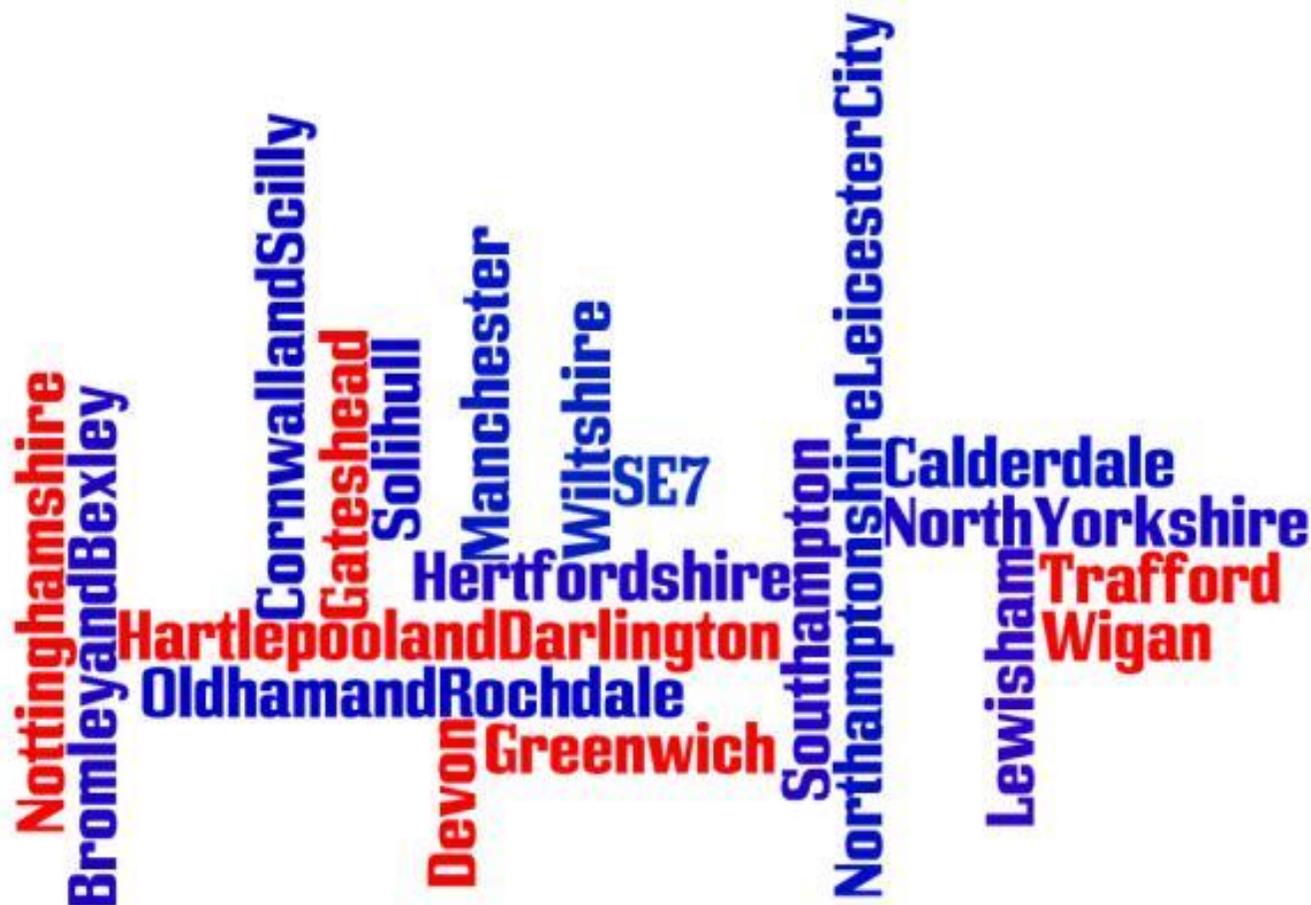


# SEND Pathfinder Information Pack



Version 3, December 2013 – Joint Commissioning

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## Introduction

### **Background & Context**

The pathfinder programme has been running for over 2 years. There is a growing body of learning that the new approaches pathfinders are trialling are making a real difference to the lives of children, young people and families, but that putting these reforms in place takes time, energy and determination.

**Subject to Parliamentary approval of provisions in the Children and Families Bill, all areas will need to implement the SEND reforms from September 2014.** The experience of the pathfinders has shown that the workforce development and culture change needed to implement the reforms takes time. Services and professionals across education, health and care for children and adults need to work together closely, putting families and young people at the centre of commissioning, assessment and planning. Every area will therefore want to begin considering the steps they need to take to implement the reforms successfully.

There have been clear messages that local areas would value practical advice and support in preparing for implementation. There is now a pathfinder champion in every region providing a mixture of information, advice and support to all non-pathfinder areas. **The information packs support the work of the regional champions by demonstrating learning from across the whole programme.** Further information and case studies, together with details of the pathfinder champions, are available at [www.sendpathfinder.co.uk](http://www.sendpathfinder.co.uk)

### **Information Pack Format & Structure**

**This third version has been updated to reflect the draft SEN Code of Practice, draft regulations and the proposals for transitional arrangements which were published in October 2013. In addition a small number of case studies have been added or updated, which is reflected in the contents page.**

The information pack is designed to draw together key emerging principles and case study learning from the pathfinder programme to support non-pathfinder areas to prepare to implement the SEND reforms themselves. This pack is created for everyone involved in making the reforms work – amongst others, children, young people and families, parent carer forums, local authority children's and adult services, the health service, early years settings, schools, post 16 institutions and VCS providers.

This information pack covers the following six overarching themes of pathfinder testing:

- Coordinated assessment and EHC planning

- Personal Budgets
- Local Offer
- Preparing for adulthood
- Engagement and participation of children, young people, parents and carers
- Joint Commissioning

Please note these packs are supported by a glossary which can be found at the end of each pack.

### **Future Versions**

The pathfinder champion programme will run until March 2015. Pathfinders are now scaling up their new approaches to whole areas, working across the 0-25 age range and with the full range of providers. This will provide further vital learning that will be incorporated into future packs.

Information packs will be updated and published periodically over the coming months and feedback will inform development of future packs. **This pack will receive a substantial update in February 2014, with the inclusion of new case studies and materials to further support implementation of the SEN reforms.**

**CONTENTS**

Introduction *(Last Updated December 2013)* .....2

What do the Children and Families Bill, Draft Code of Practice and supporting documents say about Joint Commissioning? *(Last Updated December 2013)*.....3

In Focus: Learning from pathfinder work including a number of Case Studies *(Last Updated December 2013)*.....5

Summary of case studies *(Last Updated December 2013)* .....7

Rochdale Pathfinder Case Study *(Last Updated September 2013)* .....10

Southampton Pathfinder case study *(Last Updated September 2013)* .....15

Wigan Pathfinder Case Study *(Last Updated June 2013)* .....20

Nottinghamshire Pathfinder Case Study *(Last Updated September 2013)* .....22

SE7 Case Study - East Sussex, Kent and Medway *(Last Updated December 2013)* .....25

Snapshots: A glance at how it’s working across the country *(Last Updated December 2013)*.....28

What are the challenges for pathfinders to address over the coming months? *(Last Updated December 2013)*.....29



### Introduction *(Last Updated December 2013)*

This information pack includes an overview of joint commissioning across agencies to deliver holistic support, specifically within the SEND context. It provides links to relevant information, such as the draft regulations and draft Code of Practice (CoP). It also provides information on pathfinder activities, through case studies and short examples of interesting practice. This Joint Commissioning pack should not be viewed as thematically separate from other Information Packs but rather a cross-cutting theme and one that relates particularly closely to the Local Offer and Personal Budgets packs. This is version 3, which builds on previous publications in June and September 2013 respectively. It is anticipated that further information will be included in future pathfinder information packs.

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. It offers partners a way to work together to deliver more personalised and integrated support resulting in better outcomes for the system, as well as the individual. A joint commissioning approach can also provide local area partners with an opportunity to redesign services across education, health and care in order to operate more effectively, both improving the experiences of children, young people and their families and making best use of local resources.

What do the Children and Families Bill, Draft Code of Practice and supporting documents say about Joint Commissioning? *(Last Updated December 2013)*

Bill and Supporting Documents		
<a href="#">Children and Families Bill (clause 25 Promoting Integration) (clause 26 Joint Commissioning)</a> <sup>i</sup>	<a href="#">Draft Special Educational Needs (SEN) Code of Practice, Chapter 4: Working together across education, health and care</a> <sup>ii</sup>	<a href="#">Consultation on transition to Education, Health and Care plans and the local offer</a> <sup>iii</sup>

Between the 4<sup>th</sup> October and 9<sup>th</sup> December 2013 there was a national consultation on the draft SEN Code of Practice, draft Regulations and the proposals for transitional arrangements. The DfE stated that:

*‘We will take account of any changes that may be made as result of Parliament’s consideration of the Bill and the responses to consultation in developing versions of the Code of Practice and Regulations, including transitional arrangements. These will then be placed before Parliament for approval in the spring to come into force from September 2014 at the same time as the provisions in the Bill. The results of the consultation and the Department’s response will be published on the Department for Education e-consultation website in spring 2014.’<sup>iv</sup>*

Local authorities are required by clause 25 of the Children and Families Bill to exercise their duties and powers under the Bill with a view to ensuring the integration of special educational provision with health and social care provision where they think this would promote the wellbeing of children or young people in their area who have SEN or improve the quality of special educational provision. Clause 26 of the Children and Families Bill states:

*‘A local authority in England and its partner clinical commissioning groups must make arrangements (‘joint commissioning arrangements’) about the education, health and care provision to be secured for children and young people for whom the authority is responsible who have special educational needs. In this Part ‘education, health and care provision’ means:-*

- (a) special educational provision;*
- (b) health care provision;*
- (c) social care provision’*

Joint commissioning requires local partners to identify outcomes that matter to children and young people with SEN and their families, and then working in partnership plan, deliver and monitor services against those outcomes. Figure 1 provides an example joint commissioning cycle.

Joint commissioning should involve families and providers in decisions about provision, enabling areas to ensure that commissioning is more responsive to local needs on an on-going basis and effectively meeting the health needs of a local population, as addressed within areas' Joint Strategic Needs Assessments (JSNAs). The Health and Wellbeing Board can also have a useful role in giving the permissions to support the joint working at operational level between agencies. As the Draft SEN Code of Practice states:

*'[Joint commissioning is] an on-going process which should be directly informed by the experiences of children and young with SEN and their families and the providers of services'<sup>v</sup>*

Joint commissioning is also an opportunity to develop provision that supports early identification, prevention, and anticipates aspirations outlined in outcomes specified within EHC plans. The latter is particularly the case for young people preparing for adulthood, where early transition planning should feed into commissioning cycles so that there are strong and aspirational post-16 options for young people.

It is important that joint commissioning governance arrangements, as noted in the Draft SEN Code of Practice<sup>vi</sup>:

*'Ensure clear ownership and accountability across SEN commissioning. [And that] they **must** be robust enough to ensure that all partners are clear about who is responsible for delivering what, who the decision makers are in education, health and social care, and how partners will hold each other to account in the event of a dispute.'<sup>vii</sup>*

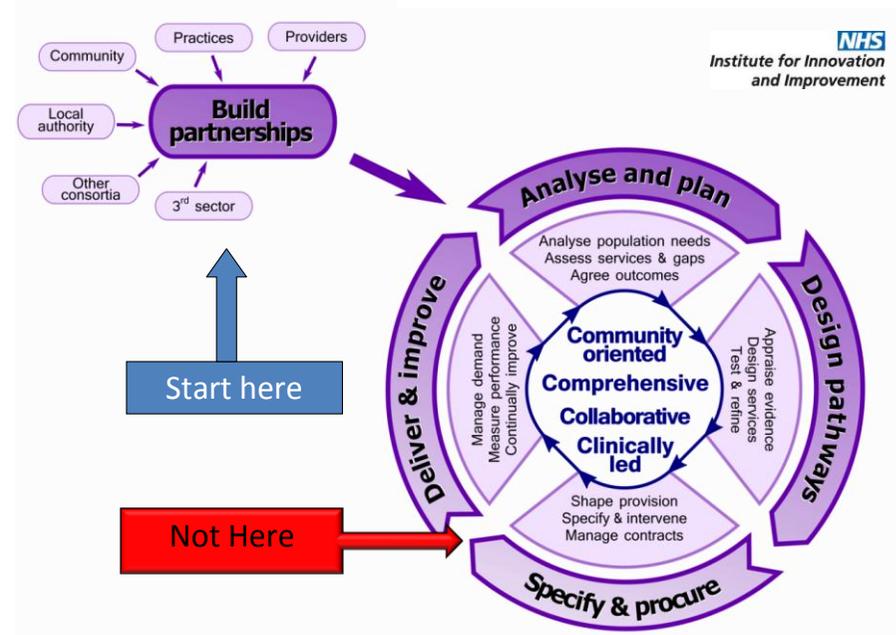


Figure 1: Example of a joint commissioning cycle from the Draft SEN Code of Practice

For a broader understanding of the policy drivers for joint commissioning, the Children and Families Bill and supporting documents should be referred to. The Bill and supporting documents are subject to change following further consultation and parliamentary passage. Information on the progress of the Bill, including a timeline can be found on the [UK Parliament website](#)<sup>viii</sup>.

### **In Focus: Learning from pathfinder work including a number of Case Studies (Last Updated December 2013)**

Pathfinders have found that joint commissioning is challenging, but crucial to delivering **integrated services that meet the needs of their children and young people with SEN**, and making **best use of resources**. Many have seen the reforms as an opportunity to further develop joint commissioning of services and joint working. Pathfinder learning has demonstrated that there a number of ways to approach joint commissioning of services and there is no single model of integration and joint commissioning between local authorities and their partner CCGs. It requires genuine co-production with all partners, backed by clear governance arrangements and a commitment to operating in a much more integrated way. Pathfinder learning has also demonstrated that the development of joint commissioning arrangements is often gradual and delivered in a phased, sustainable way. Specifically, the work of the pathfinders indicates that **consideration needs to be given to the following points**.

#### **Key learning Updated**

- **Effective, clear and jargon-free communication of joint commissioning approaches** is essential to enable different agencies, providers, parent carers and children and young people to effectively feed into the commissioning cycle.
- The evidence from a **Joint Strategic Needs Assessment** should be used **to co-produce a Joint Health and Wellbeing Strategy**. This analysis and plan should inform an agreement about the outcomes that the local population of children and young people will need, and what provision should be commissioned to help children and young people with SEN achieve those outcomes.
- Use the **local offer** to **map provision** and **identify any gaps**, ensuring that this feedback links into commissioning cycles.
- Develop appropriate **governance arrangements** that underpin joint commissioning - agreeing **what decision making** and **funding powers are delegated**.
- Use information about what provision has been commissioned from previous statements, LDAs and **individual EHC plans to inform what is commissioned**. This should also directly inform smooth transitions across the age range and between services.
- **Moving from a more traditional model of block contracts to one that supports personalisation of services and enables choice and control, requires finance, IT, legal and procurement systems to fully support this change.**

- Areas should consider how to use Section 75 agreements to align and pool budgets. This can be particularly useful for delivering personalised budgets. Establish **mechanisms for reviewing whether commissioning has achieved the desired outcomes.**
- **Effective joint commissioning arrangements can be developed more easily with strong, senior buy-in to enhanced integration** and a clear shared multi-agency understanding and vision of future commissioning arrangements.
- **The development of increasingly integrated commissioning functions often takes a significant investment of time and is best implemented in phases, but that this investment in time reaps significant benefits,** in terms of holistic outcomes for families and more efficiently deployed resources.
- **The development of enhanced joint commissioning requires close engagement with and support to providers** to prepare them for altered future commissioning arrangements.
- **Developing joint commissioning has offered pathfinders an opportunity to fundamentally redesign and reposition their services** in line with the principles underpinning the Children and Families Bill and associated legislation.
- Joint commissioning should facilitate **holistic service provision,** and permit the more **efficient and targeted use of resources.**

Key extracts from both the resource pack and case studies are included within this section; wider selections of case studies can be found on the SEND pathfinder website: [www.sendpathfinder.co.uk](http://www.sendpathfinder.co.uk). The following information should be viewed as a work in progress which will be developed and updated throughout the Programme.

**Summary of case studies (Last Updated December 2013)**

The Mott MacDonald Pathfinder Support Team intends to publish further versions of these SEND Pathfinder Information Packs. As these packs grow in size to reflect the continued progress, the summary table below should help readers to find content relevant to them.

Case Study	Area of Focus	Key Points	Page
<p><b>Rochdale</b></p> <p><i>Last updated September 2013 (version 2)</i></p>	<p>Developing a strategic partnership between a Local Authority (LA) and Clinical Commissioning Group (CCG) to develop joint commissioning arrangements</p>	<p><u>Why is this approach being showcased?</u> Highlights the positives aspects of having representatives from the CCG and the LA as joint pathfinder leads. This has helped to embed joint ownership of the pathfinder and facilitate the development of a joint commissioning approach.</p> <p><u>Points of interest</u></p> <ul style="list-style-type: none"> <li>• A strategic partnership approach between a LA and CCG ensuring health partners are aware of the implications of the SEND reform agenda and supported to inform, contribute and shape local developments and learning.</li> <li>• Use of Education Health &amp; Care Plans (EHC plans) to inform market development.</li> <li>• Example of parent carers being involved in the tendering, procurement and selection process for a provider.</li> <li>• Development of sustainable joint commissioning arrangements and an example joint commissioning cycle.</li> </ul>	<p><a href="#">10</a></p>
<p><b>Southampton</b></p> <p><i>Last updated September 2013 (version 2)</i></p>	<p>Example of developing an Integrated Commissioning Unit</p>	<p><u>Why is this approach being showcased?</u> Example approach to integrating services and building on existing good practice which in turn increased the integration of commissioning arrangements and led to the development of Integrated Commissioning Unit.</p> <p><u>Points of interest</u></p> <ul style="list-style-type: none"> <li>• Examples of how aligned and pooled budgets between a LA and CCG are used to jointly commission services.</li> <li>• Staged approach to developing an integrated 0-25 service by April 2014.</li> <li>• Governance structure for Integrated Commissioning Unit.</li> <li>• Market development approach.</li> </ul>	<p><a href="#">15</a></p>

Case Study	Area of Focus	Key Points	Page
<b>Wigan</b>  <i>Last updated June 2013 (version 1)</i>	Focuses on the integration and joint commissioning of service provision.	<p><u>Why is this approach being showcased?</u> Provides an example approach of developing structures and processes to promote joint working and joint commissioning.</p> <p><u>Points of interest</u></p> <ul style="list-style-type: none"> <li>• Joint posts and an integrated commissioning team with responsibility for Education, Health and Care commissioning.</li> <li>• Importance of embedding the approach in the Corporate Strategy for the LA and the Operating Framework for CCG.</li> <li>• Strategically aligned funding streams.</li> <li>• Example approach to joint commissioning and partnership working.</li> </ul>	<a href="#">20</a>
<b>Nottinghamshire</b>  <i>Last updated September 2013 (version 2)</i>	Example of taking advantage of legislative changes to integrate services and commissioning in large shire county with 6 Clinical Commissioning Groups (CCGs).	<p><u>Why is this approach being showcased?</u> Demonstrates an approach to developing an Integrated Commissioning Function for children's services in a large County with 6 CCGs.</p> <p><u>Points of interest</u></p> <ul style="list-style-type: none"> <li>• Identifies drivers for change.</li> <li>• The journey in developing an Integrated Commissioning Function.</li> <li>• Example of an Integrated Commissioning Hub (ICH) approach.</li> <li>• Explores the governance arrangements and key features of the Integrated Commissioning Hub.</li> </ul>	<a href="#">22</a>
<b>SE7 Case Study - East Sussex, Kent and Medway</b> <i>(Updated)</i>  <i>Last updated December 2013 (version 3)</i>	A summary of SE7's joint commissioning approach.	<p><u>Why is this approach being showcased?</u> The case study highlights the importance of developing a shared vision for joint commissioning. It outlines the key elements of the commissioning cycle and key features of successful commissioning.</p> <p><u>Points of interest</u></p> <ul style="list-style-type: none"> <li>• Regional vision and approach co-produced with families and professionals.</li> <li>• Explains SE7's Joint Commissioning Governance Structure. <i>(Updated)</i></li> <li>• Signposts additional SE7 resources (Joint Commissioning Booklet).</li> </ul>	<a href="#">25</a>

Case Study	Area of Focus	Key Points	Page
<b>Snapshots</b> <i>(Updated)</i>  <i>Last updated</i> <i>December 2013</i> <i>(version 3)</i>	Excerpts of approaches in other pathfinder areas.	<u>Points of interest</u> <ul style="list-style-type: none"> <li>• Oldham has created an All Age Disability Service bringing together education, social care adults and children.</li> <li>• Bromley example of a multi-agency decision making panel.</li> <li>• Lewisham’s example of the on-going expansion of its established joint commissioning function.</li> </ul> <i>(New)</i>	<a href="#">28</a>
<b>Links to other related Pathfinder Information Packs</b>			
<a href="#">0 – 25 Coordinated Assessment Process and Education, Health and Care (EHC) Plan Version 3, December 2013</a> <a href="#">Personal Budgets, Version 3, December 2013</a> <a href="#">Local Offer, Version 3, December 2013</a> <a href="#">Engagement and participation of children, young people, parents and carers Version 3, December 2013</a> <a href="#">Preparing for Adulthood, Version 2, December 2013</a>			

Rochdale Pathfinder Case Study (Last Updated September 2013)

**Pathfinder background/context**

- Rochdale (RMBC) is a metropolitan borough located within the North East sector of Greater Manchester. It has a higher proportion of children and young people than seen in the North West and England as a whole, with 27% of the population under the age of 20.
- **In 2012 there were 6,425 pupils (19.4% of all pupils) with Special Educational Needs in Rochdale;** a higher percentage than comparator areas and the NW and England average. This included **1094 pupils with a Statement, 1757 pupils on School Action Plus and 3515 on School Action.**



**Partnership Working with Health: An Overview**

Rochdale’s Clinical Commissioning Group (CCG) has a good relationship with the local authority which is built on **close partnership working between Rochdale Metropolitan Borough Council (RMBC) and the previous Primary Care Trust (PCT)** in relation to children’s services. The Health and Well Being Board is well established and has **published a Joint Strategic Needs Assessment (JSNA) and Health and Well Being Strategy<sup>ix</sup>** which includes the development of joint commissioning for children and young people as a strategic priority.

**How does it work in practice?**

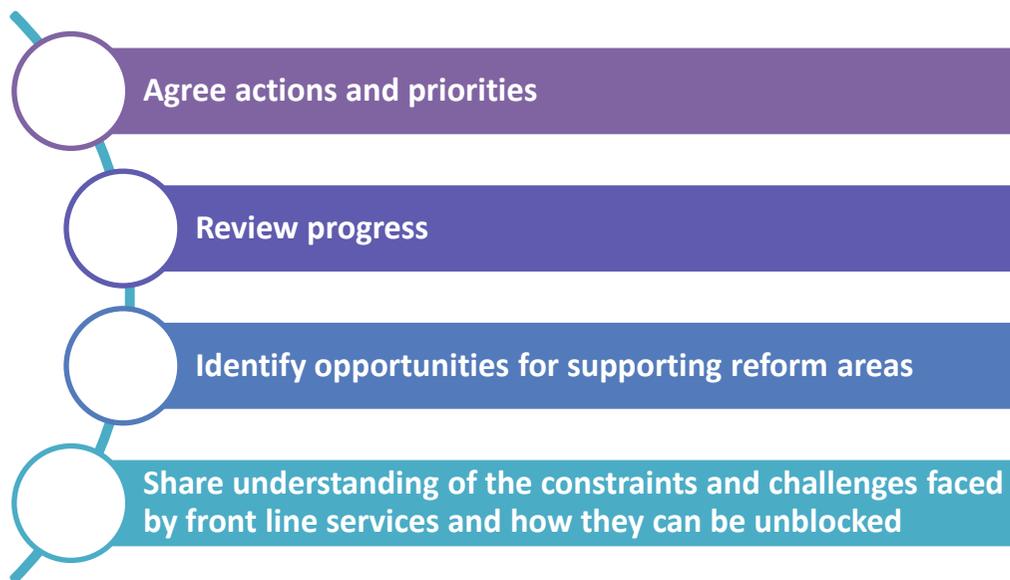
Rochdale recognised that a partnership approach between the Local Authority (LA) and health was critical to the successful delivery of the pathfinder; as such **representatives from the CCG and the LA were selected as joint pathfinder leads.** This has helped to **embed joint ownership of the pathfinder** and ensure all health partners are aware of the implications of the SEND reform agenda and supported to inform, contribute and shape local developments and learning.

**A quote from Karen Kenton, Associate Director of Joint Commissioning for Children:**

“Together the joint leads have been able to demonstrate a strong and embedded partnership approach, to signal that a joint approach is required at all levels from front line practice right up to strategic planning and management”.

**Rochdale's community health service provider is a key partner in the delivery of services to children with disabilities and SEN.** A requirement for them to work in partnership, develop multi-agency plans and support work in relation to the pathfinder was outlined in the PCT's commissioning intentions for 2012-13 & 2013-14, and in individual service specifications which provided a clear steer and mandate from commissioners.

The joint pathfinder leads meet monthly with the SEND pathfinder programme manager and health service providers to:



Key health provider contacts have been operational managers of services such as community paediatrics, children's nursing (including health visiting, school health and community nursing team) and children's therapy services. These services support this group of children and young people so they are well placed members of multi-disciplinary teams who add value and experience to the pathfinder.

**Rochdale has also ensured that the community health services provider has representation on their pathfinder programme board,** so is able to both challenge, and be challenged, in relation to pathfinder developments and performance.

***Using Education Health & Care Plans (EHC plans) to inform market development:***

Rochdale's EHC plan ('My Plan') has been developed in consultation with a wider range of stakeholders including parent carers and young people. Initially the new coordinated assessment process and EHC plan was tested with children and families already known to the SEN team. Moving towards wider implementation, the option of trying the new approach will be available to new entrants also. Rochdale also recognised that their child development team was ideally placed to test the approach with very young children, who are referred to the service in relation to developmental concerns. The child development unit will therefore be piloting the new approach and 'My Plan' as the team's assessment and planning tool over the summer. The aim is for all families to experience a person centred, single approach right from the start and will provide services with considerable learning as to how this can be embedded as a 'routine' approach for services. It will also mean that new entrants to the 'SEND' system in the early years receive an EHC plan.

***Consultation and Co-production***

The CCG has recently awarded its community paediatric service contract to a new provider. **Parent carers and LA colleagues were involved in the tendering, procurement and selection process.** Two parent carers from [Rochdale's parent carer forum](#)<sup>x</sup> were supported by the PCT's engagement team to evaluate the tenders, to include questions for the interview process and to sit on the interview panel for selection of the provider.



This has enabled Rochdale to challenge bidders in relation to how they intended to develop delivery models around the needs of children and families, rather than services. Gaining the perspective from families of how bidder's plans would translate into actual experience for them was invaluable. **Furthermore requirements have purposefully been built into the service specification of the contract to develop integrated plans, integrated working and person centred approaches.**

***Overcoming barriers and embedding change***

Rochdale recognises that working with health is often cited as a barrier to making good progress with the SEND reforms. The identification of a joint health pathfinder lead has been instrumental in ensuring effective engagement with health partners.

As the children's health services commissioner, she has been able to:

- **Identify key contacts and ensure appropriate engagement and representation** across Education, Health and Social Care on the SEND pathfinder programme board, and working groups.

- **Ensure that the pathfinder programme is highly visible** to both commissioners and providers of health services.
- **Include a specific work programme around Children with Disabilities within the CCG’s commissioning strategic plan.**
- **Use contractual processes such as commissioning intentions and service specifications to signal expectations to providers** and to ensure that the requirements from providers are included in contracts, so that providers are assured and are clear that they are ‘commissioned to do this’.

In addition to this, Rochdale also have regular briefings, person-centred planning training (both multi-agency and targeted according to need at the time) and a regular plan day so all professionals are aware of the need to focus resources at a specific time.

***Developing a sustainable approach***

Rochdale has recognised that work in relation to the pathfinder needs to be embedded into wider children’s services developments within the Borough to **ensure an integrated approach and sustainability.** They have consequently ensured that the governance arrangements for the pathfinder programme are fully integrated into the wider governance arrangements for children’s services within the borough.

Some examples of these arrangements are included in Figure 2.



Figure 2: Sustainable Joint Commissioning Arrangements

Further to these key activities, Rochdale has published an **Integrated Early Help Strategy<sup>xi</sup>** outlining their aspiration that all families to receive help **at the earliest opportunity**. It is intended that Rochdale will 'test out' how they can fully maximise joint commissioning to lever the changes that they want to see in outcomes for children with disabilities, with a view to using the learning/model across the entirety of children's services. Figure 3 below highlights the joint commissioning cycle (source: Rochdale Metropolitan Borough Council, 2013).

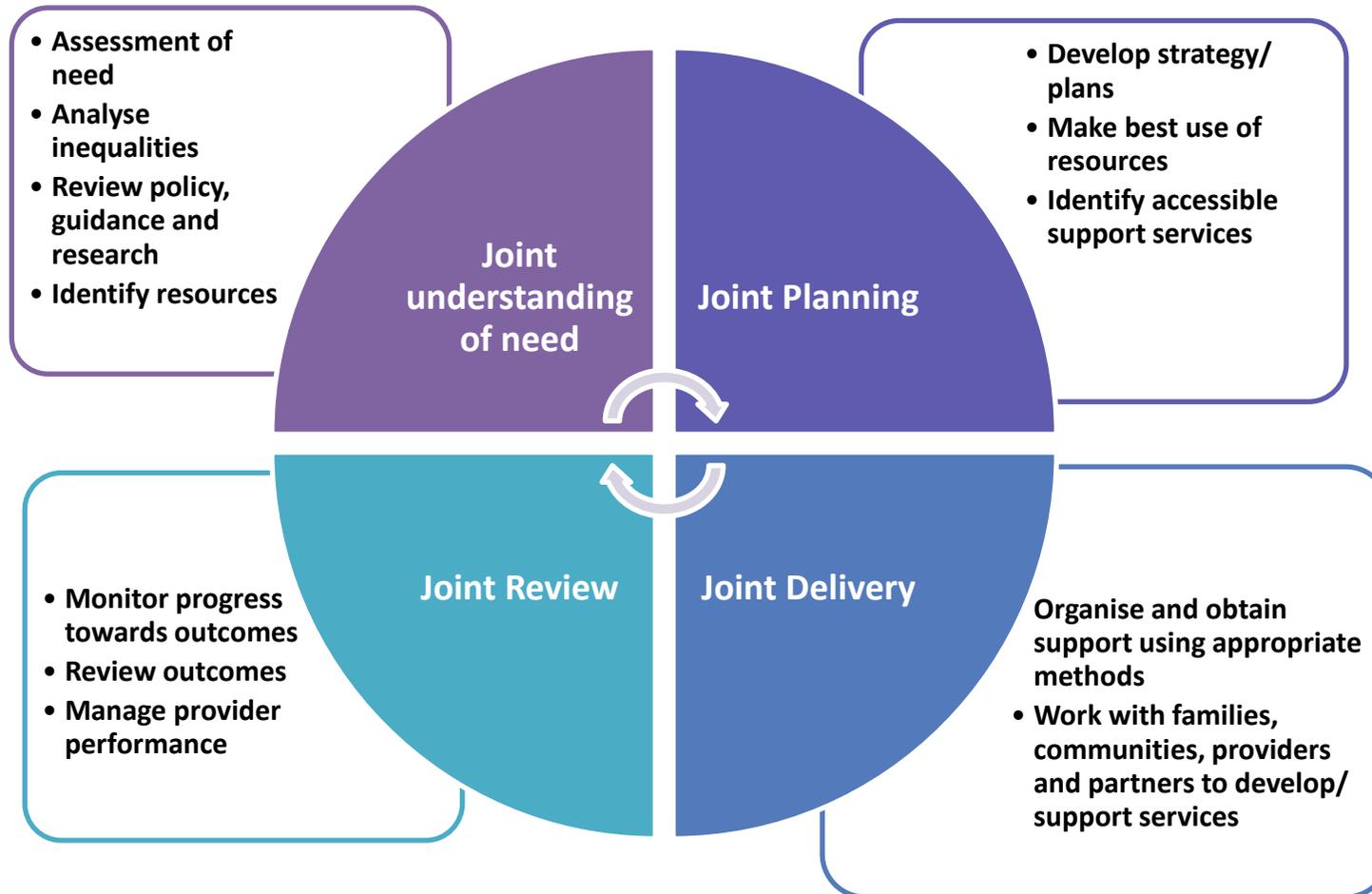


Figure 3: Rochdale's Joint Commissioning Cycle

### **Key learning:**

- **Secure 'real' joint ownership of reforms between the LA and CCG** – there needs to be a senior named individual within the CCG who takes ownership and accountability. They can also help navigate the local health system and identify key contacts within it.
- **Understand the local health economy and the key contacts** – both the commissioner and the local children's leads in provider services. Key provider services include community paediatrics, children's therapies and children's nursing services.
- **Include SEND reform requirements (such as EHC plans) within health services commissioning intentions, specifications and contracts at the earliest opportunity** - including a requirement to work in partnership at both strategic and operational levels to support any partnership developments.
- **Use any opportunities that other local developments offer to embed SEND reforms** – our local work in relation to the community paediatric service was an ideal opportunity to set out the requirements in relation to EHC plans, person - centred approaches etc. so they are embedded from the outset.
- **Include children with disabilities and embed SEND reforms in local joint strategic plans** – particularly Early Help Strategies (with specific reference to the local offer) and joint commissioning strategies. In addition include it in the CCG's strategic commissioning plans.
- **Ensure robust governance arrangements, both within the LA and CCG and up to the Health and Wellbeing Board.**

### **Southampton Pathfinder case study (Last Updated September 2013)**

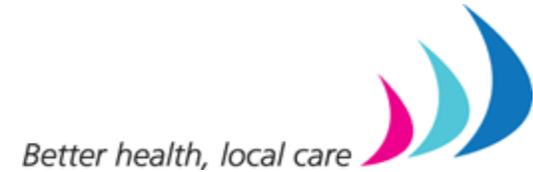
#### **Pathfinder background/context**

During 2010/2011, Southampton City Council and Southampton City PCT (at the time) conducted a **joint review of services for children** with SEN, complex health needs, and disabilities.

A key result of the **review** was to **enhance the integration of services** and build on **existing good practice**, bringing together Education, Health and Social Care, which has become known as the Children and Young People's Development Service (CYPDS). Underpinning this was the **increased integration** of commissioning arrangements, formalised into an Integrated Commissioning Unit.

### **Overview of approach**

Southampton City Council and Southampton City CCG currently jointly commission several services. To support this, both the LA and CCG have **aligned and pooled budgets** to ensure resources are used as efficiently as possible. These include:



The intention is to build on these examples and develop an integrated 0-25 service by April 2014.

The LA and CCG are now in the process of establishing an Integrated Commissioning Unit which will bring together commissioning functions and staff across health and local authority for adult and children's services, public health and housing. The Integrated Commissioning Unit will be established in October 2013. This significant development will enhance the work of the local SEND pathfinder which is already a key part of the Integrated Commissioning Unit's work programme.

## Leadership & Governance



The Integrated Commissioning Unit reports to the Integrated Commissioning Board. This Board comprises Chief Executive and Director-level representation from the LA and CCG. This, in turn, feeds into the Health and Wellbeing Board.

The Integrated Commissioning Unit has organised its work programme into three workstreams:

1. **Promoting prevention and positive lives** - to enable more people to live healthier, more active and more fulfilling lives and to protect the vulnerable.
2. **Supporting families** - to empower and support families to take responsibility for their own outcomes, supported by easily accessible support and care as needed along a continuum of provision.
3. **Integrated care for vulnerable people** – To prevent or intervene early, promoting independence, choice and control in the community through integrated assessment of need and risks and integrated planning processes which are centred around the person and their family.

The development of the Children & Young Persons' Development Service (CYPDS) under the SEND pathfinder is a **key part of the Integrated Commissioning Unit's work programme** and is **underpinned by all three work streams**. This level of **strategic buy-in** to the reforms has been fundamental to progress thus far.

### **Market Development**

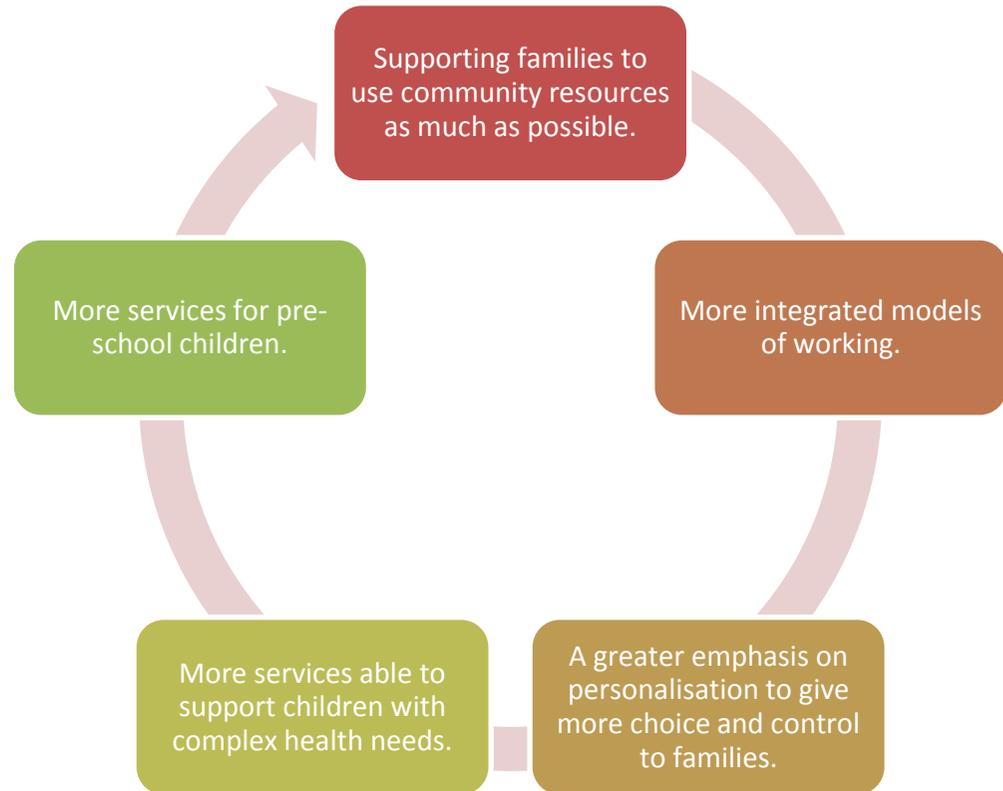
Going forward, the Integrated Commissioning Unit will also have **a specific team focussed on market development and provider relationships**. This aims to further support work to jointly commission services. In order to support market development, Southampton local authority and CCG, have jointly published a **market position statement** and held a **provider workshop to discuss our requirements and get feedback** from the market.

The local authority, in partnership with the CCG, is preparing to re-tender its short break provision and is particularly looking to develop the market in the areas noted in Figure 4.

#### **Link with development of Personal Budgets**

Southampton has also been exploring how to make better use of resources at an individual level, i.e. through the establishment of **integrated personal budgets**, which offer greater flexibility in use of resources.

Figure 4: Market areas targeted for development



Southampton is developing a number of communication tools to assist in engagements with families and providers. These include:

- A **market position statement** setting out the key areas Southampton wishes to develop as an Integrated Commissioning Unit. This is being compiled to open up a dialogue with the market about future commissioning intentions and how Southampton wants to work with providers. This covers local authority and health commissioning, including public health.

- An **aide memoir to support and guide commissioners** to build **key commissioning principles** into all stages of the commissioning cycle (i.e. how Southampton design services, how Southampton write service specifications, how Southampton contract for services etc.). This seeks to embed a range of underpinning principles, such as co-production, personalisation, self-management, use of technology, and taking a life course approach. This will be available in Autumn 2013.
- **Guidance around Southampton's wider personalisation agenda** and the development of communication and information materials for families and professionals. These will also be available in late Autumn 2013.

### ***Key Learnings***

In the development and refinement of Southampton's integrated commissioning functions, a number of challenges and benefits have been identified, that have informed continued development.

### ***Benefits:***

A key benefit of the work programme and the governance structures is that they **bring together children's and adults services commissioning across the full life course** which provides an **ideal basis for developing an integrated 0-25 years' service model**.

- The development of robust, integrated governance structures provides an **excellent opportunity for ensuring that key principles (such as co-production, self-management, and personalisation) are embedded** across the full life course.

### ***Key challenges have been:***

- **Information and data sharing** – availability of accurate, comprehensive data about our disabled children and those with SEN to support commissioning is limited by IT systems that do not “talk to each other”.
- **Moving from a historical model of block contracts to one of personalisation and more innovative approaches** – ensuring that finance, IT, legal, procurement systems are equally geared up to support this change.
- **Moving from a service based market to one that is outcome focussed**, more integrated and person centred.

## Wigan Pathfinder Case Study *(Last Updated June 2013)*

### **Pathfinder background/context**

This case study focuses on the integration and joint commissioning of service provision in Wigan.



In Wigan, structures have been established to promote joint working and joint commissioning. Specifically, commissioning responsibility for Children's Services sits under an Associate Director for Partnerships and Safeguarding. The details of this post include that:

- It is **jointly appointed** by Wigan Borough Clinical Commissioning Group (CCG) and Wigan Council.
- It covers the following commissioning responsibilities: **health promotion and prevention, community and acute healthcare for children, social care, SEN and Disability and safeguarding.**
- It promotes **integrated, locality-based service** delivery.

### **Joint commissioning approaches being tested in Wigan**

- **Joint posts and an integrated commissioning team.** Commissioning responsibility for Education, Health and Care resides with two managers who are co-located and have the same line manager.

- **Shared strategic objectives.** The deliverables in the Children and Young People's Plan are jointly owned by these two managers, and reflected in the Corporate Strategy for Wigan Council and the Operating Framework for Wigan Borough Clinical Commissioning Group.
- **Partnership.** Integrated commissioning enabled Wigan to bring together a robust partnership around SEND, including a diverse range of stakeholders from across the local health economy, to support parent carers, children, and young people.
- **Service integration.** This is a shared strategic objective across the partnership that has been delivered in early intervention and prevention services. Bridgewater NHS Trust now provides a 0-19 integrated health team located and delivered in partnership with the Council's locality based early intervention and prevention teams.
- **Strategically aligned funding streams.** Budgets are not pooled but are brought together from both the Council and the CCG by the integrated commissioning team to deliver the commonly identified strategic objectives through a range of commissioning activities. This could be at a whole system level in terms of a newly commissioned service across the whole population of parent carers, children and young people in the borough, or spot purchases sought by individual families.

### ***Outcomes of joint commissioning services and close multi-agency working***

- **Integrated personal budgets.** Within Wigan's Personalisation and Personal Budgets work that they were able to bring together three funding streams to allocate an integrated personal budget in support of an Education, Health and Care Plan.
- **Multiagency key working team** to support pilot families within pathfinder.
- **Substantial service redesign activity is also delivered jointly**, which is also supported by a Healthcare Consultant who has significant experience of working in NHS provider services, to develop an integrated model for targeted and specialist community child health services.
- **Commissioners have invested significantly and jointly in the development of services** for children and young people with Autism, including the joint funding of a Coordinator's post and a Parent Support and Short Breaks service following competitive tender.

- **Children's Continuing Care packages are commissioned jointly by the LA and CCG** following the Department of Health's National Framework.
- **Redesign of CAMHS focusing on the most vulnerable children and young people**, including enhanced psychological therapies model for those with long term conditions.
- **Enhanced offer from Children's Community Nursing Team**, including extended working hours to seven days a week, and a paediatric liaison model working jointly with the children's ward.



### ***Conclusion***

This approach to working has shown the benefits of close multi-agency working and that shared ownership of service delivery can promote more 'joined-up', holistic service provision and support for families.

Furthermore, in Wigan, joint-commissioning has resulted in more streamlined service provision that is responsive to the holistic, multi-agency outcomes sought by families, children, and young people.

## Nottinghamshire Pathfinder Case Study (Last Updated September 2013)

### Pathfinder Background/Context



Following the introduction of the Health and Social Care Act in April 2013, health services for children in Nottinghamshire are now commissioned by an increased number of organisations including six Clinical Commissioning Groups (CCGs), the local Public Health Department, the Local Authority, NHS England Nottinghamshire-Derbyshire Area Team (AT), NHS England South Yorkshire and Bassetlaw Area Team, Leicestershire-Lincolnshire Area Team and Public Health England.

As a result of the above changes, it was agreed to scope and develop an Integrated Commissioning Function for children's services in the County. This case study concentrates on efforts to take advantage of these legislative changes and integrate services and commissioning in Nottinghamshire.

### *The drivers for change in Nottinghamshire were:*

- The chance to create a **dedicated capacity** for commissioning children's health services.
- The chance to **develop clear multi-agency approaches to engage with children, young people and families to**

**inform commissioning** and establish clearer links with recommendations from the Joint Strategic Needs Assessment (JSNA) and other needs assessments.

- The recognition that CCGs have limited capacity to take on commissioning of children's services in their entirety.
- The **need for effective, multi-agency working** to secure holistic, person-centred, multi-agency outcomes and service provision for parent carers, children and young people.
- To bring together and coordinate a diverse range of health, education, and care providers, of all sizes, from across the county. In essence, to **develop a whole system approach to planning, prevention, and commissioning and limit duplication of effort.**
- To **maximise the use of resources** and achieve the most value from them.
- To **align with the governmental emphasis on better health outcomes for children** and, more broadly, more **accountable and transparent service delivery mechanisms.**

**The journey in developing an Integrated Commissioning Function**

Nottinghamshire adopted a **phased approach** to developing their integrated function, **the Integrated Commissioning Hub (ICH)**. The ICH is still very new and in the progress of being developed but significant progress has been made in getting it operational. The governance arrangements for the ICH are described in Figure 5.

The ICH will commission (and procure) services on behalf of the CCG's and then jointly procure with the council which will include services for children and young people with disabilities i.e. meeting CYP's health needs in school, Occupational Therapy (OT) & Short Breaks.

Work is currently underway to determine the commissioning intentions for the 2014-15 & 2015-16 age groups. A memorandum of understanding and section 75 agreements are to be developed between the County Council and CCGs.

Recruitment is on-going to enable the ICH to become fully functional and deliver maximum benefit. This includes a specific Commissioning & Assessment Manager for CYP (0-25) (healthcare) who will be line-managed in the ICH and be co-located in the SEND Hub. This will ensure a strong interface between the SEND Hub, ICH, CCG's, providers and Nottinghamshire County Council (NCC).

The ICH is led by Dr. Kate Allen, Consultant in Public Health and Lead Children's Commissioner, with support from Senior Public Health & Commissioning Managers. Governance is through the Children's Trust Board, CYP & Public Health Committees, and Health & Wellbeing Board (HWB). Agreement has been sought at all levels including CYP Committee, HWB and CCG's Clinical Congress.

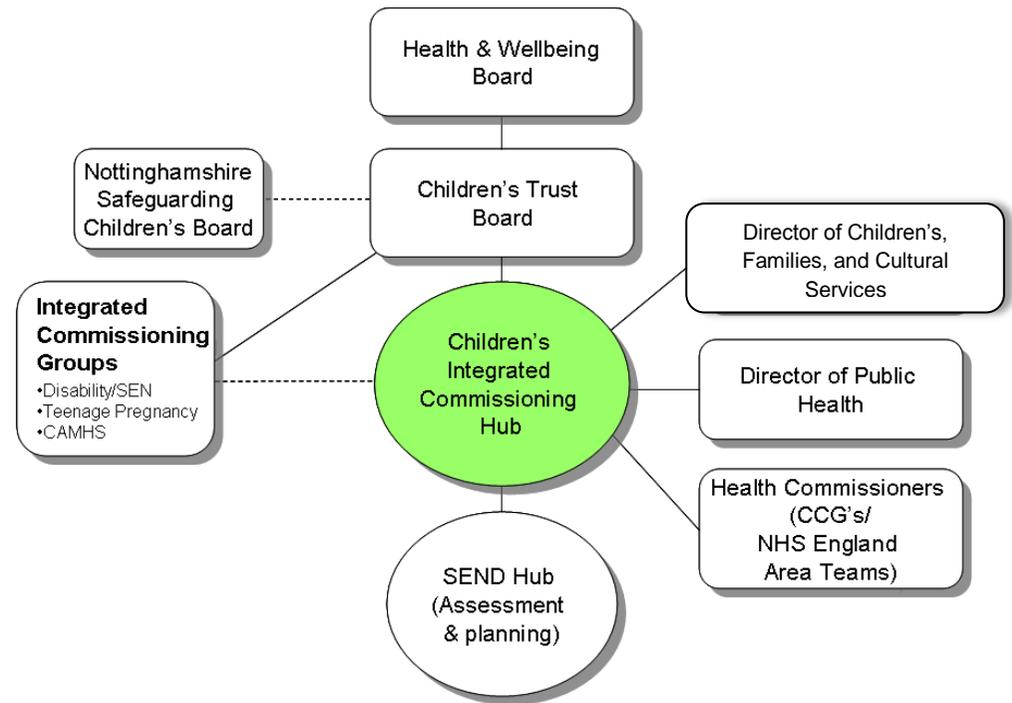


Figure 5: Governance Arrangements for the Integrated Commissioning Hub (ICH)

**Key features of the Integrated Commissioning Hub include:**

- **A single point of accountability and co-ordination** for children's health and well-being related integrated commissioning, accompanied by transparent and accountable governance structures within the function.
- The integrated function is based on the **alignment and pooling of commissioning resources** from the County Council, CCGs and the NHS England Area Team.
- **Operation at different commissioning levels** depending on the service or topic area.
- **Greater consistency across services** in relation to safeguarding, Pathway to Provision, and young people friendly services.
- **Accountable to the HWB through the Nottinghamshire Children's Trust Board** (membership includes CCGs, CFCS, NHS England, Public Health). Formal direct links with CCGs may also be agreed in due course.

**Communication**

**A communications plan is currently in development and will detail how all stakeholders will be engaged.** The parent carers forum<sup>xii</sup> is

represented on the SEND Pathfinder Board and Delivery Team where information is shared about the ICH plans, and each Children & Young People (CYP) who goes through the Education Health and Care (EHC) Plan process is reviewed with the findings fed into the JSNA & ICH work.

**Engagement**

Although parent carers and CYP have not specifically been involved in the setup of the ICH, the integrated Commissioning Group for Disability and SEN includes parent representatives, and engagement with CYP has been undertaken around specific pieces of work throughout the development.

The ICH was agreed at HWB which has representation from Healthwatch. A paper was presented to the HWB on a needs assessment for CYP with disability and Special Educational Needs (SEN) which included work underway to improve services for CYP with SEND. A presentation was given by a parent carers which proved very powerful and the HWB agreed to sign up to the Disabled Children's Charter. A dedicated post is being created in the ICH to specifically look at strategic performance and engagement monitoring.

### **Key Learning**

- **Effective communication is key:** Building good working relationships and networks has undoubtedly assisted getting the ICH agreed and commissioning intentions.
- **Planning is essential.**
- **Integrated Commissioning Hub (ICH) on a page:** The decision to produce a one page summary graphic of the ICH has proved useful for simple communication.
- **Keep it jargon-free:** Common language is essential and parent carers and other agencies do not want jargon.

### **Conclusion**

The integration of commissioning in Nottinghamshire, through the creation of an ICH, plans to radically change the nature of service provision in the county, and enable the Partnership to deliver effective, integrated support across the spectrum of needs and across the age range, with refreshed emphasis on early intervention and prevention. The ICH will also assist in the development of outcome-focused, person-centred, holistic planning in Nottinghamshire, through close engagement with families, children and young people.

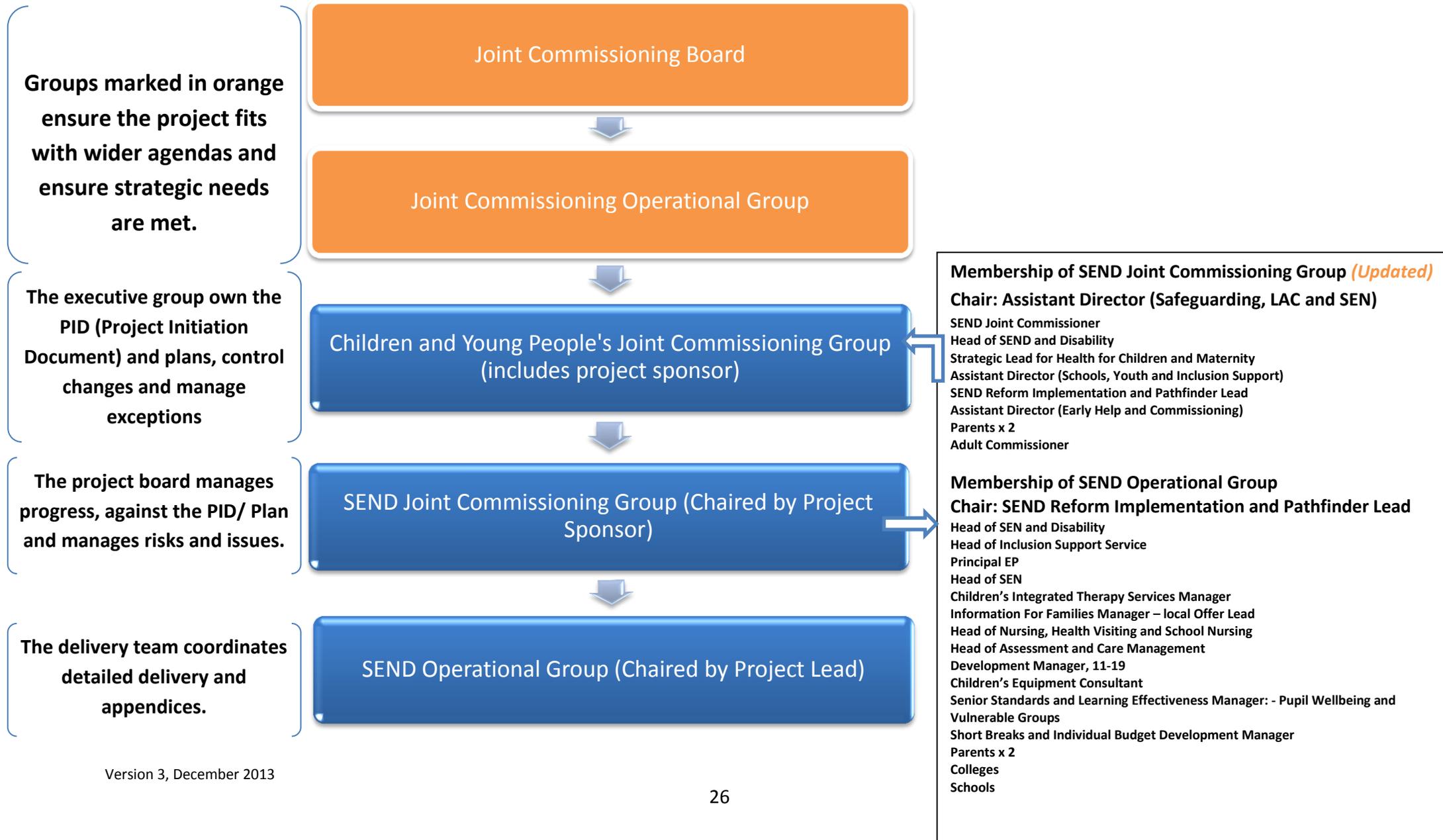
### **SE7 Case Study - East Sussex, Kent and Medway (Last Updated December 2013)**

#### **Pathfinder Background/Context**

SE7 is a partnership of 7 LAs and their NHS partners, Parent Carers Forums, national and local VCS partners and most importantly their children and young people and their families. SE7 is the largest pathfinder area covering 10% of children nationally and includes unitary authorities and large mixed shire counties.

**SE7's Regional Approach to Joint Commissioning:** SE7 has developed a [joint commissioning booklet](#)<sup>xiii</sup> which outlines the key elements of the commissioning cycle and key features of successful commissioning. SE7's approach to co-production means that parent carers and young people are equal partners in their work and their regional workshops have involved professionals from all sectors. Further to this, SE7's Voluntary & Community Service (VCS) partners have held regional events for their organisations to help them prepare for a different relationship with families and a new approach to commissioning. East Sussex's joint commissioning governance structure can be seen below in Figure 6:

Figure 6: East Sussex's Joint Commissioning Governance Structure



### **Local Examples:**

#### **East Sussex:**

- East Sussex is nearing completion of an SEND health needs assessment, which will contain recommendations for addressing areas of unmet need.
- East Sussex has been working between the county council and health commissioners to **establish a formal joint commissioning arrangement for all SEND services across education, health and social care.**
- There are two key areas of focus for this work including setting up **formal governance arrangements** (see figure 6) and developing a **project plan for full implementation of the reforms**, including reviewing all services which contribute to the SEND offer.
- The governance structure has two purposes: the groups shown will continue to manage the commissioning of SEND services into the future and are also providing a framework for directing and managing the project. A dedicated project manager has been appointed for the implementation of the reforms. This has resulted in the project being managed more robustly, with regular review of completed deliverables and decision-making taking place at the right levels of accountability. Detailed project planning and tracking means that progress is being monitored, risks identified and potential blocks to progress are identified and then addressed.
- The **East Sussex Health and Wellbeing Board (HWB) was engaged early** in its planning to ensure children and young people, importantly those with SEND were included in their Health and Wellbeing plans and priorities.

#### **Kent:**

- **Kent and Medway Commissioning Support Unit (KMCS) provide commissioning support functions** linked to children and maternity services by the 7 Clinical Commissioning Groups in Kent.
- The Child Health and Maternity Team within KMCS's Strategic Change Services business unit have been proactive in supporting the work of the SE7 Pathfinder including running a number of multi-agency workshops for CCGs in Kent. This has enabled the CCG's Clinical Leads and senior managers to work with parent carers, and commissioners from other agencies to consider **how health outcomes could be improved through new approaches to integrated working, provision of personal budgets, joint commissioning and promoting the co-production of parent carers within the commissioning cycle.**

- Kent now has one of the **CCG's Clinical Lead for Children and Young People acting as a champion** for disabled children within the SEND Pathfinder and Kent Joint Commissioning Board sub-group for Disabled Children.

- **Medway (New)** have developed a Joint Commissioning Board, comprised of local authority and CCG representatives, with senior membership including: the Director of Children and Adults Services, Chief Operating Officer, Chief Clinical Officer for Medway CCG, Assistant/Deputy Directors from the local Authority representing Social Care, Commissioning, and Education, Directors of Finance for both Medway Council and Medway CCG, Assistant Director for Partnership Commissioning (joint appointment) and Director of Public Health.
- The Joint Commissioning Board (JCB) oversees all commissioning arrangements and commissioning activities across Medway. Pooled budgets and other joint commissioning arrangements are in place. This is underpinned by a Section 256 agreement with data sharing arrangements.
- Work has been undertaken to ensure service providers are aware of the new commissioning direction and a provider forum has been established for support. Market position statements are currently being developed for providers (initially for adults and then children services) in respect of all commissioning intentions.
- The following jointly commissioned services are expected to be confirmed shortly within Medway; Paediatric Speech and Language Therapy, Short Breaks Provision and LAC Health Team

#### **Snapshots: A glance at how it's working across the country (Last Updated December 2013)**

The short examples below provide a high level overview of how pathfinders have approached multi-agency working in practice. More information about each of these areas is available at [www.sendpathfinder.co.uk](http://www.sendpathfinder.co.uk).

**Oldham** has created an All Age Disability Service bringing together education, social care adults and children. The new service is planned to be co-located with the corresponding children's and adults health services in one building by September 2013. Along with these arrangements, Oldham is discussing further integration of processes and management structures during 2013 and 2014. Oldham has also created a single virtual team of Assessment Co-ordinators (including, among other, Educational Psychologist's, SENCOs, and health staff). This team will report to a single, integrated decision-making management group. Over time, this group will be responsible for all decisions regarding social care, education and health.

**Bromley** is working with the Early Support Consortium, testing resources and materials, including the new Early Support App across agencies and considering key working and multi-agency meetings within the EHC planning process. The purpose of these coordinators is to work with young

people and their families to develop EHC plans that meet identified need and support long-term goals. This development has required close multi-agency working.

Bromley has also developed a matrix for health needs without recourse to statements, for children in mainstream schools. This has been fully costed and agreed as the pathway for these children for 2013/14. The Specialist Support and Disability Panel provide an integrated referral and resource route for children with complex needs. This panel is being extended to consider EHC plan resource requests and will be the panel that decides the key worker to undertake the multi-agency co-ordinated EHC process.

**Lewisham (New)** has an established joint commissioning function for Children and Young People, which is governed through Lewisham's Children and Young People Strategic Partnership Board. The Council acts as the lead commissioner for children's health and services in the local area as stated by a section 75 agreement between the local authority and Lewisham CCG. Lewisham's approach is based upon a shared commitment that all money is children's money and that all staff work for children.

The joint commissioning team lead integration across Lewisham Children's Partnership, identifying how best to utilise the partnership's joint resources and drive up the quality of local service provision.

Existing jointly commissioned services within Lewisham include; Child and Adolescent Mental Health services (CAMHs) and Health Visiting and Community Nursing service. The team is currently working to sign-off an agreement with Lewisham Hospital NHS Trust to enhance this cooperation further.

#### What are the challenges for pathfinders to address over the coming months? *(Last Updated December 2013)*

- Work to develop joint commissioning arrangements across a number of services takes time, **requires major culture change and senior level input to be implemented.**
- **Information and data sharing** (as well as the IT systems that sit beneath them) **is a core challenge**, and need to feed into discussions about multi-agency working and how it might practically work.

- **Development of mechanisms to capture information about the services sought by families**, so that a holistic picture of family needs can feed into commissioning decisions.
- **Developing shared terminology**, to facilitate simplified joint-working.
- **Clarifying jurisdiction, governance, and allocation of resources within pooled/aligned budgets**, supported by effective monitoring of outcomes.
- **Market development** - moving away from **service-based provision** and more flexible services and preparing providers for this change, whilst maintaining consistent, stable delivery of current services
- The move to truly 0-25 service provision requires **early investment of time with families and practitioner workforces**, and significant culture change. The pathfinders have demonstrated that the pay-off of this investment and work to overcome these challenges is overwhelmingly positive.
- **On-going work is required to ensure that joint commissioning operates as smoothly at an operational level where professionals allocate specific support for an individual child or young person (or potentially a community), as it does at a strategic level** or at a particularly complex individual level.

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<sup>i</sup> Children and Families Bill, Clause 25 ‘Promoting Integration’ and Clause 26 ‘Joint Commissioning’. The Children and Families Bill can be accessed via the following link:

<http://www.publications.parliament.uk/pa/bills/cbill/2012-2013/0168/2013168.pdf>

<sup>ii</sup> The Draft Special Education Needs (SEN) Code of Practice: for 0 to 25 years can be accessed via the following link:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/251839/Draft\\_SEN\\_Code\\_of\\_Practice\\_-\\_statutory\\_guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/251839/Draft_SEN_Code_of_Practice_-_statutory_guidance.pdf)

<sup>iii</sup> Consultation on transition to Education, Health and Care plans and the local offer:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/251879/SEN\\_-\\_Transitional\\_arrangements\\_document.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/251879/SEN_-_Transitional_arrangements_document.pdf)

<sup>iv</sup> Consultation on DRAFT 0-25 Special Educational Needs (SEN) Code of Practice, Draft Regulations and Transitional Arrangements, Section 4.1 -

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/251832/SEN\\_consultation\\_document.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/251832/SEN_consultation_document.pdf)

<sup>v</sup> The Draft Special Education Needs (SEN) Code of Practice: for 0 to 25 years can be accessed via the following link (p.28):

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/251839/Draft\\_SEN\\_Code\\_of\\_Practice\\_-\\_statutory\\_guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/251839/Draft_SEN_Code_of_Practice_-_statutory_guidance.pdf)

<sup>vi</sup> The Draft Special Education Needs (SEN) Code of Practice: for 0 to 25 years can be accessed via the following link (p.30):

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/251839/Draft\\_SEN\\_Code\\_of\\_Practice\\_-\\_statutory\\_guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/251839/Draft_SEN_Code_of_Practice_-_statutory_guidance.pdf)

<sup>vii</sup> The Draft Special Education Needs (SEN) Code of Practice: for 0 to 25 years can be accessed via the following link (p.30):

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<sup>viii</sup> Link to UK Parliament website <http://services.parliament.uk/bills/2013-14/childrenandfamilies.html>

<sup>ix</sup> ‘Joint Health and Wellbeing Strategy for Rochdale Borough 2012-2015’, available at: <http://www.hmr.nhs.uk/attachments/article/81/jointhealthwellbeingstrategy12-15.pdf>

<sup>x</sup> The Parents Forum For Children with Disabilities, Rochdale, Heywood & Middleton website link <http://www.theparentforum.co.uk/>

<sup>xi</sup> Rochdale Integrated Early Help Strategy 2013 -2016, available at: [http://www.rochdale.gov.uk/pdf/2013-05-13-RBC\\_EarlyHelpStrategy\\_V2web%20version.pdf](http://www.rochdale.gov.uk/pdf/2013-05-13-RBC_EarlyHelpStrategy_V2web%20version.pdf)

<sup>xii</sup> Nottinghamshire Pathfinder Parent Carers Forum website link <http://rainbowparentscarersforum.org.uk/>

<sup>xiii</sup> SE7’s Joint Commissioning Booklet can be found at the following link: <http://www.in-control.org.uk/media/137695/se7%20joint%20commissioning%20booklet%20april%202013%20final.pdf>

# Glossary

Term	Meaning
CoP	Code of Practice
CCG	Clinical Commissioning Group
CYP	Children and Young People
DH/DoH	Department of Health
EHC plan	Education, Health, and Care plan
ES	Early Support
FE	Further Education
FIS	Family Information Service
FSD	Family Services Directory
ISP	Independent Specialist Provider
Joint Commissioning	Commissioning arrangements that are coordinated or integrated across agencies or groups
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LDA	Learning Difficulty Assessment
NEET	Not in Education, Employment or Training
Personal Budgets Accelerated Testing Group	A group of the SEND Pathfinders asked to produce a set of case studies on work with families who have received SEN Personal Budgets.
PfA	Preparing for adulthood (both the theme and DfE SEND Delivery Partner - <a href="http://www.preparingforadulthood.org.uk/">http://www.preparingforadulthood.org.uk/</a> )
SE7	South East 7 – a consortium of 7 local areas in the South East of England, acting as a SEND Pathfinder.
SEN	Special Educational Needs
SENCo	SEN Coordinator (based in educational settings)
SEND	Special Educational Needs and Disability
VCS	Voluntary and Community Sector

# RESOURCES

In addition to the resources outlined in notes at the end of each section, below are links to additional resources linked to the SEND Pathfinder Programme.

**SEND Pathfinder Support Team (Mott MacDonald)** – [www.sendpathfinder.co.uk](http://www.sendpathfinder.co.uk)

**Department for Education (DfE) SEND Delivery Partners:**

There are seven Delivery Partners focusing on the following key issues:

- **The Bond consortium:** child mental health - [http://www.youngminds.org.uk/training\\_services/bond](http://www.youngminds.org.uk/training_services/bond)
- **The Early Language Consortium:** early language development - <http://eldp.talkingpoint.org.uk/>
- **The ES Trust with the National Children's Bureau:** early support and key working - <http://ncb.org.uk/early-support>
- **Contact a Family and the National Network of Parent Carer Forums (NNPCF):** parent participation - <http://www.nnpcf.org.uk/> & <http://www.cafamily.org.uk/>
- **The National Parent Partnership Network:** supporting Parent Partnership Services - <http://www.parentpartnership.org.uk/>
- **The National Development Team for Inclusion the Council for Disabled Children and Helen Sanderson Associates (Preparing for Adulthood):** preparing for adulthood - <http://preparingforadulthood.org.uk/>
- **The IMPACT consortium:** short breaks delivery - <http://www.shortbreaksnetwork.org.uk/policyandpractice/impact>

**Achievement for All**, a school improvement approach that was piloted in ten local authorities from 2009 - 2011, is also being rolled out nationally - <http://www.afa3as.org.uk/>

**Additional DfE-funded SEND Organisations referenced in these packs:**

**Council for Disabled Children (CDC):** The Council for Disabled Children (CDC) is the umbrella body for the disabled children's sector in England, with links to other UK nations, bringing together the diverse range of organisations that work with and for disabled children to support the development and implementation of policy and practice. CDC has developed some useful resource sheets on SEN and Disability Policy which can be found on their website via the following link <http://www.councilfordisabledchildren.org.uk/resources/cdcs-resources> (please refer to top right hand side of web page).

**In Control:** In Control is a DfE SEND Grant Holder, is a charity supporting organisations implement personalisation. They are one of the organisations supporting the SEN Personal Budgets Accelerated Testing Group - <http://www.in-control.org.uk/>

**The Communication Trust:** The Communication Trust is a coalition of nearly 50 VCS organisations with expertise in speech, language and communication and has resources to help local authorities develop their local offers -

[https://www.thecommunicationtrust.org.uk/media/154158/resources\\_to\\_support\\_the\\_local\\_offer\\_final\\_version\\_september\\_2013.doc](https://www.thecommunicationtrust.org.uk/media/154158/resources_to_support_the_local_offer_final_version_september_2013.doc)