

# Shaping services around your child

## A PARENT CARERS' GUIDE TO INTEGRATED COMMISSIONING

Integrated commissioning is where commissioners (those who plan, develop and purchase services) pool budgets across traditional boundaries, such as 'health' and 'social care.' The intention of this is to reduce duplication in service provision, where, typically, different bits of local government or the NHS fund or commission (purchase) similar things.



# Background context

**What does the SEND Code of Practice say must/should be happening? (If the code of practice says it must be happening then it is a legal obligation. If it says should then it is best practice but not an absolute requirement.)**

- Local partners **must** engage children and young people with SEN and disabilities and children's parents in commissioning decisions.
- 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. The arrangements **must** cover the services for 0-25 year old children and young people with SEN or disabilities, both with and without EHC plans.
- Local governance arrangements **must** be in place to ensure clear accountability for commissioning services for children and young people with SEN and disabilities from birth to the age of 25. There must be clear decision-making structures so that partners can agree the changes that joint commissioning will bring in the design of services.
- Joint commissioning **should** be informed by a clear assessment of local needs. Health and Wellbeing Boards are required to develop Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies, to support prevention, identification, assessment and early intervention and a joined-up approach.
- Local partners (the local authority and the CCG) **should** identify the outcomes that matter to children and young people with SEN or disabilities to inform the planning and delivery of services and the monitoring of how well services have secured those outcomes.
- Elected members, governing bodies of CCGs and chief executives across education, health and social care **should** provide leadership for integrated working.



# What is NHS England telling CCGs to do?

## **NHS England has already required CCGs to collaborate with local authorities to improve health and care.**

44 new sustainability and transformation partnerships (STPs) were developed – to run services in a more coordinated way, and to plan collectively how to improve the day-to-day health of their local community. These should, but do not always address all ages.

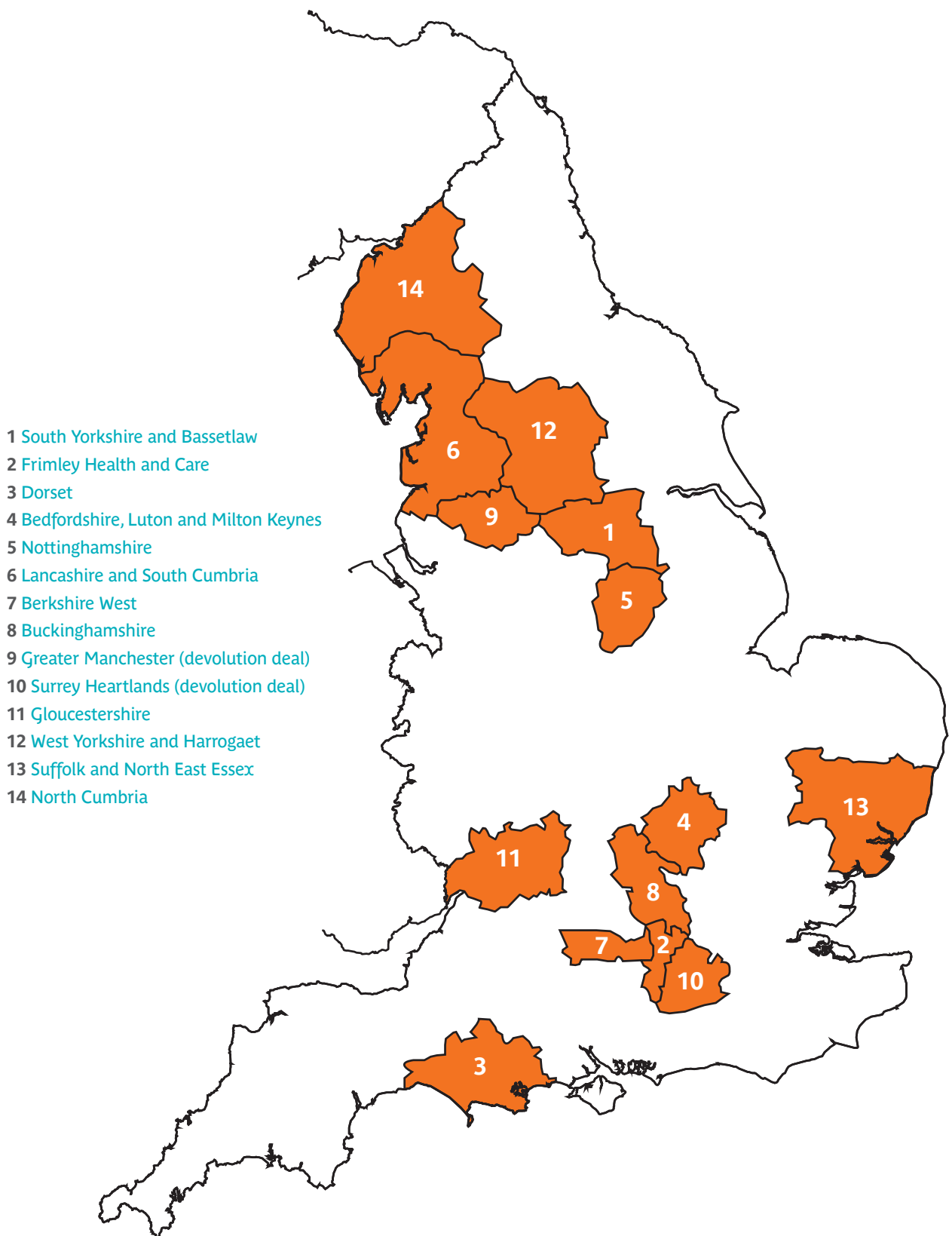
In June 2017, 14 STPs have been selected by NHS England as the ‘first wave’ of Integrated Care Systems (ICSs). Areas were only selected if their local system was considered to be advanced enough with strong leadership.

However, the NHS Long Term Plan has set out the ambition for all areas to move to ICSs by April 2021. It also states that because every ICS will need streamlined commissioning arrangements there should typically be a single CCG for each ICS area.

The Long Term Plan has also announced a new ICS accountability and performance framework which will include a new ‘integration index’ developed jointly with patients groups and the voluntary sector. This will measure from patient’s, carer’s and the public’s point of view, the extent to which the local health service and its partners are genuinely providing joined up, personalised and anticipatory care.



## Areas developing an integrated care system



## What our research told us about what helps and hinders local areas with joint commissioning

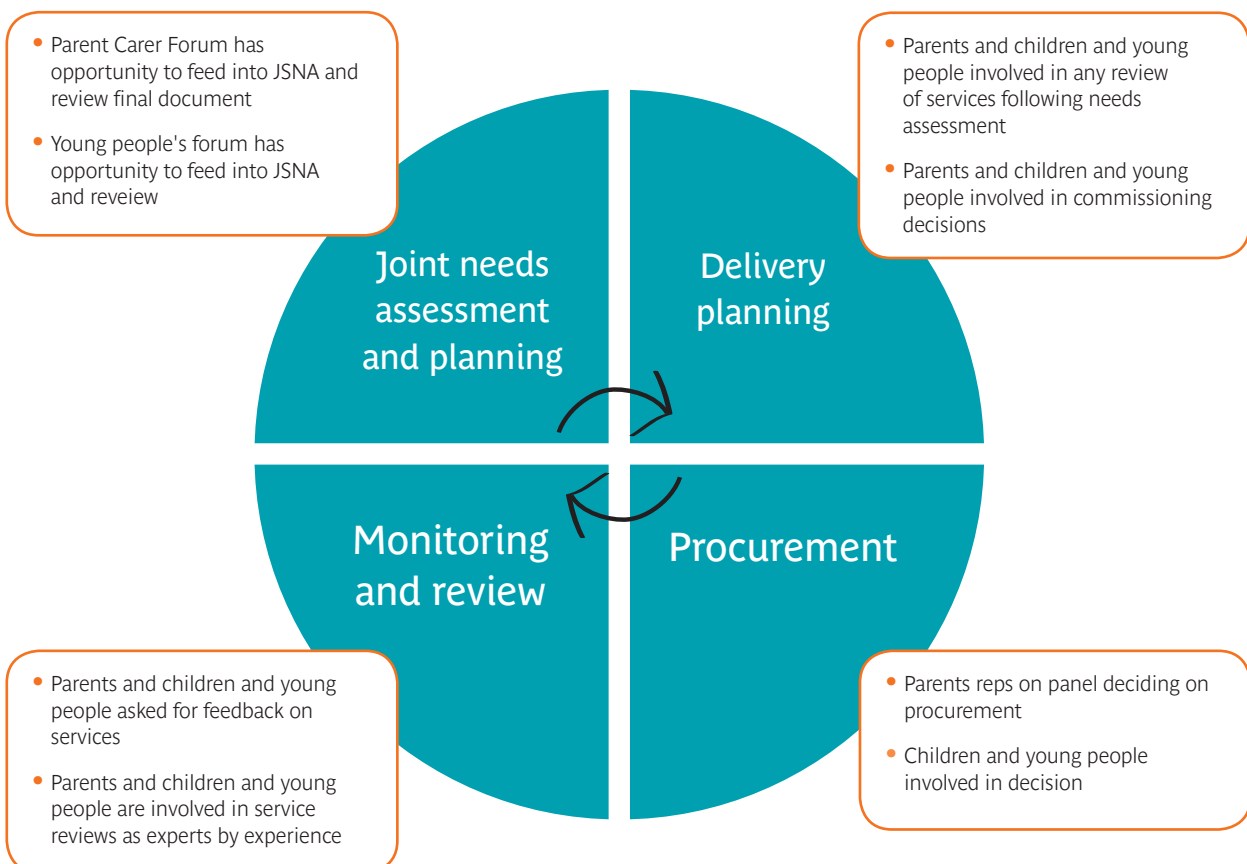
### HELPS

- Good leadership
- Good data and information sharing
- Other change programmes which reinforce the integration message
- Creativity forced by resource constraints – drive to cut out duplication

### HINDERS

- Lack of leadership
- Differing data systems, processes and governance arrangements between agencies and services
- The siloed way in which government introduces change programmes
- Resource constraints leading to protecting rather than pooling budgets
- Fragmentation e.g. academisation and local authorities struggling to influence schools

### The commissioning cycle



## Working out what your local area is doing and what you can do to help

### Outcomes

Does your local area have an agreed set of outcomes that it is seeking to achieve for children and young people with SEND? Have you been involved as a parent carer forum in agreeing what they are? Both Bedford Borough and Hertfordshire PCFs were involved in this process. Hertfordshire now has its Outcome Bees <https://www.hertfordshire.gov.uk/services/childrens-social-care/child-protection/hertfordshire-safeguarding-children-partnership/professionals-and-volunteers/hertfordshires-6-outcome-bees.aspx>. Bedford Borough's outcomes framework can be found here <https://councilfordisabledchildren.org.uk/sites/default/files/uploads/East%20of%20England%20-%20Bedford%20Outcomes%20slides.pdf>.

Your local authority should have an SEND strategy which sets out what they are trying to achieve for children and young people with SEND. You should be able to find this on their website. The strategy should set out how children and young people and parents were involved in the development of the strategy. It should also make it clear how they are measuring the success of the strategy in delivering the outcomes they have agreed on. You should be able to see whether or not they are making progress towards achieving the agreed outcomes.

You can find an example of Rutland's SEND strategy here: <https://www.rutland.gov.uk/my-services/schools-education-and-learning/special-education-needs/>.

If your local area has developed a strategy you should be able to find it on your Local Offer website. Some sites are easier to navigate than others and a simple Google search may be the best way to find it '[local area name] SEND strategy'.

If you can't find it on the website then do feed this back to them so that they can address it when they do their next review of the local offer.



# Joint commissioning arrangements

## There are a number of different ways of setting up joint commissioning arrangements.

- Local areas are increasingly appointing jointly funded posts such as Integrated Children's Commissioners.
- Voluntary budget pooling between a council and CCG for some or all of their responsibilities; most commonly this will be for therapy services and or child and adolescent mental health services or CAMHS.

There are more ambitious models which are now starting to happen as in Greater Manchester where the CCG and local authority ask the chief executive of NHS England to designate the council chief executive or director of adult social care as the CCG accountable officer. Or conversely the Salford model where the local authority has asked the NHS to oversee a pooled budget for all adult health and care services with a joint commissioning team. We should expect these models to become more common as more ICSs are set up.

Areas which don't have any joint commissioning in place may have taken steps to try and join up services through co-locating teams or agreeing a memorandum of understanding in terms of funding packages of care for children with more complex needs.

If your local area has had an Ofsted and CQC joint inspection of its SEND services then the inspection report will provide details on any joint commissioning initiatives. If your area has a joint commissioning strategy you should be able to find it on their website. Here are examples from Brighton and Hove and Sutton.  
[www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/FINAL%20CHWBC%20Strategy.pdf](http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/FINAL%20CHWBC%20Strategy.pdf)  
<https://modern.gov.sutton.gov.uk/documents/s65112/8%20Appendix%20A-%20Suttons%20SEND%20Joint%20Commissioning%20Strategy.pdf>





# Data

**The Community Services Dataset** - In the past there has been little data from health services to contribute to a local area's understanding of its populations' needs. However, since 2016 all providers of NHS community services have been required to upload data to the community services data set. If you go onto the NHS Digital website you can find out whether or not your local provider is uploading data and how comprehensive their submission is, not all providers are submitting all of the requested information. <https://digital.nhs.uk/data-and-information/publications/statistical/community-services-statistics-for-children-young-people-and-adults>

If you can't find your health provider listed then contact your children's health commissioner and ask them if they are aware and if they are raising it with providers as a contractual requirement.

**Data Sharing Protocol** - If your local area is serious about joint working they should have a data sharing protocol providing a framework for the secure and confidential obtaining, holding, recording, storing and sharing of information between participating partner agencies or organisations.

It is an agreed set of principles about sharing personal or confidential information and it enables each organisation signed up to the protocol to understand the legal powers and circumstances in which it should share information and what its responsibilities are.

**IT infrastructure** – Does IT infrastructure easily and securely allow data and information to be shared between services? The Government made a commitment in Personalised Health and Care 2020 that “all patient and care records will be digital, interoperable and real-time by 2020”. NHS England required local health and care systems to produce Local Digital Roadmaps (LDRs), setting out how they will achieve the ambition of Paper-free at the Point of Care by 2020. The first step was the organisation of local commissioners, providers and social care partners into LDR footprints. You can find your LDR here. <https://www.england.nhs.uk/digitaltechnology/connecteddigitalsystems/digital-roadmaps/>.

# How can you best influence change?

Sometimes it isn't about persuading those who are responsible for commissioning the services you use. They may be doing their best but not have sanction from those above them to push further ahead with integrating services.

So make sure your local councillors understand the importance of integrated commissioning to you and your forum. Talk to your local MP. Both will hold surgeries.

## To find out who your MP is:

- Telephone the House of Commons Information Service on 020 7219 3000.
- Contact your local town hall.
- Type your postcode into the website [writetothem.com](http://writetothem.com) – you can also use this website to send an email directly to your MP.
- To keep up with what your MP is saying and doing in parliament then [theyworkforyou.com](http://theyworkforyou.com) can send you email updates with this information.

## Councillors should help individuals with their problems and speak up on behalf of local community groups. You can find out who your local councillors are:

- by phoning your town hall
- searching on [direct.gov.uk](http://direct.gov.uk)

## In particular, seek out the councillors that sit on one of the following two bodies:

- The Health Overview and Scrutiny Committee is made up of local councillors and has several important roles. It has a duty to scrutinise significant changes, and can question health bosses.
- Health and Wellbeing Boards include the CCG Chair, the Leader of the Council, the Director of Public Health, and a few others, including a HealthWatch representative. Their main powers are to:
  - write a strategy setting out the priorities for the health of the local population, and to delay the CCG's decisions if they ignore this strategy
  - see the CCG's 'Commissioning Plans' whilst they are being developed
  - exercise responsibility for public health
  - promote 'integration' and in some cases to directly commission some health and social care services (especially where these are becoming more integrated)

If you feel that your local area isn't prioritising integrated commissioning then it may be worthwhile encouraging those Councillors who sit on the Health Overview and Scrutiny Committee to ask why.

Contact have produced a number of guides designed to support forums who want to engage with their clinical commissioning group and Health and Wellbeing Board. They can found here: <https://contact.org.uk/advice-and-support/resource-library/working-with-commissioners-and-providers/>

<https://contact.org.uk/advice-and-support/resource-library/health-and-wellbeing-boards/>

<https://contact.org.uk/advice-and-support/resource-library/ccgs-and-nhs-england/>

<https://contact.org.uk/advice-and-support/resource-library/ccgs-introducing-yourself/>

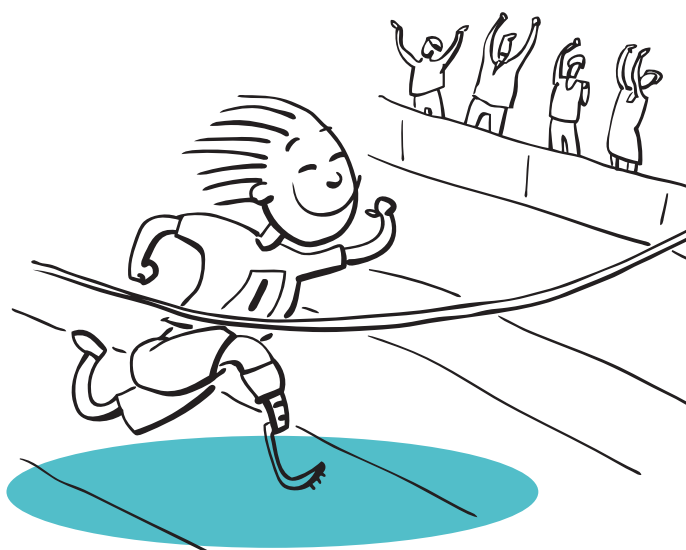
## How can you make sure you have the capacity to get involved

The grant to Parent Carer forums will only go so far. Many local authorities grant additional funding to ensure that parent carers have sufficient capacity to respond or get involved with key coproduction opportunities. CCGs can and should be doing this too.

South Glos parents and carers forum receives additional funding from the local authority and Bristol, North Somerset and South Gloucestershire CCG.

## Anything we should know

If your local area is doing really well and you've been involved as a parent carer forum then let us know so that we can update this resource and signpost people to the great work that you're doing.



# Glossary

## **Child and adolescent mental health services (CAMHS)**

Services that support children and young people with emotional or behavioural wellbeing difficulties.

## **Children's health commissioner**

Officials situated on local NHS boards, responsible for leading on local child health strategy, regional planning and carrying out local service reviews.

## **Clinical Commissioning Group (CCG)**

Local health leaders in charge of making choices about the health services in a local area.

## **Commissioning**

When a local authority and/or Clinical Commissioning Group plans, chooses and pays for services.

## **Co-location**

The physical placement of teams from education, health and social care agencies in the same building, to encourage better joint working and build shared understandings between different departments.

## **Co-production**

The involvement of children, young people and their families as equal partners, building trust and open communication within the developing of services.

## **Designated Medical / Clinical Officer**

A new role introduced following the Children and Families Act (2014), which plays a key part in implementing the SEND reforms and supporting joined-up working between local authorities and CCGs.

## **Health and Wellbeing Board**

Introduced under the Health and Social Care Act 2012, these are local forums in which officials from health and care agencies work together to improve the health and wellbeing of residents within the local area, and produce joint strategic needs assessments (JSNA).

## **Healthwatch**

An independent consumer champion for health and social care that shares information and expertise, and gives advice to people who use local services.

## **Integrated Care System (ICS)**

Local systems of care that have evolved from sustainability and transformation partnerships, designed to provide more effective joined-up care.

## **Joint Strategic Needs Assessment (JSNA)**

A document produced by local Health and Wellbeing Boards that looks at current and future needs of local populations, designed to inform the commissioning of health services.

### **Local Offer**

A local authority website which gives children, young people and their families information about what support is available in their local area and how they can access it.

### **NHS Long Term Plan**

The NHS's key strategy for the next decade, published in January 2019, which has signalled key changes in the delivery of services for children and young people with disabilities.

### **SEND Strategy**

A document produced by local authorities that sets out the area's key priorities and measures for children and young people with special educational needs and/or disabilities.

### **Silo (or siloed working)**

In the context of SEND, 'siloed working' is a term (often negatively) used to describe the status quo where education, health, social care and other local bodies are not working closely enough or sharing information effectively to maximise good outcomes for children, young people and their families.

### **Sustainability and Transformation Partnership (STP)**

Introduced in 2016, NHS and local councils came together in 44 areas across England to run services in a more co-ordinated way, agree on overall priorities, and develop plans to improve the health and wellbeing of local residents.



This project was funded by the True Colours Trust







## About the Council for Disabled Children

The Council for Disabled Children (CDC) is the umbrella body for the disabled children's sector with a membership of over 200 voluntary and community organisations and an active network of practitioners and policy-makers that spans education, health and social care. Their aim is to see a fully-inclusive society where disabled children and young people and those with special educational needs can lead full and happy childhoods and rewarding adult lives. They do this by working with the sector to find out what is and isn't working on the ground and use what they learn to influence policy and improve practice.

### **CDC hosts the following networks and projects:**

**Early Years SEND Partnership**

**IASS Network**

**Making Ourselves Heard**

**Special Educational Consortium**

**The Information, Advice and Support Programme**

**Transition Information Network**

CDC is proud to be part of the National Children's Bureau (NCB), a leading children's charity working to build a better childhood for every child.

**More information about CDC can be found at [www.councilfordisabledchildren.org.uk](http://www.councilfordisabledchildren.org.uk)**

## About the True Colours Trust

The True Colours Trust is passionate about making a difference to the lives of disabled children and their families and supporting people with life-limiting and/or life-threatening illnesses. The Trust was established in 2001 and works in the UK and Africa.

True Colours has developed a framework of grant-making which enables it to effect change in the short, medium and long-term. This is done through small grants to local initiatives; multi-year grants to build sustainable organisations and sectors; commissioning research to gather information and identify solutions to complex issues; and, making long-term investments towards advocacy and policy change. The Trust's framework enables it to make positive change today, tomorrow and in the future. The Trust is proud to be a long-term supporter of the work of the Council for Disabled Children.

**More information about the True Colours Trust can be found at [www.truecolourstrust.org.uk](http://www.truecolourstrust.org.uk)**