

Summary of Engagement for the Joint LLR SEND Commissioning Strategy, 2021-24, including summary of changes made to the strategy as a result of feedback/engagement

Summary

Introduction

A statutory consultation was carried out between 10th December 2020 – 31st January 2021 to gather feedback from stakeholders on the draft Joint SEND strategy.

The 3 Councils in Leicester City, Leicestershire, and Rutland along with the 3 Health Commissioners (Clinical Commissioning Groups) East Leicestershire and Rutland, West Leicestershire and Leicester City are working together on a joint strategy. These partners are working together to commission services for children and young people with Special Educational Needs and/or Disabilities (SEND). These organisations are working together as there are several needs across the area which are similar and related, and many of these services are the same.

The consultation was carried out to seek views on the strategy and action plan to ensure the strategy fully reflects the views of those represented, including service providers and individuals in receipt of services commissioned by the organisations listed above.

This feedback will inform the final version of the strategy and influence which priorities and actions will be concentrated on first. This report details the findings and analysis from the recent survey.

Methodology

Each local authority and CCG area completed their own promotion of the survey. A detailed communication plan was produced by each authority and partners to ensure the survey was promoted to wider stakeholders.

A. Emails and newsletters

Emails were circulated to individuals both internally and externally, including:

- Mainstream schools & colleges
- Special schools
- Early years settings
- Independent school providers
- Short break providers
- Employers of young people with SEND
- Staff from all 3 local authorities and across the CCG

B. Forums

Presentations were given to the following groups:

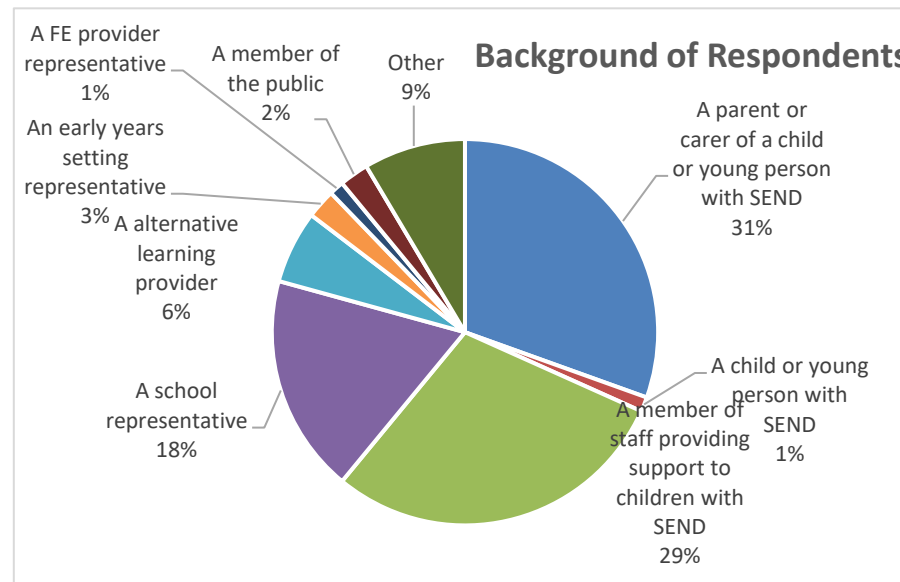
- Parent carer forum
- Big Mouth forum
- FE colleges meeting
- CLASS
- ISP event
- Schools forum

During all phases of promotion individuals were introduced to the strategy, explained the need to consult and provided with the link to the survey.

C. Survey

A survey was developed to understand what individuals' views were towards the joint SEND strategy. A total of **82 responses** were received, all of these were via the online platform.

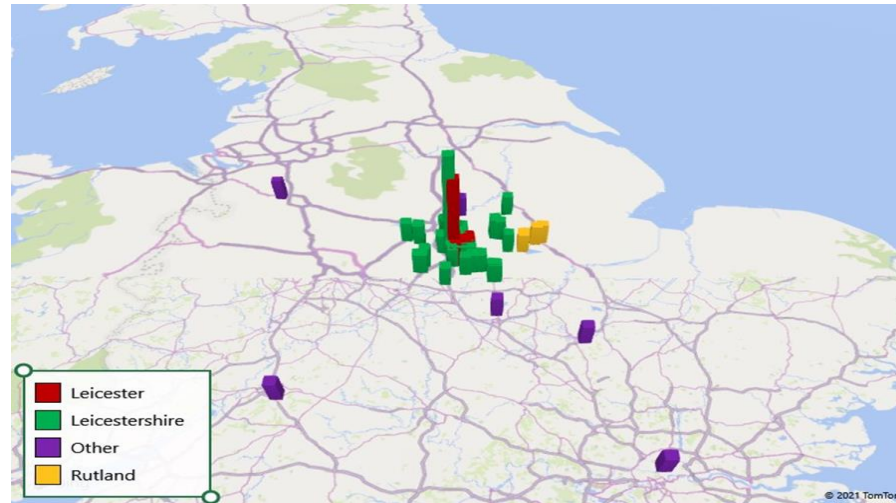
Of those respondents they were asked to identify themselves for example, a member of the public (parent, young person) or professional. Below is a breakdown of response groups:



Respondents were also asked to provide their postcode on an optional basis to provide an understand of the areas who most took part in this survey. **75 respondents** provided a postcode representing which areas across Leicester, Leicestershire & Rutland took part in the survey the most:

- Leicester – 17 respondents
- Leicestershire – 39 respondents

- Rutland – 5 respondents
- Other – 7 respondents



Headline findings

The survey was broken down into several areas:

- Comments on vision and priorities of strategy
- Ranking each priority's actions in order of priority
- Commenting on actions
- Commenting on overall strategy

A. Comments on vision and priorities of the strategy

Respondents were asked for their feedback on the vision of the strategy and to rank and comment on future priorities.

Vision

There were 49 responses on the vision of the strategy. The majority of respondents agreed with the vision with many stating that *"it is a really good idea to work together to commission services."* Others also stated it will also help when children transfer within the county and will mean consistency across services.

Ranking of strategy priorities

Although most respondents were pleased with the list of priorities a common theme was that some of the priorities (F, A, B, E) are not as clear as others. Some actions are very general and not specific, as the actions do not give information on what services are being referred to. The strategy should be using SMART objects to measure these actions. It was also stated that priorities should be considered against the full 'as is' status.

The below table provides the most to least ranked priorities:

Item	Ranking
E (Align our services with those for adults, to prepare young people for adulthood)	5.78
C (Quality assure our provision and contracts)	4.15
G (Jointly review our existing provision to ensure it meets needs and provides good quality support)	3.85
B (Plan to meet needs within available resource, forecast for the future)	3.49
A (Build on our understanding of need and demand)	3.43
D (Examine how we can provide greater flexibility and tailored packages of support)	2.61
F (Develop our joint working and governance approaches)	2.09

The below table details suggestions and questions regarding the overall strategy and priorities:

Suggestions/questions
Will this reduce CAMHS waiting times, reduce starting the process again if families move from one area to another
Joint working approaches and preventing escalation will require that NHS clinicians provide assessments and reports for Tribunal Appeals
Support needs for individual children should be clear and detailed and regarding, regardless if they have an EHCP
Compatibility of provision across areas so those schools living on boards can access support across boarders
Front line staff need to be trained in SEND and Mental Health awareness
Strengthen links with schools particularly mainstream settings and use consistent language regarding SEND
Ensuring education providers can meet the demands with EHCPs and offer financial support for additional resources
Train school SENCO's, so there is a clear & concise pathway to support or request for assessment.
More guidance and correct information available to children and parents/carers who use services
Commission expertise with a holistic approach in all that sought in supply chain. Follow models that work and work with both neuro typical and SEN that are experienced. Evaluate, learn and change what is not working, before it is too late.

B. Ranking and comments of priority actions

Throughout the survey there were a range of common themes as stated below:

- Lack of knowledge and services in autism and FASD there should be more focus on these areas
- More joint working between education and health, need to overcome language divide
- Focus on bespoke models and packages for individuals
- Better provisions in specialist schools, but not in mainstream schools
- Early preparation (14 years onwards) for adulthood is vital for planning outcomes, fear of children leaving education and receive no support, more working between education (especially post 16) and health and social care
- EHCPs need to include section on health, mental health and social care
- Work with parents, carers and young people to understand their views

Priority 1: Build on our understanding of need and demand

There were on average 74 responses to this part of the question. Below are how these actions were ranked:

Priority 1	Average Rank
E) Engage with children, young people, and families to understand what their priorities are in terms of service provision / improvement.	1.76
C) Ensure we have projections for service need per year group to support allocation of school places and key health and social care provision.	3.34
G) Gather information on cases where a standard service response has not met need. Build an evidence base to show where changes are needed.	3.73
B) Review the information gathered in each agency in relation to outcomes, looking for ways to improve practice and to provide consistent data across the area.	4.03
A) Ensure that information collated on placement/service access is captured on systems to allow for easy reporting and analysis. This should include placement cost and details of those refused a service because it was full.	4.20
D) Make use of the regional information gathered on education placements to ensure this feeds into decisions and spend on placements.	5.07
F) Develop a commissioning dashboard of key information to be reviewed frequently across the area.	5.72

The common theme of priority 1 was that it is extremely important to gather views of children, young people, and families to decide what the focus of commissioning should be. There was also an emphasis on considering the child's educational and emotional needs above all else.

Priority 2: Plan to meet needs within available resource, forecast for the future

There were 75 responses to this part of the question. Below are how these actions were ranked:

Priority 2	Average rank
A) Jointly plan for education, health, and social care provision to best meet the volume and type of need in coming years.	1.40

B) Plan a series of service reviews where we feel that provision isn't currently meeting need or there are opportunities to join up across the area (proposals are listed under priority 7).	1.60
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Although many welcomed this priority, many felt that this might be difficult to scope and needs must be met according to legislation and not what resources are available. Feedback also included it not being possible to meet needs within resources, as stated by the Care Act which states resources should be developed to meet need. Work on gaining an understanding from parents of their wants and needs should be undertaken. Forecasting for the future also depends on the quality of data available which may not be obtainable.

Some were left anxious about this priority and felt it contradicted with further priorities in the strategy *"I think this statement could lead to inflexibility and restrictive options. It seems to contradict priority 4 'examine how we can provide greater flexibility and tailored packages of support'."*

Priority 3: Quality assure our provision and contracts

There were 73 responses to this part of the question. Below are how these actions were ranked:

Priority 3	Average rank
A) Ensure a robust quality assurance process is in place for all external service provision. Consider how to hold and share this information across agencies and how to share the load of QA. To include an approved approach to QA for joint funded cases.	1.34
B) Jointly develop a timetabled programme of quality assurance for external provision across the area.	2.03
C) Continue to develop regional approaches to information sharing in relation to quality of placements out of area.	2.63

Many agreed that there should be a focus on quality assurance, should be devised jointly and be consistent. Respondents felt it was important to streamline this process because it is onerous for providers if they are having to account to a plethora of commissioners. Respondents also welcomed this priority as it will help to reduce the amount of out of area placements and provide better value for money.

Priority 4: Examine how we can provide greater flexibility and tailored packages of support

There were 76 responses to this part of the question. Below are how these actions were ranked:

Priority 4	Average Rank
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C) Jointly develop a pre, diagnostic and post support pathway for children with Neurodevelopmental needs.	1.97
B) Examine how greater flexibility can be introduced for cases that don't fit with our standard service offer (link to action above).	2.26
A) Review the personal budget agenda across organisations and how this links to SEND.	2.72
D) Look at development of the marketplace for services for young people with ASD.	3.03

Many respondents welcomed this priority and feel it will provide more children with better support. Respondents felt reviewing budgets and having greater flexibility is very important as some budgets currently seems illogical and don't always reach those that need it. Respondents also emphasised using a one style fits all agenda doesn't work and there needs to be a focus on bespoke models.

Many felt that ASD is not the only issue and there should be a marketplace of services for all children with SEND. A respondent also felt that describing ASD as a marketplace was a poor way to describe services for autism, which could be changed to the marketplace must be accountable and have accreditation.

Priority 5: Align our services with those for adults, to prepare young people for adulthood

Respondents felt that priority 5 was very important as reflected to begin with in the rankings. There was only one action point within this priority:

Review our transition/preparing for adulthood plans and approaches, looking for opportunities to work together as a system to improve the transition experience for young people.

Most respondents indicated that more work needs to be done on transitions as there is a fear that many will fall through the gaps. Comments focused on this work needing to be done early and more work between education and health.

Priority 6: Develop our joint working and governance approaches

There were 73 responses to this part of the question. Below are how these actions were ranked:

Priority 6	Average rank
A) Establish an LLR Joint Commissioning Board for SEND to oversee this action plan	1.96
B) Carry out an audit of commissioning expectations in the SEND COP, looking at what we do now and where we need to do more.	2.25

D) Jointly review arrangements for joint funded cases to ensure roles and responsibilities are clear and appropriate documentation is in place.	2.79
C) Review data sharing arrangements in place to ensure these are fit for purpose.	2.99

Priority 7: Jointly review our existing provision to ensure it meets needs and provides good quality support

There were on average 64 responses to this part of the question. Below are how these actions were ranked:

Priority 7	Average rank
A) Jointly review our approach to high need children and young people, ensuring we are innovative and cost effective in our responses to need.	2.89
C) Jointly review provision for children and young people who have behaviours that challenge to ensure we are able to deliver a comprehensive offer of support, including key workers when needed.	3.03
B) Examine the health support needed across our educational settings but particularly those with high clinical need children, to ensure our response is effective.	3.06
E) Ensure those children with LD/ASD who are at risk of admission to a hospital setting have a key worker identified.	4.72
D) Jointly review personal care offer / domiciliary support to understand how best to purchase, provide and quality assure.	5.75
F) Jointly review short breaks and respite provision to ensure it best meets need and to clarify who can access.	5.95
G) Jointly review provision at the hospital school to ensure it reflects demand and meets need.	6.42
H) Jointly examine the current Assistive Technology offer and the potential gains in expanding this.	6.87
J) Review services for children with a hearing or visual impairment to look for opportunities for greater collaboration.	7.37
I) Review system and contractual arrangements for CYP in residential schools to ensure they receive hearing, sight and dental checks.	8.37

Many felt that these actions were clear but might be relevant to some and not others. There were comments on there being far too many actions to order by priority, and that they are all equally important. One respondent also questioned “*what happens to the lower priority. Q? versus Q1 of the first year Delivery Plan, Year 2 of the Delivery Plan, or No Longer a priority as if everything is seen as a priority then nothing actually is*”

C. Final feedback on overall strategy

Overall respondents were pleased with the strategy and felt it was a positive and clear strategy. Respondents welcomed joint working and emphasised the need for consistency throughout all agencies. Feedback included:

- Ensure to use clear, simple language and ensure no one is left out in processes
- Make sure that local authorities really listen to children, young people, and their families
- The strategy needs to involve an audit and an honest review

As previously discussed, one respondent felt that the strategy wasn't clear. They feel it needs to set out what the strategy is trying to achieve. They stated that it doesn't sound like an action plan as there are too many review actions which won't achieve an outcome or an action. They will only result in recommendations.

Comments on groups not reflected

- Missing point of if the strategy is benefiting children, south of County is lacking a local offer
- Not seeing any impact on children, especially if they are in rural areas
- Not enough focus on individuals
- Not enough emphasis on schools, communities & societies being as inclusive as possible to those with SEND