



**HILLINGDON**  
LONDON

**NHS**  
*Hillingdon*  
*Clinical Commissioning Group*

**Joint Commissioning Strategy 2015 - 2017**

**DEVELOPING JOINT COMMISSIONING APPROACHES FOR  
CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL  
NEEDS AND/OR DISABILITIES**

**(aged 0 to 25 years)**

## FOREWORD

### JOINT STATEMENT BY LEADER OF THE COUNCIL, CHAIR OF THE CLINICAL COMMISSIONING GROUP, CHIEF EXECUTIVE OF THE COUNCIL AND ACCOUNTABLE OFFICER OF THE CLINICAL COMMISSIONING GROUP



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It is a time of great opportunity in children's services, to allow us to find new and innovative ways of working together to enable children, young people and their families to improve their outcomes.

Joint commissioning is recognised by the Health and Wellbeing Board and the Children and Families Trust as an opportunity through which integrated working, improvement in quality and performance and more importantly, improved outcomes and life changes for local children and young people can be achieved.

This Joint Commissioning Strategy sets out the agreed joint approach for closer working to develop services for children and young people with disabilities and/or special educational needs between the London Borough of Hillingdon and the Hillingdon Clinical Commissioning Group. It is intended to inform partners, stakeholders and communities about our intentions for the next three years.

Most importantly it will describe the mechanisms by which we will develop joint commissioning as a means of delivering the strategic vision of the Children and Families Trust:

*"Improve the outcomes for children, young people and their families in need or at risk through co-ordinated evidence based services."*

We are committed to working together to ensure that effective joint working and joint commissioning result in a positive transformation of outcomes for children, young people and families.

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# 1. EXECUTIVE SUMMARY

## 1.1 Purpose

1.1.1 Establishing joint commissioning arrangements and processes around key target groups such as disabled children and young people will help to improve coordinated packages of support, streamline processes, reduce duplication and costs, as well as improve outcomes.

1.1.2 The Children and Families Act received royal assent on 13<sup>th</sup> March 2014 and places a requirement on health services and local authorities to jointly commission and plan services to meet the needs of children with disabilities and complex health needs in their areas.

*"Local authorities and clinical commissioning groups (CCGs) **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Act)."*

1.1.3 This includes the commissioning of education, health and social care services jointly for children and young people with Special Educational Needs and/or Disabilities (SEND).

1.1.4 Jointly commissioning services and interventions for children and young people with SEND will support the delivery of priorities within LB Hillingdon's Health and Wellbeing Strategy and in the Children and Young People's plan.

## 1.2 Intentions

1.2.1 The strategy aims to ensure that there is greater transparency in the provision of services for children and young people with SEND and to align spending on services. This includes working collectively to set out a local offer of all services that support these service users. The strategy covers children, young people and young adults from birth to age 25, including preparing young people for adulthood.

1.2.2 The strategy aims to ensure that the Local Authority and Clinical Commissioning Group (CCG) come together to identify and meet the needs of children and young people with SEND and their families within the Borough. This strategy seeks to support the process of the partner agencies working together, aligning resources and to deliver their services effectively, providing good value for money and to improve the experience and outcomes for children and young people who use these services.

1.2.3 The strategy aims to ensure children and young people who are disabled or who have complex health needs will receive coordinated, high quality child and family services which are based on joint assessment of needs, which promote social inclusion and where possible enable them and their families to live ordinary lives.

1.2.4 This is supported by the Children and Families Act 2014 which brings in changes to provide a new system to support all children with SEND and

to ensure that all services are designed around the needs of the child. This includes encouraging the partnership working of commissioners together with children, young people and their families to enable each child to fulfil their potential.

### 1.3 Vision

- 1.3.1 Our vision for supporting children and young people with SEND in Hillingdon is set out in the overall vision for all children and young people in the Borough, as part of the Hillingdon Children and Families Trust Plan 2011-14.

*“Improve the outcomes for children, young people and their families in need or at risk through co-ordinated evidence based services.”*

- 1.3.2 In delivering this vision for Hillingdon we will provide services which will enable children and young people to achieve their full potential to ensure they have positive life chances over a number of areas of their lives including education, health and relationships. More specifically we are working to achieve the following ambition:

*‘We want Hillingdon to be a place where children with a disability and/or special education needs have the same access to opportunity as other children, to aspire and be empowered to do so.’*

### 1.4 References to Legal, Central Government and Other External Documents

- Special Educational Needs and Disability Code of Practice
- Children and Families Act 2014
- Hillingdon CCG Prospectus
- National Health Service Act 2006 (the 2006 Act)
- Health and Social Care Act 2012 (the 2012 Act)
- Education Act 2011
- Aiming High for Disabled Children

### 1.5 London Borough of Hillingdon References

- SEND Local Offer
- Joint Strategic Needs Assessment
- Family Information Service
- Children and Young People's Plan
- *Special Educational Needs Policy 2012 (to be updated)*
- Accessibility Strategy

## 1.6 Definitions

- 1.6.1 The SEND Code of Practice 2014 provides a definition of a special educational need (SEN) as:

*"A child or young person has SEN if they have a learning difficulty which calls for special educational provision to be made for him or her.*

*A child of compulsory school age or a young person has a learning difficulty or disability if he or she:*

- a. has a significantly greater difficulty in learning than the majority of others of the same age; or*
- b. has a disability which prevents or hinders him or her from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post 16.*

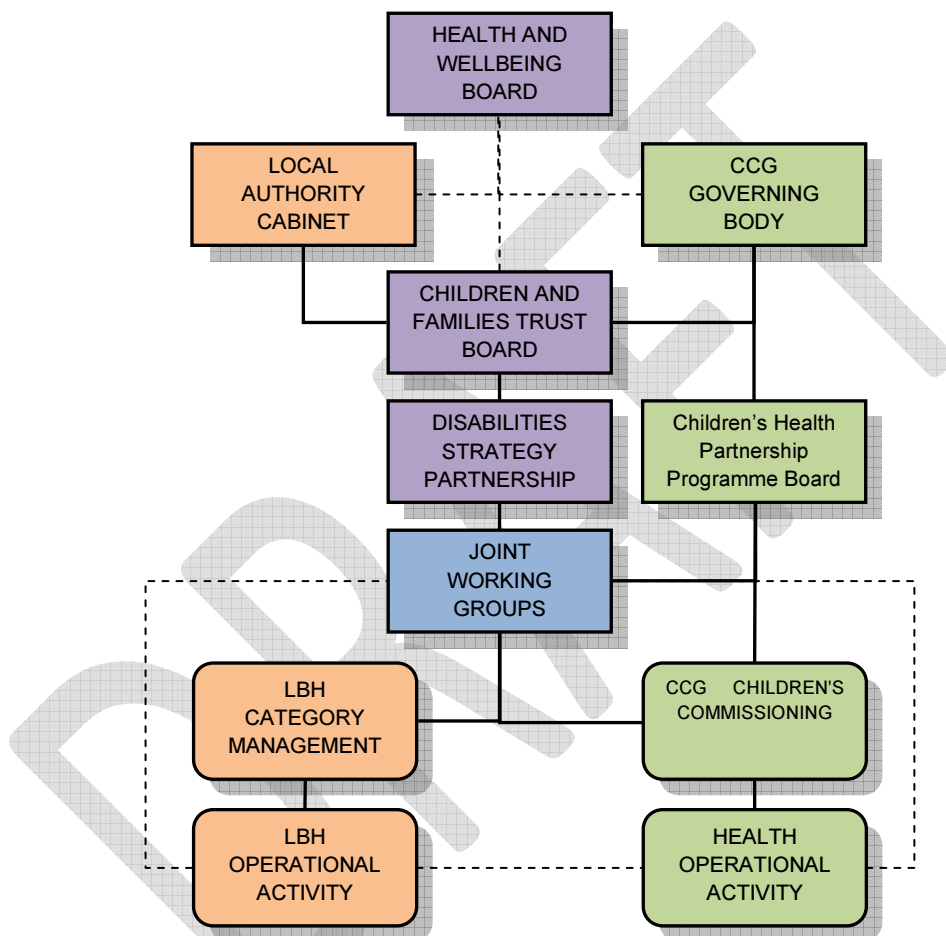
*A child under compulsory school age has SEN if he or she is likely to fall within the definition above when they reach compulsory school age or would do so if the special educational provision was not made for them (s20 Children & Families Act)."*

- 1.6.2 The Equality Act 2010 defines disability as *"...a physical or mental impairment which has a long term and substantial adverse effect on their ability to carry out normal day-to-day activities"*. Long term is defined as a year or more and substantial is defined as more than minor or trivial.

## 2. GOVERNANCE

### 2.1 Governance Structure

2.1.1 It is recognised that developing joint agreements across organisations can be complex and challenging, and that issues such as financial sovereignty, politics, culture and control are potential barriers to the achievement of our joint commissioning ambitions. To ensure that these potential barriers do not become issues robust governance arrangements will be established as proposed below.



### 2.2 The Health and Wellbeing Board

2.2.1 The Health and Wellbeing Board has a statutory requirement to improve the health and wellbeing of residents. The Board provides strategic leadership for health and wellbeing and ensures that plans are in place and action is taken to achieve this.

### 2.3 The Cabinet

2.3.1 The Cabinet makes the strategic decisions on behalf of the Council. Decisions can be made by individual Cabinet Members or by the Cabinet collectively. To ensure accountability, who makes what type of decision is detailed in the constitution and depends upon a number of criteria, including for example, the financial cost.

## 2.4 The Clinical Commissioning Group Governing Body

2.4.1 The Governing Body is accountable to the Council of Members and its functions shall, among others, include:

- *Approving a commissioning strategy which takes into account financial targets and forecast limits of available resources*
- *Approving any consultation arrangements for the group's commissioning plan*

## 2.5 Hillingdon Children & Families Trust Board

2.5.1 The Children and Families Trust Board is the Children's Theme group of the Local Strategic Partnership (LSP) and is accountable to the LSP Board. As the Board has senior representatives from agencies across Hillingdon this will ensure delivery of the priorities by the sub groups. The Board oversees the multiagency working that is required to improve outcomes for children, young people and families in Hillingdon.

2.5.2 This governance arrangement will be continually reviewed to reflect national and local policy and to remove duplication across other LSP theme groups. Hillingdon has had strong partnership arrangements in place since the inception of the Children and Young People's Strategic Partnership Board in 2006. The Partnership developed formally into the Children and Families Trust in 2008.

## 2.6 The Disabilities Strategy Partnership

2.6.1 The Disabilities Strategy Partnership is a multi-agency group that oversees the day to day delivery of services for disabled people in Hillingdon.

2.6.2 The Children's Health Partnership Programme Board is a multi-agency group that oversees the CCG's priorities for improving health outcomes for children.

# 3. DISPUTE RESOLUTION

## 3.1 Purpose

3.1.1 The purpose of dispute resolution, in relation to this strategy, is to ensure that Hillingdon Clinical Commissioning Group and Hillingdon Council (the Parties) have a clear route to follow in the event of a dispute regarding the joint commissioning of services that are to be delivered in Hillingdon on behalf of Hillingdon residents.

## 3.2 What is a dispute?

3.2.1 A dispute arises when the Parties cannot agree on a particular matter or matters related to activities and decisions that are necessary to successfully and jointly commission services. Such relevant disputes would lead to the delay and/or disruption of the related joint commissioning activity.



3.2.2 A dispute may arise at any stage of the commissioning cycle as described at section 5.1.

### 3.3 **Dispute Resolution Procedure**

3.3.1 Please refer to the general dispute resolution procedure that governs all disputes that may occur between the Parties.

## 4. **COMMISSIONING ROLES**

### 4.1 **Hillingdon Clinical Commissioning Group**

4.1.1 Hillingdon Clinical Commissioning Group (CCG) is a membership organisation made up of all 48 GP practices in Hillingdon, and serves a registered population of 300,560 people.

4.1.2 The CCG is responsible for the planning and design of many of the health services needed for the Borough. Having GPs in charge ensures that the feedback and comments from patients about the services they use directly informs commissioning decisions made by the CCG. In addition to this informal feedback, the CCG engages extensively with its population to ensure services meet the changing needs of local people and patients.

4.1.3 The services the CCG commissions from providers include planned hospital care; urgent and emergency care; rehabilitation care; community health services; and mental health and learning disability services.

4.1.4 The CCG is responsible for appointing a designated medical officer role.

### 4.2 **London Borough of Hillingdon - Disability Service**

4.2.1 The all-age Disability Service was formed in April 2014 with the aim of providing seamless services for people with disabilities in Hillingdon from birth through to and including adulthood.

4.2.2 The service is made up of a range of teams with specific functions including:

- Social Care, Disabilities - Children and Adults
- Special Educational Needs Team
- Health and Sensory Teams
- Education Psychology
- Early Intervention and Prevention
- Early Years Inclusion Team

4.2.3 The individual teams with support from Category Management, commission various services including:

- Speech and Language Therapy
- Occupational Therapy
- Supported Living
- Independent Travel Training

- Mediation
- Advocacy
- Residential Services
- Day Opportunities
- Special School Places
- Further Education Provision
- Short Breaks
- Outreach Services
- Passenger Transport
- Information and Advice (Children's Centres)

## 5. JOINT COMMISSIONING PRINCIPLES

### 5.1 Commissioning of Services

5.1.1 Joint planning and commissioning are a key product and manifestation of Children's Trust strategic governance arrangements. They will lead to better integrated processes and integrated front-line delivery and more efficient use of resources. This involves a step change transition that will require clear leadership, a strategic understanding of how far all outcomes in the Borough are met, and a joint approach to managing the market to secure better value for money services that deliver the expected benefits to our population.

5.1.2 Effective commissioning is about much more than procurement and contracting, though these are key elements of the commissioning cycle. Commissioning has to define what's needed and how those needs are best met before consideration can be given as to what services need to be purchased.



## 5.2 Definition

5.2.1 In order to facilitate successful joint planning and commissioning the partners in the Trust need an agreed definition and understanding of what Joint Commissioning is together with an agreed language and approach.

5.2.2 A definition of Joint Commissioning for Hillingdon is:

*“Joint Commissioning is the set of linked activities by two or more agencies to assess the needs of children and young people in Hillingdon, specify the services required to meet those needs within a strategic framework, secure those services utilising commissioning budgets from both organisations to best effect, and monitor and evaluate the outcomes”*

## 5.3 Principles

The partner agencies will commission and deliver services in a way which is consistent with the following principles:

5.3.1 **Outcomes** - the primary focus of commissioning activity is to meet the needs of the child, young person, and their family and to improve outcomes

5.3.2 **Whole Family Approach** - a commitment to developing a framework for joint planning and commissioning across Education, Health & Care, considering the needs of the individual in the context of their family

5.3.3 **Efficient** - to make best use of available resources, building on strengths and seek to remove barriers and duplication

5.3.4 **Evidence Based** - all commissioning decisions will reflect latest best practice evidence and be informed by robust needs assessment and comprehensive mapping of existing services

5.3.5 **Engaged** - ensuring meaningful participation with children, young people, their families and their communities

5.3.6 **Equitable** - children and young people with SEND will be supported to have the same opportunities, as all children, to achieve and succeed

5.3.7 **Transparent** - to ensure that procurement and commissioning activity is transparent and in line with good practice and legal requirements

5.3.8 **Innovative** - to encourage new ways of working throughout the commissioning process to achieve improved practice and outcomes and to use the commissioning process to drive innovation in how services are provided

5.3.9 **Local** - support and build the capacity of the local market using an appropriate mix of statutory, voluntary, community and private sectors

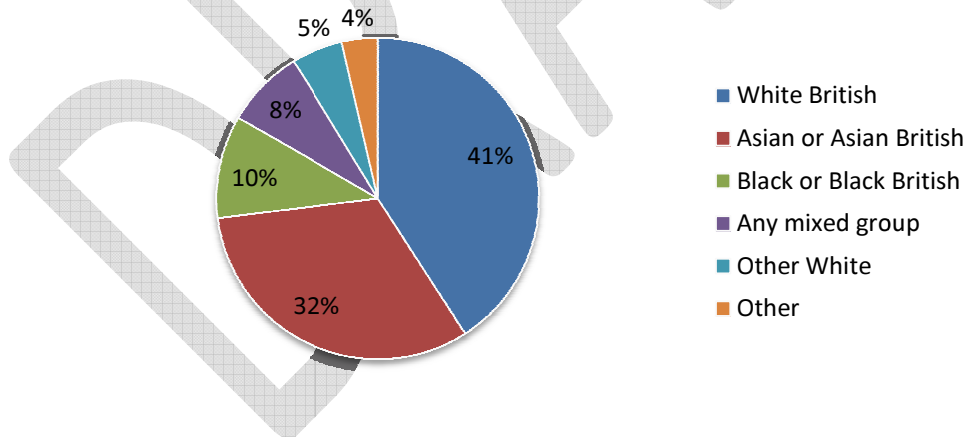
## 6. LOCAL CONTEXT

### 6.1 Joint Strategic Needs Assessment (JSNA)

- 6.1.1 A shared understanding of disability and SEN support needs is critical to address priority needs, gaps and ensure services use evidence based practice. The JSNA is the starting point for developing our understanding. This has been further enhanced by the Children and Young People's Joint Strategic Needs Assessment which was completed in July 2014.
- 6.1.2 The needs assessments have been led by the Public Health Team working with information already available to a number of teams and organisations working in Hillingdon as well as national data and evidence.

### 6.2 Children and Young People JSNA - Key Data

- 6.2.1 100,000 children and young people aged 0-24 in Hillingdon
- 6.2.2 34.4% of the total population
- 6.2.3 Population projections for young people in Hillingdon up to 2021 suggest that the biggest increase will be in the 5-9 year age group, with increases also in 0-4 year olds and 10-14 year olds and a slight fall in the number of 15-24 year olds.
- 6.2.4 The ethnicity of children and young people in Hillingdon varies significantly between different parts of the Borough. Overall ethnicity breakdown is as follows:



- 6.2.5 Around 8% of children in need in Hillingdon had a disability, fewer than in London or England, the commonest being learning disabilities, mobility and communication problems. Disabilities are more common among children from more deprived socioeconomic groups, and there are more boys than girls with disability at all ages.

### 6.3 Special Educational Needs

- 6.3.1 Children with Special Educational Needs (SEN) don't necessarily have a disability and children with a disability don't necessarily have SEN. The school census carried out in January 2014 found that a total of 1,201 pupils attending Hillingdon schools had a statement of Special Educational Need, or 3% of the total school age population of 41,380, and 2,472 (6%) were subject to School Action Plus (meaning that the school receives external help for the child.)
- 6.3.2 The commonest category of SEN is speech, language and communication needs which are more frequent among primary than secondary school pupils. Significant numbers in all types of school also had behaviour, emotional and social difficulties, with smaller numbers with Dyslexia, moderate learning difficulty and Autistic Spectrum Disorder.
- 6.3.3 In several wards in the south of the Borough and in Harefield over 24% of the school population were assessed as having SEN. Compared with London and England, there appears to be a slightly higher proportion of those with profound and multiple learning difficulties in Hillingdon, but fewer with severe and a lot fewer with moderate learning difficulties.
- 6.3.4 The number of children identified as having Autistic Spectrum Disorder has increased at a similar rate both locally and nationally.

### 6.4 Mental Health

- 6.4.1 Our vision is for children and young people in Hillingdon who have mental health issues to have access to timely, integrated, multi-disciplinary mental health services which will ensure effective assessment, treatment and support for them and their families. Universal services will deliver promotion, prevention, and early help and intervention. Specialist services will deliver support that is easy to access, readily available and based on the best evidence. Underpinning all this, staff across all services will have a clear understanding of their roles and responsibilities and those of others, and will have an appropriate range of skills and competencies. Children and young people will be involved in the development and delivery of services.
- 6.4.2 The intention is to deliver a model identifying how all agencies are required to work together to ensure the holistic mental health and wellbeing needs of children and young people are met. A children and young people's mental health and wellness plan has been developed which will deliver the following outcomes.
- An improvement in the mental health and emotional wellbeing of all children and young people in Hillingdon.
  - All the agencies working together and making a contribution to the needs of all children and young people in Hillingdon, whether with regard to emotional resilience, early intervention at a local level, or in meeting the needs

of children and young people with the most complex needs.

- The children and young people's mental health workforce in Hillingdon being trained in the developmental, emotional and mental health needs of children and young people. Where children require care for mental or psychological disturbance, this will be provided by staff with a range of skills and competencies that meet the individual needs of the child, young person and their family.

6.4.3 Within the plan the needs of vulnerable groups, including the emotional needs of children with disabilities, has been identified as a key priority.

## **7. PRIORITIES**

### **7.1 Children and Young People with disabilities and/or special educational needs will have equitable access to a range of appropriate services and interventions**

7.1.1 We will ensure that increasing numbers of families with disabled children access Hillingdon's Children's Centre provision.

7.1.2 We will ensure that increasing numbers of children and young people access Hillingdon's Youth provision including the Fiesta programme.

7.1.3 We will ensure appropriate support is available for children with learning disabilities and mental health needs/challenging behaviours through the Integrated Pathway approach being developed with CNWL.

7.1.4 A range of provision will be made available through the development of short breaks including the publishing of a short break statement.

7.1.5 We will review the transport funding arrangements to ensure transport needs are met, including projects around independent travel training and personal transport budgets.

### **7.2 Children, Young People and Families will be enabled to access specialist equipment with greater ease**

7.2.1 Mediquip Contract. The Community Equipment Service provides services to Hillingdon residents to enable maximum independence in maintaining activities of daily living, the service includes, the loan of equipment and minor adaptations to people's homes. The current joint contract between LBH, the HCCG and Medequip Assistive Technology (Medequip) is being extended to enable officers time to re-specify the service in the context of both the Care Act (2014) and the Children and Families Act (2014)

### **7.3 We will improve outcomes for children, young people and their families by working together to implement a multi agency approach to assessment**

7.3.1 We have implemented a shared approach to the development of the joint Education, Health and Social Care Assessment and Plan in Hillingdon.

- 7.3.2 We will ensure consistent multi agency processes are in place to improve outcomes and reduce duplication.
- 7.3.3 We will ensure that support services will continue with their specialist interventions, underpinned by a single plan developed with input from all agencies.
- 7.3.4 A clear policy including processes will be in place to support the use of Personal Budgets across Education, Health and Social Care Services.
- 7.4 **Children, young people and families will be supported effectively during key transition points including preparation for adulthood**
- 7.4.1 The Local Authority will implement an All Aged Disabilities Service to ensure a clear transition pathway meets the needs of all young people transitioning into adult services
- 7.5 **Children and Families will have access to good quality Information Advice and Guidance**
- 7.5.1 We will collectively review and work to consolidate opportunities, information, advice and guidance for children, young people, parents and carers and publish through Hillingdon's Local Offer.
- 7.5.2 We will seek to develop a more robust Hillingdon Disabled Children's Register.
- 7.6 **Children, young people and families will have clearer access to therapeutic services to meet their needs**
- 7.6.1 We will review the CCG, LA and Schools led commissioning of Occupational Therapy with a view to developing a joint approach to meet the needs of children and young people in Hillingdon.
- 7.6.2 We will review the CCG, LA and Schools led commissioning of speech and language therapy with a view of developing a joint approach to meet the needs of children and young people in Hillingdon.
- 7.6.3 We will review the all-age ASD pathway by summer 2015 and seek to implement joint improvements as proposed through the findings of the review.

## **8. MAKING IT HAPPEN**

### **8.1 Facilitation**

In order to facilitate effective collaborative practice, a number of elements are required, both organisationally and on an individual project basis. Examples include:

- Data sharing agreements
- Service level agreements
- Project based determination of roles and responsibilities
- Individual service commissioning protocols
- Service specific resource formula

- Pooled budgets
- Funding protocols

## 8.2 Implementation - Timeline

An action plan will be developed once the principles behind this Strategy have been approved through the appropriate channels.

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