



HEALTH & WELLBEING BOARD

Subject Heading:

**Havering Special Educational Needs
and Disability Project Update**

Board Lead:

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The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

Background

The Special Educational Needs and Disabilities (SEND) section of the Children and Families Bill (the Bill) has arisen out of the Green Paper Support and Aspiration which was published in March 2011. The intention of the legislation is to create a more family friendly SEND process which draws together the support a child requires across education, health and care (EHC). Statements of Special Educational Needs, which are mainly education documents, will be replaced by a single plan called an Education, Health and Care plan. The legislation is currently going through parliament and will become law early next year. The draft

8th January 2014

regulations and Code of Practice (COP) have now been published and have a September 2014 implementation date. Work is currently being undertaken to ensure Havering is well placed to implement the changes. A number of Local Authorities across the country have received funding as pathfinders for the new approach. Havering is working with Bexley and Bromley who are London Pathfinder Champions.

This report:

- outlines the key measures
- updates the board on progress within Havering
- alerts the board to implications and issues

SEND Project Governance

A SEND Project Team with representatives from across education, children's, adults, parents and health services has been set up. It has met three times and reported to the senior management team. A project plan has been produced and working groups set up to cover all of the major changes. There is a Parents Forum and an advocacy group are working at gathering the views of children and young people.

RECOMMENDATIONS

That the Health and Well Being Board notes the Report and commends the work of the team supporting this major piece of integrated working.

REPORT DETAIL

1. The Changes

1.1 There are 4 major areas of change and development:

- The Local Offer
- Education Health and Care Plans from 0-25
- Joint Commissioning
- Personal Budgets

2. The Local Offer

2.1 It is a requirement of the new legislation that the Local Authority will publish its local offer of services for children with SEND on its website. The Local Offer must show parents how services can be accessed and include health, education, social care, schools and the voluntary sector. Parents must be able to comment on services.

- 2.2 Work on the local offer is well underway. Over 50 parents with children across the age range have been consulted about how the offer should look and how they would wish to access it. Parents were unanimous in wanting the site to be divided in age ranges and to be very clear about thresholds and criteria. Three working groups looked at services at early years, school age and post 16. Templates have been created on which to gather the information and about 20 services have completed them so far. A web developer has created a model to see how the site could work. It is anticipated that mainstream schools and early years' providers will have links from the website to the SEND section of their own sites. A working group has been convened to see how this website can be incorporated into other sites managed by the Council.
- 2.3 **Issues:** Whilst it is relatively straightforward to list the services provided it is proving difficult to show how therapy and other health services are accessed. The provision of therapy services does not appear to be sufficient for the needs of children with SEND in the borough and the Local Offer may raise parental expectations of the level of service they can receive. A group has been formed to consider the joint commissioning of health, social care and education services. This group will consider how joint commissioning could improve the amount of service available within the budget envelope. The group will also examine the role that public health could play in early intervention services for children with disabilities.
- 2.4 In order for parents to use the Local Offer to determine how they will spend a personal budget it is necessary to identify a unit cost for services for which the data is not currently available. Work is well underway to ensure that accurate data is held and shared.

3. Education Health and Care Plans 0-25

- 3.1 Clause 25 of the Children and Families Bill requires Local Authorities to ensure the integration of education, health and social care for children and young people with SEND up to the age of 25. The draft Code of Practice says that there must be a single assessment procedure (involving parents and children) on which health, social care and education agree so that families do not have to repeat their story a number of times. This must result in an outcomes based single Education, Health and Care (EHC) plan document which draws together the support and resources required across education, health and social care as well as leisure and voluntary sector activities as appropriate.
- 3.2 A working group has been set up across education, health and social care and work has begun to rationalise the large number of panels and groups which currently meet to discuss children with SEND. An informal multi agency system is in place to discuss and provide for the youngest children with complex needs. Initially this panel system will be used as a pilot on which to base a new system.

- 3.3 **Issues:** There are currently no integrated formal systems with health for keeping data, sharing budgets, and commissioning services. Whilst professionals on the ground work well together it will be challenging to develop formal systems across a number of different agencies and budgets. Pathfinders have successfully developed joint resource panels which bring together the budget holders across education, health and care to allocate appropriate funds to the child's plan. It is anticipated that the same system will be used with support from the joint commissioning group outlined below.
- 3.4 Parents will require considerable support to enable them to be at the centre of this planning and key workers are recommended. There is currently no additional funding for key workers and so the support will need to be provided by a number of professionals as part of their role. In order to support parents effectively the SEND project Management team will consider at its next meeting which roles within the current workforce could be developed and trained to assume this role.
- 3.5 Creating the culture change necessary to identify outcomes for children rather than assess needs will prove challenging and require a multi agency workforce development programme. Pathfinder Champions have developed a support programme for London Boroughs and together with other boroughs in East London it is proposed that a workforce development programme will take place in the spring beginning with a cultural change session and followed up within the borough.
- 3.6 Plans stretch from 0-25 and as such children under 2 and over 16 may gain an additional statutory right to services. In order to ensure that these additional rights do not result in escalation of the spending on SEND the working group will need to ensure that the threshold for accessing support to deliver outcomes is maintained. To this end the Local Offer will contain universal services which can support children with disabilities as well as costly specialist services.
4. **Joint Commissioning**
- 4.1 Clause 26 says there must be joint commissioning arrangements between education, health and social care in order to ensure that sufficient resources are provided to assess children and then provide for their needs. There must also be a formal mechanism for resolving complaints and difficulties between the agencies.
- 4.2 A working group has been set up with representatives from the local authority, CCG and business partners. The initial plan is to review what is currently commissioned and identify the budgets used to provide the services with a view to reviewing a number of services to see how they could be jointly commissioned in the future.
- 4.3 **Issues:** There is a lack of agreed data on numbers and expenditure across services for disabled children and this is necessary so that the whole picture is clear before changes are made to the way services are commissioned. Work is underway across agencies to ensure that this information is available.

4.4 There are currently insufficient therapy services available to provide timely intervention for disabled children. During the debate in Parliament on the Bill the Government has accepted an amendment from their own party which will compel health to provide what the disabled child needs to achieve the outcomes in the plan. There do not appear to be sufficient therapy services commissioned to comply with this which could lead to disputes with parents early on in the implementation of the new legislation. The joint commissioning working group will examine urgently how therapy services are currently commissioned and look to improving the efficiency in this area.

4.5 Health visitors are a key resource in the identification of disabled children and they are not currently commissioned by the CCG. The existing generic health visitors may need to receive additional training until such time as the service can be reviewed in 2015 to provide specific support.

6. Personal Budgets

6.1 As part of the changes parents of children with SEND must be offered a personal budget for the services their child requires. This can range from a managed budget in which the parents understand all that is spent on their child's plan so that they can redirect spending if necessary to parents receiving direct payments for all or part of the services in the plan. A pilot project is currently underway with a number of families receiving short breaks. A working group including parents will be set up to look at how this can be rolled out across other services.

6.2 **Issues:** This is a flagship proposal by the Government and it seems clear that they want to see the development of a private market so that parents can purchase services which are not readily available through the Local Offer. It is not yet clear whether parents will have to be offered what the service costs to purchase or the equivalent of what is spent at the moment but given the lack of sufficient therapy provision this could prove costly for health unless sufficient service can be provided through the Local Offer. In Pathfinder areas there have been issues with the viability of block contracts as parents have chosen to purchase services themselves from private providers. It is crucial that Havering's Local Offer can demonstrate that the services provided within Havering are of high quality so that parents choose to either have their services provided in house or spend their personal budget on Havering services.

7. Implementation

7.1 The DfE is currently consulting on how quickly the move to education health and care plans should be made. The proposal is that from September 2014 all new assessments should come under the new system and that over 2 or 3 years all children and young people should have their statements changed to EHC plans after consultation with parents.

7.2 **Issues:** There is an issue about the threshold for receiving an EHC plan. Some children who currently have statements may not require EHC plans and so could lose the legal protection afforded by a statement. Work will begin

with schools in the spring to ensure that they understand the threshold for the EHC plan and how they can support children with lower levels of SEND through their pupil premium.

IMPLICATIONS AND RISKS

Financial implications and risks:

Financial modelling of the resource impact of implementing all the requirements of the Health and Social Care Bill is in progress. Work based on the recent CENSUS (January 2013) data will need to be done to model the financial impact of changes to thresholds and implication for service provision based on eligibility criteria. By publishing the Local Offer i.e. core entitlements and how services can be accessed, there is risk that uptake of services is likely to rise making it financially untenable. Services not available on the Local Offer will be accessed by parents via personal budgets and this would include provision of therapy services which may be financially prohibitive for health. An independent mediation service offered by an external provider must be offered to parents where there is a disagreement about the content of the education, health and care plan which is a cost to the local authority.

Legal implications and risks:

There are no apparent legal implications in noting the Report which sets out the substantive legislative changes currently progressing through parliament. Legal advice may be necessary in connection with the detailed plans arising out of compliance with the proposed new legislation as and when this becomes necessary.

Human Resources implications and risks:

There are a number of HR implications and risks that will need to be addressed during the formulation of some of the potential changes currently under discussion with service areas within the Council and with stakeholders. It should be noted that any change to structures, roles, working arrangements, etc, that may affect Council employees who are likely to be impacted by implementing the provisions of the SEND section of the impending Children and Families Bill, will be undertaken using relevant processes under the Council's HR policy framework, and with due regard to employment legislation.

Eve Anderson, Strategic HR Business Partner (Children, Adults & Housing and Public Health)

Equalities implications and risks:

8th January 2014

The report alerts the board to a number of changes and issues with regards to the implementation of the SEND section of the Children and Families Bill. Some of these issues will potentially have significant equality implications on children with SEND and their families. For example, the current lack of provision of therapy services to meet the needs of children with SEND in the Borough; ensuring parents, guardians and/or carers have the appropriate support to effectively contribute to the planning process and make informed decisions; those children who have statements but do not require an EHC plan potentially losing the legal protections afforded by a statement.

An initial Equality Analysis (EA) has been carried out to capture the potential and likely implications and is available in Appendix A. The EA will be updated when the Bill receives Royal Assent and there is more clarity on the legal and service changes the Council is required to implement, to ensure that the impact of those changes is fully considered.

Andreyana Ivanova, Diversity Advisor

BACKGROUND PAPERS