe learning difficulties
- Social, Emotional and Mental Health (SEMH) issues
- Profound and multiple learning difficulties/severe learning difficulties
- Physical disability or medical need
- Significant Sensory disability and communication needs (hearing impairment / visual impairment / multi-sensory impairment)

- Specific learning difficulties (SpLD)
44. Where a young person needs to access services following discharge from a S3 detention under the mental health act the needs assessment includes a S117 Aftercare Plan supported by the CCG.

Short Break Respite Framework

45. The Children Act 1989 (Paragraph 6 of Schedule 2) places a duty on local authorities to provide breaks from caring for carers of disabled children so as to support them to continue to care for their children at home and to allow them to do so more effectively. The Breaks for Carers of Disabled Children Regulations 2011 give more detail on how local authorities must fulfil their duty to provide breaks from caring, including a requirement to produce a Short Break Statement outlining the range of short break services available.

Short Breaks have two main aims:

- To give parents or full time carers of disabled children and young people a break from their caring responsibilities.
 - To enable disabled children to have social opportunities to join in with safe, fun and interesting activities.
46. Short Breaks can be for a few hours or longer, including overnight and can be provided in different ways. A short break could include having additional support so that a child or young person can join in with a club or recreational activity in their community. It could involve someone caring for a child in the carer's home or within the child's home. It could be extra support for the disabled child alongside family leisure and social activities.

Contractual arrangements exist to provide:

- Overnight respite
- Outreach support
- Crisis Intervention
- A combination of the above

Term Time and/or Holiday Play and Activity Schemes for Disabled Children and Young People

47. A Framework has been established to facilitate the purchase of placements at term time and/or holiday play and activity schemes for disabled children and young people. Need is identified via either the EHCP or and Early help Assessment against established outcomes.

Occupational Therapy Adaptations and Joint Equipment Loans Service (JELS)

48. NHCT is commissioned to provide an occupational therapy service to enable the Council to meet its statutory obligations in delivering aids and adaptations to children with disabilities and their families.
49. The service is designed to assess the functional ability of the child and identify the functional and environmental barriers within the home, school or short break respite settings that impact upon independence or affect their safety and that of their carers.
50. Specifically therapists will provide assessment, advice and assistance to carers and families; this will include arranging for the provision of equipment and adaptations within the home and immediate environment. Interventions will include functional assessment of daily living, ergonomic assessment, major and minor adaptations and designing bespoke equipment in conjunction with medical physics where standard equipment will not meet the child's needs due to the fabric of the building.
51. The therapists will also analyse the impact of the school environment on the child's occupational performance within the context of the medical diagnosis and provide advice and guidance to ensure that adaptations will cater for longer term needs.
52. Integrated within the Children's Physical Disability OT service is a JELS service. This provides appropriate equipment, based on needs identified by professionals involved with the child and includes equipment that support:
 - Access to the home/school
 - Bathing and showering
 - Beds and accessories
 - Chairs and seating
 - Toileting
 - personal aids
 - Walking
 - Moving and handling
 - Sensory impairment
 - Pressure relieving
53. Effective care is delivered via a multi-disciplinary approach which extends beyond NHCT, children's social care and education to General practitioners and the third sector, including charity and private health and social care providers.

5.3 Specialised Education Services

Alternative Education Framework

54. Alternative Education refers to the operation of programmes of learning and skills development in non-school settings with the aim of supporting the progression of students who have become dis-engaged or are at risk of being disengaged from school-based education.

55. The Council has a range of responsibilities which may require them to place young people in alternative education provision. These include:
- Arranging full-time education for young people who have been permanently excluded from schools.
 - Working with schools to try and prevent young people from being permanently excluded (and brokering provision on their behalf).
 - Arranging educational provision for students referred on health grounds.
56. Although not all of the young people accessing this provision have an SEND a proportion do. A Framework has been established using suitably experienced and qualified organisations to support the provision of Alternative Education for children of statutory school age. Whilst it seeks to meet the needs of all children and young people requiring Alternative Education support there is an emphasis on students being provided with the opportunity to achieve academic accreditation, particularly in English and maths.
57. The Department for Education have issued advice to local authorities on statutory powers concerning the use of alternative provision (January 2013). This framework is aligned to these requirements. Specifically, an alternative education provision must not be the substantive education provider to a learner with an EHCP. In order to deliver this service they must register as an independent school. Monitoring processes exist to ensure that this is not breached and providers continue to operate legally.

5.3 Health Support

Children and Young People's Service (CYPS)

58. This service is commissioned by the CCG from Northumberland Tyne & Wear NHS Foundation Trust (NTW). This service provides a single service to all children and young people aged 0-18 living in Northumberland who present with mental health difficulties. This includes children and young people who may have learning difficulties and those living in a range of difficult and challenging circumstances.
59. The service is able to provide:
- Assessment, diagnosis and intervention on a range of mental health issues.
 - Intensive response and home-based treatment for those children and young people whose mental health is causing significant concern.
 - An intensive Eating Disorder Service to support children and young people on the eating disorder pathway who are at risk of an inpatient admission.
 - A comprehensive transition support package to those young people who are approaching their 18th birthday and may need continuing support as adults.
 - Training, consultation, support and advice to front line staff working in targeted services for children.

Speech and Language and Occupational Therapy

60. Northumbria Healthcare Trust is commissioned via a CCG “block contract” to offer a general service to the universal population with an identified speech and language need. It operates on an open referral system with the main source of referrals coming from Health Visitors to support pre-school children.
61. In addition NHT are commissioned by the Council to deliver a SALT service into all Special Schools and some mainstream schools where there is specialist provision. Where schools require additional support and the child does not meet the statutory level of intervention the school is also able to commission additional support from the Council’s in house specialist team. (This excludes those children with an ASD diagnosis.)

Physiotherapy

62. Northumbria Healthcare Trust is also commissioned via a CCG “block contract” to deliver a physiotherapy service to the 0-19 age range. Much of this service is delivered via special schools within Northumberland. It follows that delivery is largely on a term time only basis however some home visits are undertaken during holiday periods to meet need. Clinics and Orthotics sessions are held within localities on a weekly/fortnightly basis with an increased focus on mainstream activities rather than a 1:1 service. The needs of pre-school children are met via home visits.
63. Service provision is influenced by regional document that outlines minimum level of need depending upon the age of the child. Operationally, set days are agreed to deliver into schools; this is on a lagged model so changes in demand are reflected in annual adjustments each year.
64. Children in mainstream school are supported when their physical presentation impacts upon access to the curriculum.

Early Help and Prevention

Children’s Centre Delivery

65. A wide range of preventative services are offered on a multi-agency basis from within the county’s 20 children’s centres targeted at families with children aged five and under. The service is jointly funded between the children’s social care and public health and facilitates access to early education for two, three and four year olds.
66. Contractual arrangements include an expectation that all centres work with partner organisations and identify and offer support to 100% of families with children under five who have a disability or special educational need who live in their reach area.

Health Visiting and School Nursing

67. Public Health are responsible for commissioning health visiting and school nursing services however within Northumberland an integrated approach has been taken in respect of services for the 0-19 population which is reflected in S75 partnership agreement between Northumberland County Council and Northumbria Healthcare Trust.
68. This agreement makes particular reference to SEND and includes the following expectations:
 - That the service should develop ongoing relationships and support as part of a multi-agency team where the family has complex needs e.g. a child with Special Educational Needs (SEN) or disability, where there are identified safeguarding concerns or where the parent is identified as vulnerable.
 - The role of Health Visitor and School Nurse is to work in partnership with other services in supporting the assessment of the education health and care plans for children with SEND between 0-25 years.

- The review undertaken by health visitors with children aged 2 - 2.5 should be integrated with the Early Years Foundation Stage two year old summary from 2015 as appropriate to the needs of children and families. This is also a crucial stage in supporting the Special Educational Need (SEN) agenda and should link to robust pathways of early referrals to specialised services for advice and assessment.
- Work in partnership with the CCN Team to support children with complex health problems related to Special Educational Need (SEN)
- The Provider shall participate in SEND networks and screening programmes where appropriate.

5.5 Looked After Children

Independent Fostering Agency Framework (NE7)

69. Seven local authorities (Northumberland, Newcastle, North Tyneside, South Tyneside, Northumberland, Gateshead, Durham and Sunderland) collaborated to establish a framework of “approved” IFA’s. This agreement sought to standardise contracts, price, process, monitoring and evaluation with a list of “approved” agencies responding to the tender.
70. Prior to this, IFAs offered a fairly standard service to each Local Authority whilst the terms and conditions attaching to each contract and the pricing structures varied considerably. In addition to achieving efficiencies on placement price, local authorities also benefit from shared quality monitoring arrangements.
71. This arrangement originally came into effect from April 2011 and was successfully retendered increasing the number of participating IFA’s from 16 to 25 with effect from April 2015. This growth in participation has led to improved choice for Councils increasing the likelihood of achieving a “best match”. It also allows for the “suspension” of a provider in the event that they fail to meet the consortium's requirements in terms of minimum standards of
72. Specifically the contract recognises differing levels of need and complexity in children and allows for services to be commissioned against tiers of need, including complex disability.

Approved Provider List for the Provision of Children’s Residential Care Homes (NE6)

73. Commissioning arrangements exist for the purchase of placements at children’s residential care homes. A key priority is to ensure that all LA residential children’s homes are rated as at least good. Where placement in a Council run home is not possible then the externally commissioned provision should reflect the standards required of the Council’s own services.

Secure Accommodation within Northumberland (Kylloe House)

74. Northumberland County Council directly delivers a secure accommodation facility. Although placements are offered to Northumberland young people who are subject to a secure order, other Local Authorities also commission placements from the service.
75. Kyloe House offers young people a safe and secure residential living experience where they can be healthy, safe from harm and are able to develop their confidence and well-being leading to fulfilling their potential.
76. Kyloe House provides placement for 12 young people. The age range is 12 to 17 years on admission; although young people can be accepted at age 10 with Secretary of State approval. The placement period will be dependant on needs to meet the identified Care Plan and ongoing requirements of the young person. The unit accommodates young people on a welfare basis and delivers education to meet the individual needs of young people.
77. The service is further supported by NHS England who commission drug and alcohol support into the unit for the benefit of young people.

5.6 Leaving Care

Care Leaver and Young Homeless Supported Accommodation Framework

78. Northumberland's approach to Leaving Care is outlined within the Looked After Children's Accommodation Sufficiency Statement and Strategy 2015-16. There is also a link to the Homelessness Strategy for Northumberland 2016-21.
79. All eligible and relevant young people are allocated a qualified social worker and will have a needs assessment and pathway plan setting out the support they will receive to support the transition to adulthood. No young person will be discharged from the looked after system unless this is consistent with their assessed needs and during the past five years a significant amount of work has been undertaken to increase the accommodation choices available to young people.
80. A Service Review is currently underway to inform commissioning intentions as the existing Accommodation Framework nears expiry. The aim is to deliver more effective and efficient services for young people, improve outcomes, increase the range and quality of provision and ensure that young people receive appropriate support and that they move through services in a structured way towards independent living.
81. It is currently used to meet the needs of young care leavers by facilitating the offer of the following services:
 - Supported Lodgings - this service will provide those ready to leave care settings with a safe and supported environment and the opportunity to develop necessary skills for living a successful and independent life.
 - Group Accommodation – this service will provide accommodation and intensive support to prepare young people, who are at significant risk, for independent living as well as access to education and training.

- Floating Support – this service will provide accommodation with a number of hours support, dependent upon individual needs.
- Mediation – this will facilitate and explore the possibility of the young person returning to their home with support where this is appropriate.

6. Evidencing Our Approach

82. What does success look like?

- We can demonstrate how commissioning activity has translated the commitments and priorities of the appropriate plans and strategies into services that meet the SEND needs of children, young people and their families and have positive impact.
- Joint commissioning activity has been based upon a sound strategic needs analysis of both current and future needs of children and young people and their families.
- Joint commissioning activity has clearly specified the outcomes to be achieved for children and young people and what services will best deliver those outcomes over time.
- Joint Commissioning activity has been developed with appropriate consultation and participation involving key stakeholders including children, young people and their families as well as service providers in the statutory, private, voluntary and community sectors and, where appropriate, Council Members.
- Whilst working within appropriate financial and procurement rules commissioners are efficient and effective in developing appropriate solutions to best meet the SEND of children young people and their families.
- Directly provided and contracted services have been developed to allow for flexibility to support innovation and responsiveness. Where services are not directly provided then Services should aim to influence and shape service deliveries to better meet need.
- Directly provided and contracted services offer value for money, are fit for purpose and are evidenced to meet Area need. It follows that commissioning activity should reflect an understanding of the cost of services whilst promoting service sustainability and quality.
- Joint commissioning activity and the services provided are monitored and evaluated rigorously to ensure delivery of the intended outcomes and can demonstrate continuous improvement.
- Joint commissioning arrangements are made via a process of joint decision making and are reflected in an appropriate and proportionate commitment of resources across education, health and social care and/or other partners as appropriate.

7. Consultation on The Strategy

83. This strategy has been the subject of consultation with children, young people, parents/carers, voluntary and public sector partners during September 2017.

8. Summary

84. A joint approach to commissioning for children and young people with SEND is becoming increasingly evident within Area Services which is leading to improving levels of effectiveness which in turn will facilitate improving outcomes for children, young people and their families living in Northumberland. However a joined up and agreed strategy such as this one is necessary to ensure all partners understand their roles and responsibilities.
85. The aim of this strategy is to build upon current systems with a view to developing better models of service delivery, whilst also ensuring that services, especially group with complex needs, do not become disadvantaged in the process.
86. A joint commissioning approach enables Area Services to:
- Understand the evolving needs of children and young people with SEND and the key priorities that the Area Services can most effectively deliver against.
 - Ensure that SEND needs are met and effectiveness is tested in a consistent way avoiding fragmentation and lack of impact.
 - Design and deliver appropriate services that focus on outcomes rather than process whilst encouraging innovation.
 - Ensure that challenge around what is being delivered and partnership-working is embedded.
 - Monitor and consistently review services thereby ensuring quality in service delivery.
 - Take decisions based on evidence and impact.

9. Appendices

Appendix 1 – Key Actions 2017-18

Ref:	Area:	Action:	Timescale:	Lead:
1	Strategic	To review the Joint Commissioning Group Terms of Reference and update the Action Plan according to impact.	Dec 17	AJ and LB
2	Mediation and Disagreement Resolution:	To ensure that services commissioned to support the process of making decisions about provision for children and young people with SEN or disabilities are made jointly by commissioning organisations, parents/carers and children/young people taking a person centred approach, with views of service users and their families being a central consideration.	Dec 17	SB and RP
3	Therapies	To ensure that the provision of speech and language, occupational and physiotherapy through commissioned services delivered to support educational outcomes against a robust, outcome focussed assessment of need.	Mar 18	VB AJ SB
4	Complex Care	To establish a transparent system for the assessment of need and the subsequent allocation of resources or commissioning of specialist services to meet that need for those most complex children.	Dec17	CM AJ VB
5	Mental Health	To ensure that commissioned services support Northumberland's children and young people are supported to be emotionally healthy and fulfilled throughout their childhood and adolescence.	Sep 18	KO'B VB
6	Post 16 Transitions	To ensure that where services are commissioned via the private, independent and voluntary sector that it is done against a clear assessment of need to support positive outcomes and the journey into adulthood.	Sep 18	RP AJ CM

