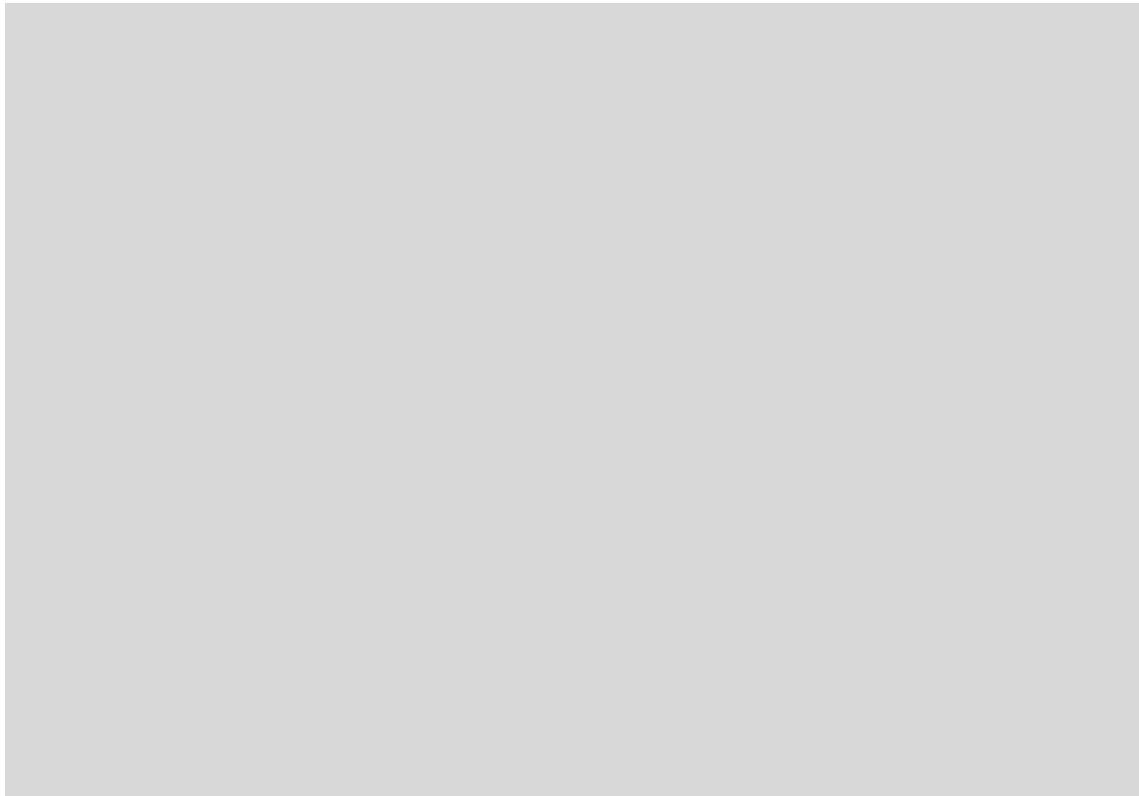


North Tyneside Special Educational Needs and Disability (SEND) Vision Statement and Joint Commissioning Strategy - 2018 - 2021



Date: 30 November 2018



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1. Introduction

The reforms introduced as part of the Children and Families Act 2014 place a duty on local commissioners to work together in the interests of children and young people with Special Educational Needs and Disabilities (SEND). The SEND Code of Practice sets out the specific duties placed on Local Authorities, Clinical Commissioning Groups (CCGs), schools, pupil referral units, independent schools and specialist providers to provide integrated and needs-led services.

This vision statement and joint commissioning strategy outlines the approach of North Tyneside Council, North Tyneside CCG and their partners and providers in responding to the SEND reforms. It describes our vision for children, young people and young adults with SEND aged 0-25 and how services for them will be commissioned over the next three years. The strategy has a strong focus on support and services which prevent, delay or reduce needs from escalating, working alongside families to maximise inclusion, confidence and independence and prevent family breakdown

The strategy sets out the progress in the first 3 years of the SEND reforms from 2014 to 2017, an evaluation of where further change is needed and how this will be achieved. It describes which organisations are responsible for delivery, how health services make their contribution to meeting needs in North Tyneside and the arrangements now in place for joint commissioning. It then identifies the shared priorities of the Local Authority and the CCG for developing and shaping services during the three years from 2018 to 2021. The term 'joint commissioning,' refers to the joint planning and purchasing of services to meet the identified needs of children and young people with SEND.

Children and Families Act 2014

The Children and Families Act reformed the way local authorities support children, young people and young adults with SEND, including:

- Improving the quality and range of information to help families make informed choices. This requires local authorities to publish in one place a clear and easy to understand 'Local Offer' of education, health and social care services to support children, young people and young adults with SEND and their families;
- Introducing a more streamlined process for assessing and planning the needs of those with more severe and complex needs, integrating education, health and care services and involving children, young people and families to produce an Education, Health and Care Plan;
- Replacing SEN Statements and Learning Difficulty Assessments (LDA's) with Education, Health and Care Plans, which co-ordinate the support for children and young people and focus on desired outcomes including, as they get older, preparation for adulthood;
- Ensuring positive transitions at all key stages across the 0-25 age range;

- Giving young adults with special educational need in further education and training aged 16-25 rights and protections comparable to those in school;
- Implementing joint commissioning arrangements with the NHS for the education, health and care of children and young people.
- Providing a range of short breaks and produce a statement showing how these will be provided;
- Ensuring a skilled workforce who are able to meet the needs of children, young people and young adults with SEND;
- Encouraging parents and young people to consider mediation to resolve disagreements before they register a Tribunal appeal; and
- Giving parents and young people with an Education, Health and Care Plan the right to a personal budget for their support.

The successful implementation of the reforms requires co-operation between local authorities and a wide range of partners, including schools, academies, colleges and other services responsible for providing health and social care.

2. Strategic Context

The Joint Health and Wellbeing Strategy provides the over-arching strategic context for the joint commissioning of services. It expresses an overall vision that:

By 2023 we will have improved health and wellbeing outcomes in North Tyneside to match the best in the country.

This means that:

- Health inequalities will be significantly reduced across the borough in areas and populations with greatest health problems.
- Communities will experience greater positive wellbeing and resilience particularly those who are most vulnerable and those living in the most deprived areas in the borough.
- Existing strengths and assets in communities will be supported and sustained.
- Dependency on health and care services will be reduced through the promotion of greater activity, participation and independence.
- Barriers to accessing services will be removed – in particular for those in greatest need.

The values underpinning the vision are:

- Providing high quality universal services with targeted support to those most in need.
- Working to integrate services – making the most of local assets.
- Raising aspirations and building resilience and independence.

- Recognising that educational achievement, good quality housing, a safe and attractive environment and employment are key to improve life chances and health and wellbeing.
- Facilitating leadership and ownership by the community, including children and young people.
- Compliance with the Equalities Assessment Act 2010 and working to protect all nine characteristics identified within it – ensuring equal access for all.
- Seeking to pool resources to make best use of public money.
- Developing and supporting front-line staff who will be clear about their contribution to health and wellbeing through brief advice, earlier assessments and interventions.
- Focussing on an outcomes approach in line with national frameworks.

The objectives set out in the Joint Health and Wellbeing Strategy are:

1. To continually seek and develop new opportunities to improve the health and wellbeing of the population
2. To reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough
3. To shift investment to focus on evidence based prevention and early intervention wherever possible
4. To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed
5. To build resilience in local communities through focussed interventions and ownership of local initiatives to improve health and wellbeing
6. To integrate services where there is an opportunity for better outcomes for the public and better use of public money
7. To focus on outcomes for the population in terms of measurable improvements in health and wellbeing

The key priorities are:

1. Improving the health and wellbeing of families
2. Improving mental health and emotional wellbeing
3. Addressing premature mortality, reducing the gap in life expectancy and improving health life expectancy
4. Reducing avoidable hospital and care home admissions

The Children and Young People's Plan, which is aligned to the Joint Health and Wellbeing Strategy, sets out the strategic framework for planning, commissioning and delivering children's services in North Tyneside. The plan sets out how North Tyneside's Children, Young People and Learning Partnership will work together to address the biggest challenges facing the borough's children, young people and their families. The partnership brings together public and voluntary sectors organisations

responsible for children services, with the aim of integrating services to improve the lives of children, young people and their families.

The three key priorities of the Children, Young People and Learning Partnership are:

Priority 1: Ready for School

- A Healthy Early Childhood
- Children Are Ready to Start School

Priority 2: Ready for Work and Life

- Narrow the gap in Educational Attainment
- Ready for Employment
- Reduce Risk Taking Behaviour

Priority 3: Safe, Supported and Cared For

- The Most Vulnerable Children and Young People are Protected
- Improved Outcomes for Looked After Children
- The Right Support for Children and Young People with Disabilities and Additional Need

The three pledges the partnership makes to children and young people in North Tyneside are:

- Pledge 1: we keep children and young people safe at home and connected to their local communities.
- Pledge 2: we intervene early with evidence based, family focussed services.
- Pledge 3: we work in partnership with schools to keep children in school.

To achieve the goal of needs-led services and an integrated SEND system the Local Authority, CCG and partners are committed to maximising inclusion and the themes of participation, promotion, prevention and personalisation underpin the joint approach to commissioning.

SEND Peer Review

The SEND Peer Review of North Tyneside took place in January 2018. The work undertaken on the Self Evaluation Framework (SEF) in preparation for the review included an overview of effective provision and practice along with areas for development in relation to high needs provision. The SEF reviewed how effectively:

- Children and young people with SEND are identified.
- The needs of children and young people with SEND are assessed and met.
- Outcomes for children and young people with SEND are improved.

The SEF is a key element of the review work and evidence base underpinning this plan. The findings of the Peer Review highlighted these strengths:

- Strong local authority leadership resulting in positive educational outcomes for children with SEND.
- Good early identification and intervention in the early years.
- Well-resourced provision, including extensive Special School provision, generous numbers of specialist nurseries and a strong Connexions offer.
- Robust and accurate self-evaluation of strengths and areas for development.

The headline areas for consideration identified by the Peer Review were:

- Greater engagement of health and social care.
- Better use, across the system, of data analysis and intelligence to inform strategic thinking, planning and activity.
- Improving the presentation, appearance and navigation of the Local Offer website.
- Clarifying the place of Early Help Assessments (EHA) in the Education Health and Care Plan (EHCP) process.
- Strengthening the input of health and social care to EHC Plans.

SEND Improvement Plan

The actions needed to address the findings from the Peer Review are reflected in an over-arching SEND Improvement Plan. The SEND Improvement Plan sets out the detailed action needed to implement the five joint commissioning priorities set out in section twelve of this strategy. The priorities for High Needs funding from the Dedicated Schools Grant are also aligned with the SEND Improvement Plan.

Vision and Strategic Aims

Our shared vision in North Tyneside is for all our children, young people and young adults with SEND to have every opportunity to take control of their lives, be as independent as possible and achieve their full potential. To achieve this we are committed to:

Participation, Promotion, Prevention and Personalisation

Participation	Ensuring children, young people, young adults and their families are at the heart of developing and planning services
Promotion Prevention	& Promoting wellbeing and inclusion, ensuring that the right support is available which develops skills and capacity and reduces needs from escalating or family breakdown through appropriate services or advice.
Personalisation	Providing and commissioning services and advice tailored to individual needs.

Strategic Aims

In line with our vision we have developed a set of strategic aims:

Participation

- Maximise children, young people and young adults with SEND and their families' participation and involvement in all aspects of assessment, planning and design.
- Enhance and improve communication channels.
- Drive inclusion and choice through co-production with partners, children, young people, young adults and their families.

Promotion and Prevention

- Promote wellbeing, inclusion and independence by providing access to a wide range of appropriate universal services.
- Prevent, delay and reduce needs from escalating
- Support children, young people and young adults with SEND through key transition points
- Develop new and innovative ways to provide advice and guidance.
- Develop a competent and highly skilled workforce.
- Create a diverse, vibrant and sustainable market of innovative services

Personalisation

- Maximise choice to the right support for children, young people, young adults and families to enable them to fulfil their goals
- Ensure personal budgets are understandable and accessible.

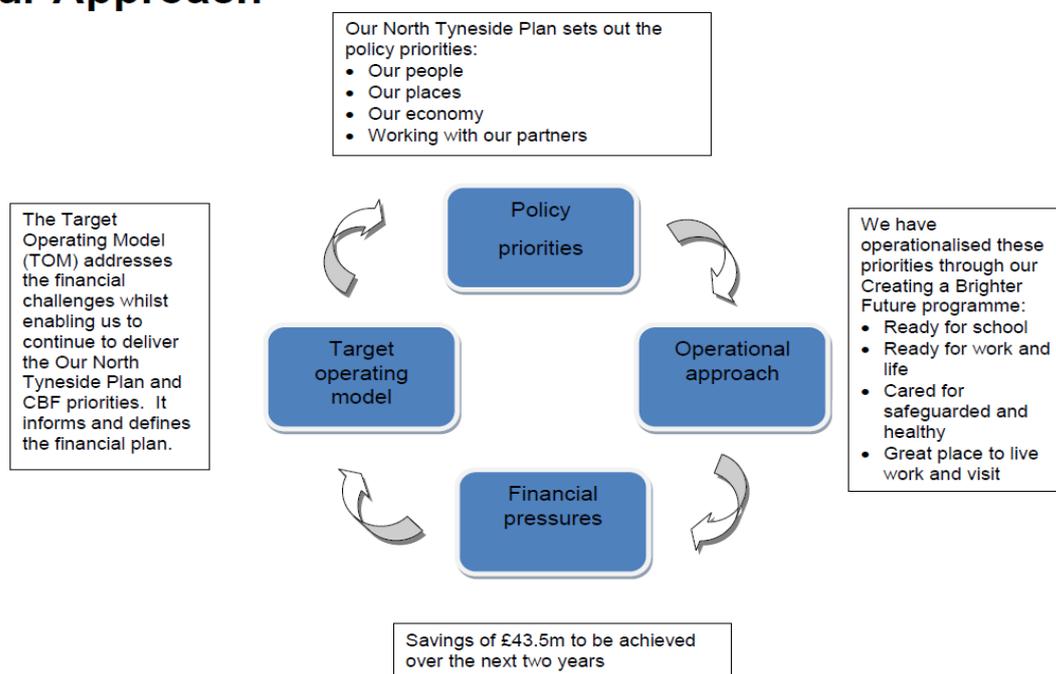
3. A Joint Approach to Commissioning

The approach to joint commissioning embodied in this strategy embraces the ambitions set out in Our North Tyneside plan and the CCG's ambition of ensuring the best possible patient care, placing the needs of patients at the heart of every decision and continually striving to improve outcomes, and the aims of the Local Authority's Creating a Brighter Future programme.

We want all children, young people and young adults with SEND to have the opportunity to take control of their lives, to be as independent and healthy as possible and to achieve their full potential. We know that the parents, carers and families of children with SEND can face particular challenges. Our ambition for parents, carers and families is that they have access to the information, support and services they need to be healthy, resilient and to avoid family breakdown. The diagram below outlines our approach.

Figure 1. North Tyneside Council and CCG approach to integrated planning

Our Approach



This strategy sets out how the Local Authority and the CCG work within the strategic context outlined above to improve outcomes for children and young people with SEND aged 0-25 and to make best use of finite resources by taking a whole system approach across education, health and care.

The task of improving outcomes involves the Local Authority and CCG working with health partners, including NHS England, Northumbria Health Care NHS Foundation Trust, Northumberland, Tyne and Wear NHS Foundation Trust and Healthwatch North Tyneside; schools and the range of other stakeholders who have a duty to co-operate under the SEND Code of Practice.

The focus is on taking systematic action to maintain progress in implementing the SEND reforms and bringing about whole system transformation.

4. The Commissioning Cycle

The commissioning cycle is an on-going and dynamic process. It involves understanding the needs of children and young people with SEND 0-25, planning and delivering services and reviewing how effective those services are in meeting needs and achieving outcomes. The commissioning cycle is implemented by the Local Authority and the CCG at the following levels:

- At the strategic level, looking across the whole SEND system and taking a medium to long term view of needs and changes required to commissioned services.

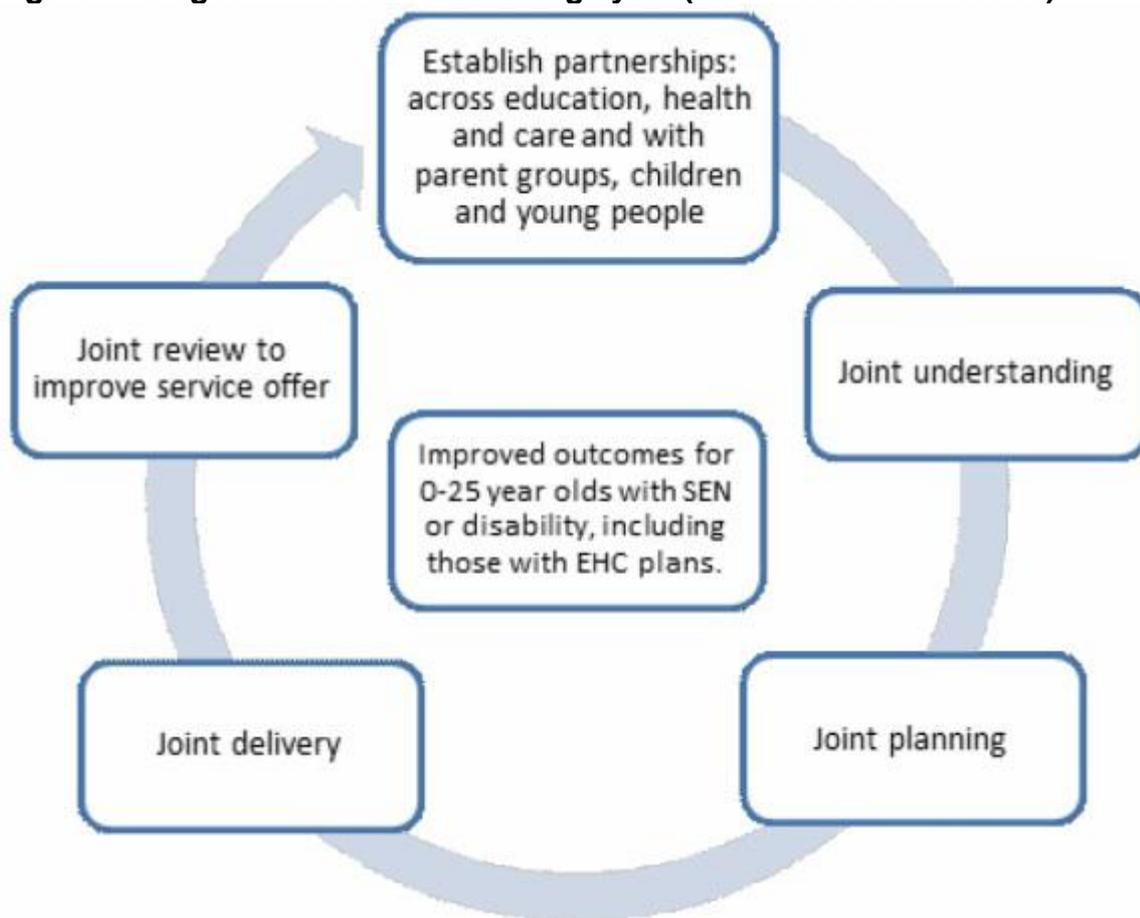
- At the service and organisational level, taking a focused view of short term, medium term and long term needs and the implications for services and providers.
- At the locality level, ensuring that services for a defined locality are appropriately delivered and meeting local needs.
- At the individual level, micro-commissioning tailored services and support for individual children and young people to meet current needs. These are often the most vulnerable children and young people, who have the most complex needs, and who require bespoke packages of specialist services involving education, health and care.

These four levels of planning and delivery are interdependent and therefore all need to be properly connected and mutually reinforcing, with the commissioning cycle at the heart of the approach. Joint commissioning includes:

- Highly specialist low volume provision.
- Specialist services that are formally jointly commissioned by the Local Authority and the CCG together.
- Services commissioned either by the Local Authority or the CCG respectively, which form part of the SEND Local Offer and which require joint planning and oversight to ensure a coherent approach to service delivery.
- Services commissioned through other collaborative arrangements e.g. services for schools funded from the High Needs Block of the Dedicated Schools Grant.

The key stages in the commissioning cycle of identifying needs, planning services, delivering, reviewing and establishing arrangements for joint working are illustrated in the diagram below.

Figure 2. Stages in the commissioning cycle (SEND Code of Practice).



For joint commissioning arrangements to work successfully, research by the Council for Disabled Children demonstrates that the following factors must be addressed in joint commissioning plans:

- Integration of educational and training provision with health and social care provision.
- A shared understanding of the education, health and social care provision required by children and young people and how it will be secured and by whom.
- A clear view of the advice and information to be provided about education, health and care provision and who is responsible for providing it.
- An agreed approach about how health services will support the identification of children and young people with SEN and disability.
- A process by which local health services (including primary and secondary care) will inform the local authority about children, including those under compulsory schools age, who they think have an SEN and/or disability.
- A responsive system to ensure that the needs of those children and young people who need swift access to services are met.
- A clear set of arrangements and defined responsibilities for securing outcomes and personalised services in relation to:
 - Undertaking Education, Health and Care Assessments.
 - Securing the education, health and care provision specified in EHC plans.
 - Agreeing personal budgets.

- Procedures for resolving disputes about funding responsibilities between the local authority and the CCG and a system to allow complaints to be made and dealt with.

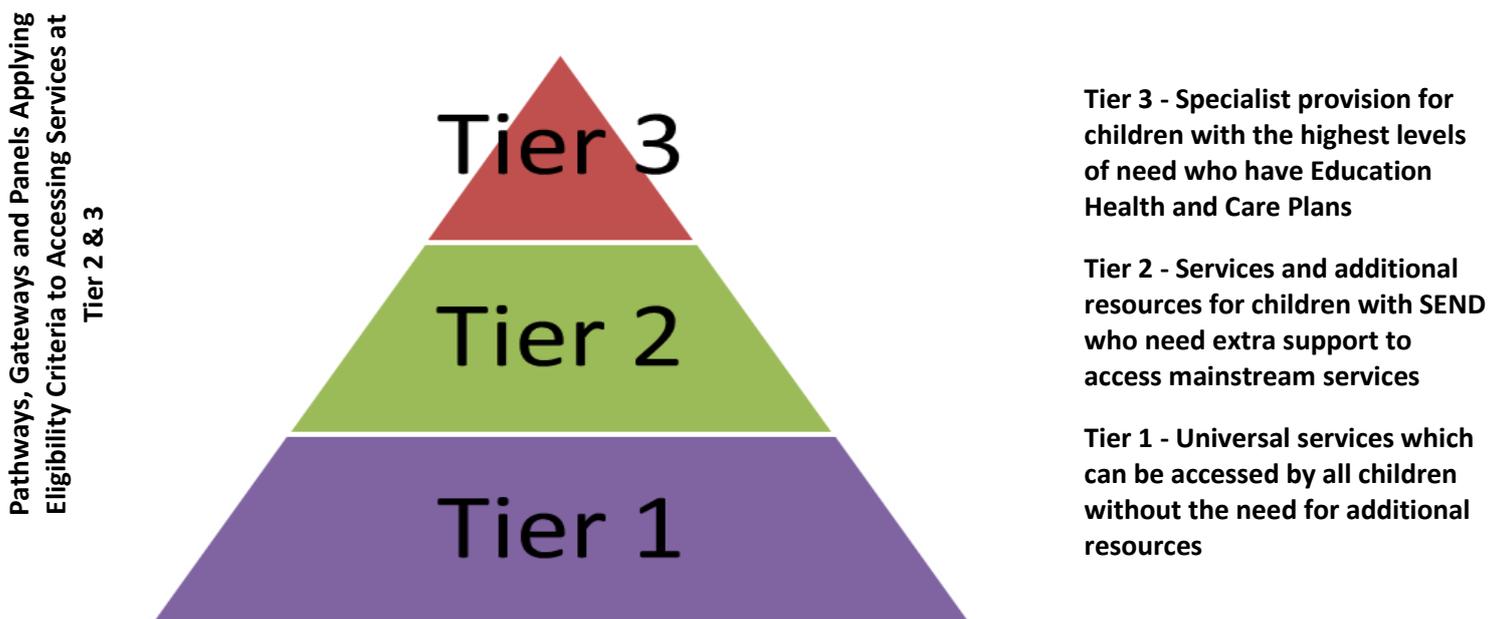
5. Scope and Responsibilities

Joint commissioning arrangements between the Local Authority, CCG and partners encompass education, health and social care provision for children and young people with SEND aged 0 to 25. All universal, targeted and specialist health services are included in these arrangements. The Council's Target Operating Model (TOM) provides a tiered framework to categorise these services in light of reducing finances and increased demand. This approach is underpinned by the following intentions:

- Enabling people to support themselves
- Targeting resources where they are most needed
- Analysing need and managing demand
- Identifying opportunities for change and innovation

Applying the tiered approach to SEND services is illustrated in the diagram below.

Figure 3. The Target Operating Model

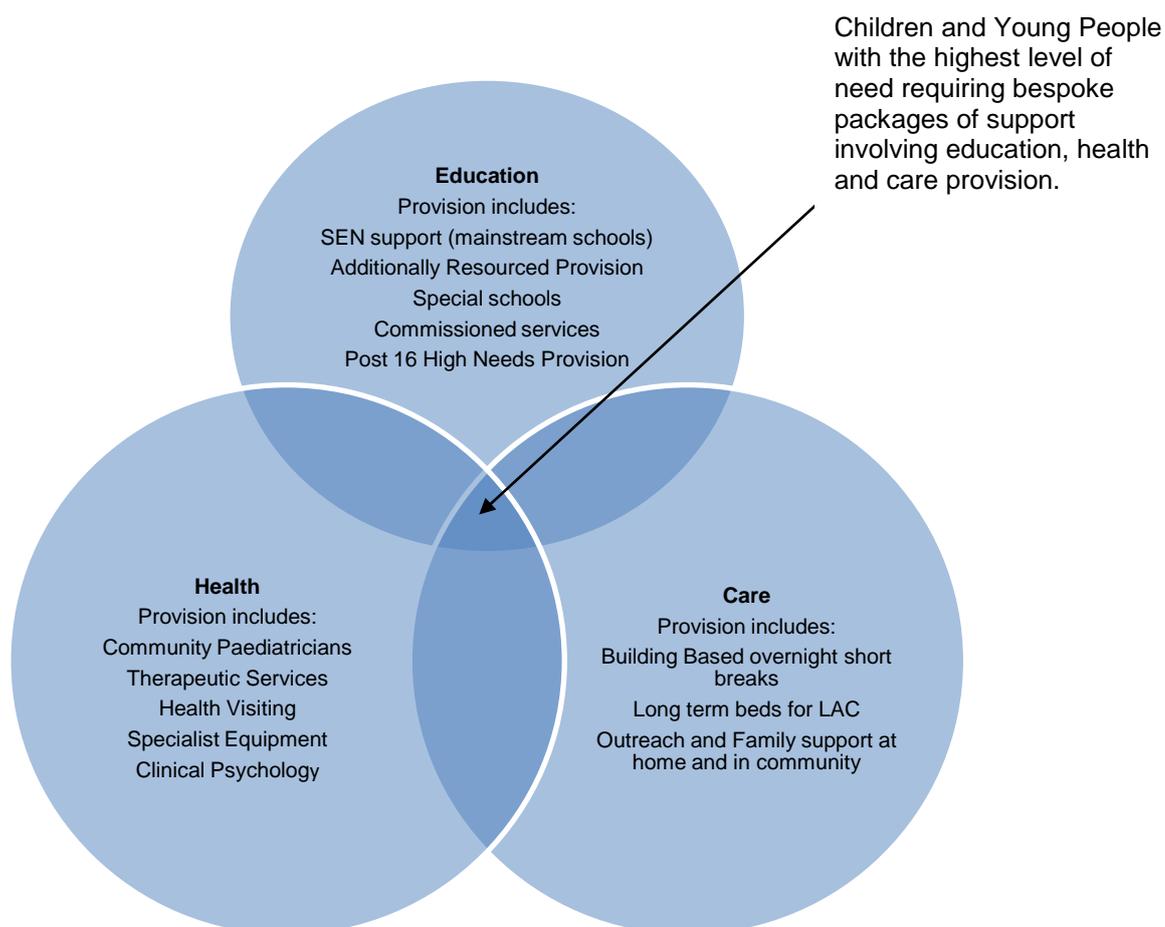


The needs of each child determine which tier of provision and support is most appropriate.

All young people aged 0 to 25 with SEND will benefit from education and health care and most will access universal services. A smaller number require targeted services and those with the highest levels of need access bespoke packages of support comprising specialist education, health and care provision.

The diagram below shows examples of the services in scope and illustrates the importance of coherent joint commissioning arrangements.

Figure 4. Examples of the education, health and care provision in scope



Appendix 1 shows educational provision funded by the High Needs Block of the Dedicated Schools Budget.

Appendix 2 shows the responsible commissioners for each of the health services, whether this is the CCG, the Local Authority or NHS England; a shared responsibility of the CCG and Local Authority; or a shared responsibility between NHS England and the Local Authority.

The CCG commissions a number of services through block contracts. The key providers of health services in North Tyneside are Northumbria Health Care NHS Foundation Trust with Crisis, eating disorders, early intervention in psychosis and tier 4 Mental Health services being provided by Northumberland, Tyne & Wear NHS Foundation Trust.

Appendix 3 shows social care provision; both that delivered by the Local Authority and externally commissioned services.

6. Role of the Local Offer

The Local Offer plays an important role in joint commissioning arrangements and has two key functions. The first is to provide up-to-date, accessible information about educational, health and care provision and how parents, carers and young people

with SEND can access it and navigate through the system. This includes information about provision in North Tyneside and specialist provision further afield. Having an accurate and comprehensive directory of services and sources of advice and support is therefore an important element of the Local Offer.

As well as providing information, the Local Offer is a tool to measure how well services are meeting local need and achieving the ambition and outcomes set out in joint commissioning arrangements. Local authorities have a duty to publish comments from children, their parents, and young people about the Local Offer and any actions they intend to take in response. These views and comments can then be used to inform commissioning decisions.

The Local Offer therefore has a key role in making provision more responsive to the needs of parents, carers and young people in the dynamic commissioning system, involving the Local Authority and the CCG in an on-going dialogue with service users and partner organisations. The outcome expected from this approach to commissioning is that the portfolio of services and support evolves to reflect the changing needs of children and young people with SEND and their families. This aspect of the Local Offer is part of the local authority's broader responsibility to keep under review all the educational and training provision and social care provision for children and young people with SEND.

7. Leadership Challenges, Governance and Decision Making

There are challenges across the whole education, health and social care system when responding to the needs of the most vulnerable and complex young people, including those with SEND. These young people can access support across several pathways, e.g. through an education, health and care plan, a child in care, through children and young people's mental health services and engagement with the youth justice system. In addition, the Transforming Care Programme has developed guidance on support and services for children and young people with a learning disability /autism spectrum disorder or both.

The complex needs of some young people do not always fit neatly into these pathways and it can be difficult to find placements that will improve their outcomes. The challenge is to examine how children and young people are cared for across mental health and other provision and to identify how the system could respond differently, with more effective joint working.

The findings from a recent LGA survey recognised that:

- Specialist inpatient care is not always available when needed.
- There are children and young people in secure welfare accommodation who need a Tier 4 assessment or bed.
- The narrow focus of mental health diagnosis can exclude high need children and young people from accessing services.
- The NICE attachment and trauma pathway is proving challenging to implement.

- There is often limited use of Care Education and Treatment Reviews (CETRs).
- There is often limited CAMHS input for placement planning and quality resulting in limited quality assurance of some of the interventions being provided in placements.
- There are gaps in placement and community based provision for those with learning disabilities and challenging behaviours and, where there is a placement, it is often too distant from home.

Shared themes from case studies analysed by the LGA include:

- Transition from primary to secondary school is often a trigger resulting in an escalation of behaviour.
- The role and importance of SEN support is vital, particularly around services like speech and language therapy.
- The significant impact of adverse childhood experience must be recognised along with the importance of professional curiosity and ensuring there is a complete picture of a child's history.
- Managing risk needs working together to share information across services.
- The importance of behavioural support must be recognised, at present this is not always available when it is needed.
- Health care is often disjointed across primary, secondary and community health care and more needs to be done to view this in totality.
- There is a need to learn from best practice and communicate these messages to the sector.
- The lack of choice of appropriate placements must be addressed by strategic commissioning and working together .
- The need for continued ownership across the system when children and young people are placed at a distance from home.

The LGA identified the need for policy development at national and regional level.

Issues at national level include:

- Linking into key national programmes e.g. Transforming Care, the Children and Young People's Mental Health Programme in NHS England and wider Future in Mind, Mental Health Green Paper and the Lenehan review.
- Developing regulation that allows partners to work together more easily to support this group of young people with complex needs
- Setting out clear national messages around the expectation for Local Transformation Plans to specifically consider the needs of vulnerable children

At regional level, and through Clinical Networks, issues include:

- Improving awareness and understanding of complex cases and the need for multi-agency responses.

- Better understanding of geographical issues and challenges and ensuring there are links to the development of Sustainability and Transformation Partnerships (STPs).
- Developing an expectation that Local Transformation Plans for children and young people's mental health should specifically consider the needs of vulnerable children.
- Exploring a regional response to sufficiency and commissioning of placements/market management to ensure there is an availability of appropriate placements.
- Sharing regional learning as to what works well and good practice.

At local level:

- There is good practice developing in many local areas, e.g. multi agency complex case panels to review cases; tripartite panel across education, health and social care, where placement costs reach a threshold, the cost is equally shared.
- Work is taking place to ensure there is a better join-up of tier 4 beds and to allow for reconfiguration of beds across the country.
- Funding needs to be managed at the local level to enable the reshaping of services to develop more local provision which better meet needs
- NHS England is devolving responsibility through the use of New Care Models, raising the question of whether resources can be given to local systems so they can share responsibility and make decisions as to how to utilise what is available.
- There needs to be greater focus on the aims and objectives of placements, including the required outcomes and greater clarity around the placement discharge process to avoid beds being blocked.

The issues identified by the LGA form an important part of the policy context in which this Joint Commissioning Strategy is being implemented.

The leadership challenges at local level facing the Local Authority, CCG and partners in maintaining adequacy and sufficiency of provision are significant. Demand for services is increasing in an environment of reducing resources. Improvements in health care mean that the conditions with which children and young people are now living are more complex and capacity, especially in services supporting statutory assessment, is stretched. These trends are placing increasing pressure on all SEND services.

The challenges can only be met successfully with strong leadership and effective co-ordination at all levels of the SEND system. At the strategic level leaders need to offer challenge and support to bring about whole-system change, ensure sufficiency of provision and hold all partners to account, at the organisational level effective leadership is needed to ensure an integrated approach between all partners in the system and at service level, leaders need to ensure quality, responsiveness and operational integration.

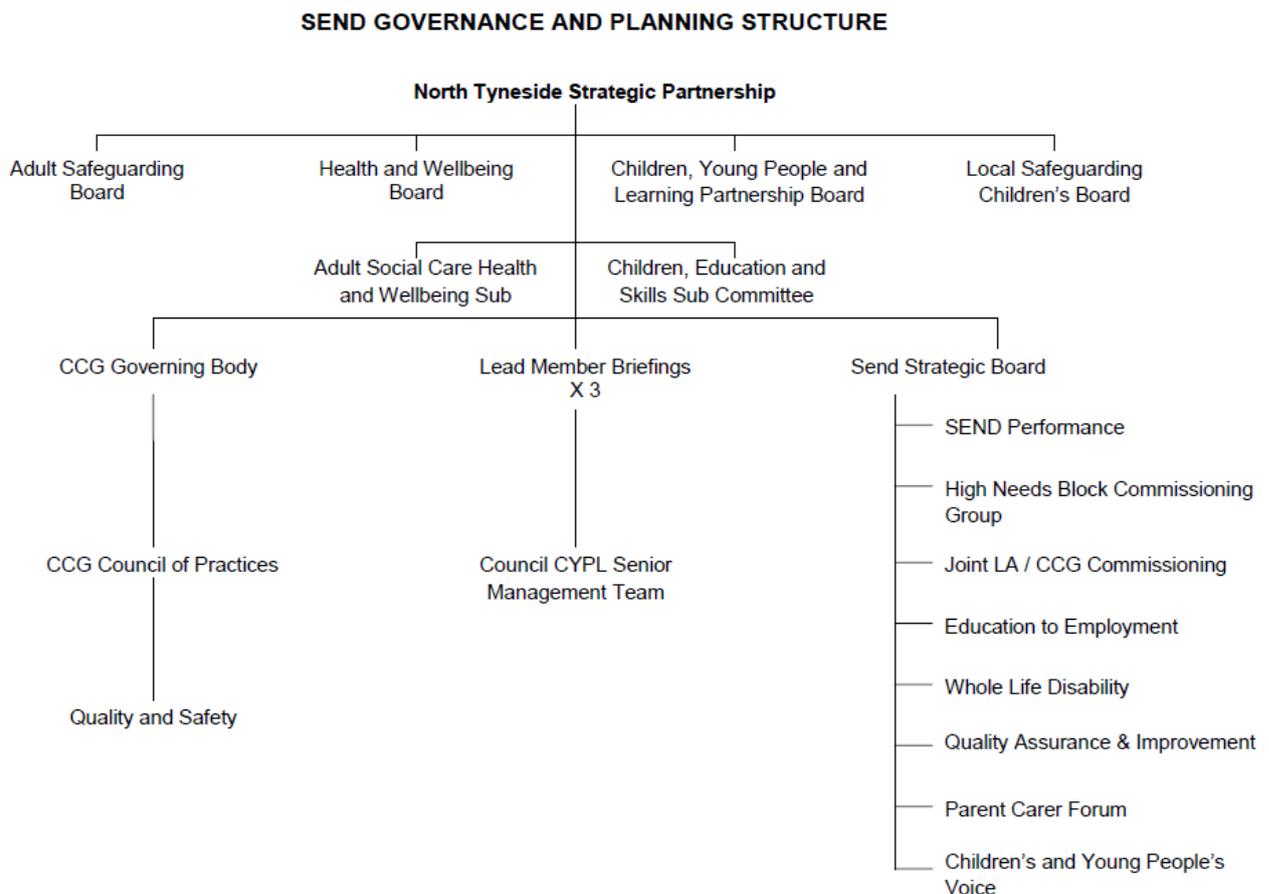
The Local Authority and CCG, working with schools and other partners are providing strategic leadership to the 0-25 commissioning system to implement change and create effective joint working between education, health and care services. This leadership role in the commissioning of services is challenging the effectiveness of the whole system by continuously reviewing the progress being made in:

- Identifying the special educational needs and/or disabilities of children and young people.
- Meeting those identified needs.
- Improving the outcomes for children, young people and families.

Challenge and support to the system at all levels ensures that there is effective co-ordination of commissioning arrangements and that decisive action is taken to address areas where improvements in the relevance, quality or performance of commissioned services are required.

The diagram below shows the governance arrangements in place within which the Local Authority and the CCG discharge their leadership roles for commissioning services.

Figure 5. SEND Governance & Planning Structure



The CCG's governance arrangements are shown at Appendix 4. The following strategic groups also have key commissioning responsibilities:

- The High Needs Commissioning Group is responsible for reviewing, reshaping and monitoring high needs provision funded by the high needs block of the Dedicated Schools Grant so that it meets the needs of children and young people, is of high quality and is sustainable. Appendix 1 shows the range of provision funded by the High Needs Block.
- The Children and Young People's Mental Health and Emotional Wellbeing Strategic Group has oversight of implementing the Local Transformation Plan and the Children and Young People's Mental Health and Emotional Wellbeing Strategy 2016-2021.
- The Education to Employment Task Group, with representation from Social Care, Schools, College, Parents, Voluntary Sector, Learning Trust, Health, DWP, and Employers is developing pathways to employment for young people with complex needs.

Six panels are in place as follows:

- The Local Authority / CCG Complex Case Panel is responsible for the micro commissioning of individual packages of support for children with very high levels of need at Tier 3. The panel considers the needs of children and young people who are eligible for either: children's continuing care; non-commissioned pathways of health and care or; joint care between the CCG and the local authority. The panel is part of the local arrangements to improve implementation of the National Framework for Children and Young People's Continuing Care.
- The Commissioning Panel plays a pivotal role in the EHC assessment pathway by dealing with requests for statutory assessment and the placement and provision for children and young people with SEND. The panel includes representation from health, social care and schools.
- The LEAPS Panel allocates support through monthly multi-agency meetings which include portage staff, educational psychology, speech and language therapists, head teachers from specialist provisions and the Senior Manager for SEND. Trust representation on this panel ensures that health advice and services are linked into collaborative working within the early years.
- The Resource and Placement Panel (RAP) is responsible for managing and monitoring placements of children who are either in or entering the LAC system.
- The Section 117 Panel, which is all age, is responsible for agreeing and reviewing jointly commissioned individual care packages for people who have been detained under section 3 or section 37/41 of the Mental Health Act.
- North Tyneside CCG uses a panel process involving the Local Authority to determine and sign off decisions regarding CHC eligibility. It is within this forum that debates and discussions are held regarding eligibility status of individuals

Measures to improve the quality of SEND services are informed by the work of the North Tyneside Council's Children Education and Skills Scrutiny Sub Committee and the Regional Quality Assurance Group.

The Designated Clinical Officer plays a key role in supporting planning to meet the needs of children and young people receiving SEND support. Strong links between Northumbria Health Care NHS Foundation Trust and the Local Authority enable the Designated Clinical Officer to identify and share good practice and for training needs to be identified and shared with the Commissioning Panel described above.

Information, advice and support are provided to parents, carers, children and young people by North Tyneside Information, Advice and Support Service (SENDIASS) and Family Gateway, an independent charity. Independent SEN mediation about the health and social care elements of EHC Plans is also available to parents, carers and young people. This service is provided by Chapel Mediation.

8. The SEND Single Route of Redress National Trial Regulations

The two year national trial to expand the powers of the First Tier Tribunal (SEND) runs from April 2018. The trial allows the Tribunal to make non-binding recommendations on the health and social care aspects of EHC Plans as part of a special education appeal.

This applies to Local Authority decisions and EHC Plans issued from 3 April 2018 and to all Local Authorities (LA) and Clinical Commissioning Groups (CCG). It is envisaged that this will give a more holistic view of the child or young person's needs, encourage joint working and bring about positive benefits to families.

Although non-binding, recommendations about the health and social care aspects of EHC Plans, as part of an education appeal, commissioners will be expected to follow them. If the recommendations are not followed, families can complain to the Ombudsman or, in exceptional circumstances, seek to have the decision judicially reviewed.

- Parents and young people will be informed of their new rights, including through decision letters and the local offer. The Local Authority will provide evidence to the Tribunal from health and social care bodies, bring additional witnesses to the hearing if necessary and send health and/or social care responses to recommendations letter to the evaluators following the recommendation.
- Health and social care commissioners will: respond to any request for information and evidence within the timeframe set by the Tribunal, send a representative/ witness to attend the hearing if required and respond to the family and Local Authority within 5 weeks of a decision setting out the steps they have decided to take or giving reasons why they are not going to follow the recommendation.

- Families may wish to be clear about whether there is a health or social care issue, and what support is available through SENDIASS and other organisations in preparation and to participate in the evaluation.
- SENDIASS and VCS organisations will disseminate information on the trial, communicate the new rights to parents and young people and provide support.

9. Evaluation of progress

This section summarises the progress made in joint commissioning since the introduction of the SEND Reforms in 2014. It draws together an assessment of the position at May 2018 against the following themes:

- Identifying needs and using information to inform commissioning decisions.
- Meeting needs through high quality, relevant commissioned services.
- Achieving outcomes from commissioned services.
- Increasing personalisation and co-producing services with parents, carers, children and young people.

The key developments which have taken place in North Tyneside are outlined below.

9.1 Identifying Needs to Inform Commissioning – Evaluation of Progress in Implementing the SEND Reforms from 2014 to May 2018

Identifying the health and care needs of pre-school children.

The creation of four co-located multi-agency teams in April 2017 strengthened the arrangements for integrated working between education, health and care. These arrangements, which include Health Visitors and School Nurses, have improved early identification of children who are experiencing difficulties and this in turn has strengthened micro commissioning of support for individual children. The CAMHS Primary Mental Health Workers are also part of the locality teams working within early help to support identification of needs and developing interventions.

Information about the health needs of pre-school children is held by the Portage and Pre-school Home Teaching Service, the LEAPs Panel, the Sensory Service, Health Visitors and School Nurses. Children's Continuing Care Nurse Assessors also play an important role in identifying children with SEND, pre-birth, shortly afterwards or following illness or injury. They broker support from commissioned specialist providers working across Education and Social Care and their work links directly to the Local Authority / CCG Complex Case Panel.

Role of Multi-Agency Safeguarding Hub in identifying needs

The creation of the Multi-Agency Safeguarding Hub (MASH) is also helping to ensure that information is shared in a timely manner to ensure the appropriate level of service is provided.

The Ofsted Focused Visit in May 2018 identified that the Multi-Agency Safeguarding Hub (MASH) works effectively to safeguard children and young

people, including those with a disability, by responding to safeguarding concerns. It was noted that partner agencies, including health and education, are well engaged, which ensures timely information-sharing, the consistent application of thresholds and proportionate responses for children and their families who need help and support. The Ofsted Visit also noted that social work assessments are of good quality, balancing and analysing risk and protective factors to underpin decision-making and future planning. Assessments capture the voice and experiences of the child, using creative direct work, led by the needs of the child. Since the introduction of the Signs of Safety model of practice, planning is effectively supported by the use of danger statements, safety goals, and scaling and outcome decisions on all assessment seen were appropriate.

In February 2018, both Early Help and Social Care moved to a new state-of-art case management system. The system enables disability needs and educational support to be recorded and flagged and improves the quality and timeliness of reviews.

Identified areas for development included aligning the EHCP request for Care Information with Social Care planning documentation for ease of transfer of information; to enable a better understanding of the child's needs and the work with the child and family. Further work was also identified to combine Care Review meetings with EHCP review meetings to minimise the number of meetings a family needs to attend to access support and to ensure better co-ordination of support from professionals.

Identifying the needs of children with SEND in school and minimising the risk of exclusion.

The Keeping Children in School initiative involves primary, middle, special and secondary school Head Teachers. During 2017 a Head Teacher and an educational psychologist analysed the factors resulting in children moving across schools, often into alternative education provision. As a result of this work changes were made to practice to identify needs and improve the provision for pupils who display challenging behaviour, many of whom have social, emotional and mental health difficulties.

Implementing a graduated response to the identification of needs in schools.

Schools follow a graduated response to identification of pupils with special educational needs and disabilities in line with the Code of Practice. A North Tyneside SEN Support Plan, co-produced with parents and other stakeholders, was introduced in September 2015. Special Educational Needs Co-ordinator (SENCOs) have been supported to implement the SEN Support Plan by the School Improvement Service, Lead SENCO support, SENCO Networks and SEN Surgeries. Schools also use the North Tyneside SEND Review Framework as a self-assessment tool to identify strengths and areas for development.

Role of the Education Psychology Service in identifying needs.

The Education Psychology Service offers advice and guidance to support early years settings and schools with their graduated response. This helps settings to identify additional needs accurately at an early stage. Following a cycle of Educational Psychological assessment, a collaborative decision making 'Next Steps' meeting is held, to either review and amend an existing SEN Action Plan, or to shape a new one.

Strengthening the quality of School Census data.

The School Census is an important source of information about the types and prevalence of special educational needs and disabilities. Work has been undertaken with schools, starting in 2016, to ensure that the needs of children are recorded accurately, including census submission workshops and work with individual schools.

Local Offer Website and Disability Register as sources of information about needs.

The Local Offer website was refreshed during 2017 and includes an option for parents, carers and young people to give feedback about their views of services. The Disability Register was aligned with the Local Offer website and also launched on-line in the summer 2017. The Disabled Children's Register and Local Offer were promoted to raise awareness and increase registrations and visit respectively.

Information about education, health and care needs to inform the commissioning cycle.

The analysis of trends in Primary Needs identified through the Schools Census is being used to inform the commissioning of SEND services funded from the High Needs Block of the Dedicated Schools Grant and informed commissioning priorities for 2017-18 which were endorsed by the Children Young People and Learning Board in the spring of 2017. The NHS North of England Commissioning Support Unit has analysed child health and SEND in North Tyneside. The social care needs of children with the highest levels of need have been analysed. Taken together these sources of information provide a richer picture of need to inform the commissioning cycle.

9.2 Meeting Needs Through High Quality, Relevant Commissioned Services - Evaluation of Progress

Improving service quality through the NE12 Arrangements.

Since September 2014 the NE12 Group, consisting of the twelve local authorities of the North East plus the associated Clinical Commissioning Groups (CCGs), has worked collaboratively to strengthen the quality of provision by developing a framework of independent special schools and colleges and; day and residential placements. The framework commenced in February 2016 and included 13 providers, representing 22 settings, appointed to a two year framework agreement. The benefits include harmonisation of contracts and service specifications, improved quality monitoring arrangements for education, health and care and better provider engagement.

The regional Parent's Forum was involved in the co-production and evaluation of tenders.

The second phase of the NE12 arrangement, effective from February 2018, includes placements in children's homes and residential short breaks services for children with disabilities, as well as the independent schools and colleges originally included. Planning for this development began in July 2016 and included a review of Phase 1, an assessment of need across the region, provider engagement events and consultation with children and young people. The model was co-produced with parent/carers with members of the local parent/carer forum attending officer's group meetings and participating in the tender evaluation.

Reshaping Mental Health and Emotional Wellbeing Services.

The Child and Adolescent Mental Health Service (CAMHS) Local Transformation Plan, submitted to NHS England in 2015, is supporting improvements in children and young people's mental health and emotional well-being, including the development of community eating disorder services. The plan takes a whole systems approach to mental health services. A key feature is the creation of a single pathway, with no duplication of provision and the transition from a traditional tiered structure of services to one based on the Thrive model. This model, shown at Appendix 5, conceptualises four clusters for young people and their families, as part of the wider group of young people who are supported to thrive by prevention and promotion initiatives in the community.

The Mental Health and Emotional Wellbeing Strategy is not solely about services provided to support children and young people with their mental health. National reports highlight the risk of focusing too narrowly on targeted clinical care and ignoring wider influences on children and young people. The strategy therefore addresses community-led change involving parents and carers, schools and colleges, the voluntary sector and health and social care services.

All people who come into contact with children and young people need the right skills to help build resilience, improve mental health and promote wellbeing. The opportunities for prevention of mental illness and promotion of good mental health lie in childhood, many of them in the context of the family. The strategic approach recognises the importance of strengthening the protective factors which promote good mental health and enable children and young people to thrive and that access to early help is essential.

To meet a gap in commissioned community level support available in North Tyneside, Kooth.com has been commissioned to provide an online platform for Children and Young People aged between 10-18 years. The service, which is in place from May 2018, will provide support, advice and guidance on mental health and emotional wellbeing difficulties or concerns, using a mix of counselling, support and advice on a drop in basis, out of hours and structured sessions. An Emotional Health and Wellbeing Champion is identified in each school to promote

the service, enable access to Kooth.com through school-based computers, and co-ordinate support to young people using the service.

Creating a crisis pathway and strengthening the role of schools in referring to specialist CAMHS.

Schools play a key role in the CAMHS Transformation Plan described above and a crisis pathway has been commissioned, with clear referral criteria, to enable Head Teachers and SENCOs to refer young people directly to CAMHS. The CAMHS Primary Mental Health Workers provide consultation sessions for all professional groups to provide advice, support and sign-posting. A resource pack was launched in May 2017 to implement a whole-school approach to emotional health and wellbeing in all schools in North Tyneside.

A successful bid was made to participate in the Mental Health Services and Schools Link Programme run by the Anna Freud National Centre for Children and Families. This will enable schools and mental health professionals to participate in planning workshops to develop a system-wide approach to supporting mental health and emotional wellbeing during 2018.

Involving young people in shaping CAMHS.

Work began in September 2017 to train young people who are most at risk to train as 'Citizen Researchers,' to identify the most important challenges facing young people and make recommendations to the Children and Young People's Mental Health and Wellbeing Strategic Group. This will inform an evaluation of the current offer and identify how commissioned services need to evolve to meet the changing needs of young people.

Maintaining the quality and relevance of outreach services provided by schools.

Outreach services provided by schools play an important role in the early identification of special needs. For example, Silverdale SEMH outreach team, based at Silverdale School; the dyslexia team, based at Southlands School; and the language and communication team, based at Benton Dene School are each commissioned from special schools through a service level agreement.

The Language and Communication Team provides assessment, advice, support, teaching and monitoring of pupils with specific language and communication needs in a variety of educational settings. These include children with social communication needs and autism spectrum disorders (ASD). The Sensory Service based at Beacon Hill School supports children and young people with a visual and/or hearing loss from diagnosis to the point when they leave education or reach the age of 25. Each of these commissioned services plays a key role in increasing the confidence of teachers.

Improving the responsiveness of Speech & Language Services.

The Speech & Language Therapy Service delivered by Northumbria Healthcare NHS Foundation Trust, and the Language and Communication Team based at Benton Dene school, work in partnership to provide improved services for children with speech, language and/or communication needs. The shared priority of the two services is to provide effective interventions and co-ordinated support. Together, they determine how collective resources are best utilised and apply service improvement methodology to shape future arrangements. The two services jointly produced the 'Communication Partnership Initiative,' describing their vision and working arrangements. By aligning the two services, duplication is avoided, high quality support is delivered by staff with the right skills, and a jointly agreed plan is created for each young person using the service.

Creating a responsive school nursing offer for Special Schools.

Special schools identified a need for additional school nursing provision to that of the public health commissioned core offer. For several years, the CCG had funded a discrete Special School Nursing Service. This service has now been aligned, for management purposes, with the Children's Community Nurses. This integrated team now delivers clinical care to children aged 4 to 18 years in Special Schools, ensuring that the highest standards of care are achieved, working with the nursing and multi-disciplinary team. They act as role models to staff in the clinical area and provide nursing care and advice for children and young people in those special schools participating in innovative practice and care delivery. They assess, plan, implement and evaluate packages of care in the school setting and work with parents/carers to empower them to manage the care of their child. They also train staff in the school to manage the care of children with complex needs and to recognise problems and promote services to children and young people to improve or maintain health.

Developing services through the Transforming Care Partnership.

The North East and Cumbria Transforming Care Partnership was established in 2015 to shape the national approach to transforming inpatient services for children, young people and adults with a learning disability and/or autism who display challenging behaviours, including those with a mental health condition. NHS North Tyneside CCG and North Tyneside Council are working on key developments including: developing a collaborative Commissioning Framework setting out commissioners' expectations of providers in terms of delivery of the community model and vision for North Tyneside, with integrated working arrangements across health and social care; undertaking commissioning-led Care, Education and Treatment Reviews (CETRs) from February 2016 for children and young people who are at risk of a hospital admission, to agree approaches to keep the person and their family safe and reduce the risk of a hospital admission; and undertaking community-led CETRs for those children and young people receiving hospital treatment and ensuring that transition plans for discharge are clear and robust.

Reviewing services for children who have the highest level of needs.

A review of the offer for children with the highest levels of need and who are under the care of the Children with Disabilities Team began in 2017. This includes overnight short breaks provision at the Council's Short Breaks Unit at Addison Street and Heatherfield Mews Residential and Short Break Unit and at St. Oswald's for those with degenerative and life threatening conditions, outreach support, play schemes, home care and Saturday and out of school clubs. Specialist provision for children with life-limiting conditions is jointly commissioned by 5 local authorities and CCGs. This provision was the subject of a soft market test in 2017. Work also started in 2017 to develop eligibility criteria and an updated Short Breaks Statement.

9.3 Achieving Outcomes From Commissioned Services - Evaluation of Progress

Improving outcomes through information and advice.

North Tyneside SENDIASS (Information, Advice and Support Service) was established in 2014 and has seen a steady increase in the numbers of children and young people who are being referred for direct IAS work. The number of complex case referrals has also been increasing. Where individuals have been supported and assisted to express their views and participate in discussions, there has been a significant and positive shift in the overall content and quality of meetings. The service agrees realistic actions, aims high and is driven by individualised, person centred outcomes. Children and young people with ASD, AHDH and SEMH continued to make up a significant proportion of the caseload during 2016-17.

Improving transition from Children's to Adult's Social Care Services.

The Whole Life Disability Model was launched in 2015 as the first step on a five year journey. A process of change is underway to manage the transition from a needs-led to an outcomes focused culture using the progression model. Some of the changes that have taken place are:

- Adult and Children's social workers are now co-located under one service manager. Health partners from Northumbria HNS Foundation Trust are located with the social workers leading to more integrated working.
- Continuity in social worker was an issue raised by service users. All clients are now allocated to a social worker. If necessary an enablement worker is allocated to service users who need extra support. Enablement is outcome focused, the workers support clients with finding accommodation, support with financial management or daily challenges. The worker can work with a service user for up to one year, this can be extended if necessary.
- A full staff training plan with a full implementation plan is in place, this has been completed jointly with health.
- 130 reviews were completed in 2016-17 with the Learning Disability Team, 60+ of those clients left the Disability team and went into universal services. The team is focused on the inclusive model, through employment or other community resources to engage people in the community and maximise the use of community services.

- The Community Enablement Team supporting clients to develop life skills for adulthood and independent living. In 2017 the team supported 27 people aged 18 – 25 to maximise their independence by moving on to independent living, employment and volunteering, further education, travel training and greater involvement in the community.

Improving outcomes for families.

The Early Help Assessment/SEN is a co-ordinated, whole-family approach, to ensure that outcomes for families are improved. Evidence shows that a whole family approach is more likely to result in sustained outcomes. A framework is in place to ensure that sustainable outcomes for families are measured and tracked, evidencing the progress made. The voice of the child is central and is included in assessments. The introduction of the 'Signs of Safety' model is embedding this approach using scaling to capture progress along with other evidence.

Improving educational outcomes for children with social, emotional and mental health needs.

Head Teachers are committed to maintaining stable placements for students with social, emotional and mental health needs in recognition that this leads to better educational outcomes. They have invested time and resources into reducing the number of children moving around the school system. Action taken includes an audit of current provision, development of a self-evaluation tool for schools, enhanced professional development opportunities for staff in children's mental health, a review of outreach support and an analysis of best practice.

Reducing school absence and exclusions.

Absence and exclusions data for SEN pupils shows a positive picture. However, since the change to the definition of persistent absence, the percentage of primary SEN support pupils who are persistently absent has risen above the national figure. Pupil absence is a key focus of the School Development Partner programme in the autumn term. When this is a priority for improvement action is agreed and progress is monitored. Regular attendance network meetings are well attended by schools. Attendance clinics with parents are held in schools where there are particular issues.

Achieving outcomes from Additionally Resourced Provision (ARPs) and commissioned services.

Reviews of the performance of ARPs and commissioned services assess their impact on outcomes for children and provide an evidence base to support commissioning of services via the high needs funding block. Maintaining the quality and relevance of this provision enables the needs of children and young people's to be met within borough rather than needing to use expensive out of borough placements. This work is being overseen by the High Needs Commissioning Group.

Enriching the educational curriculum in Special Schools to improve outcomes.

All schools are supported to provide a comprehensive Personal, Social, Health and Economic (PSHE) education that teaches children and young people to live healthy lifestyles, keep safe, build positive relationships and contribute to the wider world. School staff are provided with resources and invited to training and network meetings to learn about good practice and how to adapt resources and programmes to the needs of pupils.

The North Tyneside Music Education hub provides a bespoke offer to young people with SEND. All special schools receive an annual funding allocation from the hub and additional opportunities to take part in SEND focussed projects. Schools report increased confidence in social skills and concentration of the pupils taking part, with many children able to express themselves in ways inaccessible to them previously.

Promoting North Tyneside's Healthy School status.

All schools are encouraged to work towards North Tyneside's Healthy School status. To achieve this status Schools demonstrate that they meet specific criteria related to the PSHE education curriculum, physical activity, extra-curricular opportunities, food in school and emotional wellbeing. In 2017 two Special Schools achieved Healthy School status demonstrating their commitment to providing an environment where pupils are taught about and encouraged to make healthy and safe life choices.

Supporting home education.

The Attendance and Placement Service ensures that any children who are being educated at home receive a suitable education, and to provide advice to parents to enable them to fulfil their duties under the 1986 Education Act. This includes children with SEN and to ensure that the needs identified on the EHC plans are being met, advice is sought from the Statutory Assessment and Review team. Outcomes will also be monitored via the annual review of the child's EHC plan.

Improving employment outcomes by strengthening pathways to work.

A SEND Education to Employment Task group, with representation from Social Care, Schools, FE, Parents, voluntary Sector, Learning Trust, Health, DWP, and Employers is developing pathways to employment for young people with complex needs. This includes increasing engagement with employers to improve work-based learning experiences and recruitment of young people with disabilities, work with FE providers on Preparation for Adulthood outcomes and improving access to apprenticeships. The range of SEND provision has been enhanced with the creation of a new Supported Internship Programme by NHS England which recruited 14 young people from North Tyneside in 2017 and the introduction of a new SEND pathway by the Adult Learning Service.

Developing young people to become independent travellers.

An important strand of preparing young people for adulthood is to support more young people to become independent travellers. The Independent Travel Project based at Beacon Hill School, develops the skills of children and young in relation to travel by providing group sessions and one to one work. Groups use the on-site travel training facility including road crossings, bus stop, a metro station and carriage. The co-ordinator also visits schools to deliver workshops. Learners follow a plan of supervised and unsupervised travel and activities including using the bus and metro, staying safe and using shops and services, handling money and being aware of others. A review of the current arrangements for supporting children and young people's travel needs is underway.

Assuring the quality, relevance and outcomes of services.

Commissioned services, including specialist educational, medical and therapeutic services, are contractually monitored and quality assured throughout the life of the contract or service level agreement, with the specific approach being taken depending upon the service being delivered. The appropriate monitoring tool is used and providers are supported to understand what is expected of them in terms of contract compliance, including the schedule of monitoring meetings or visits, required services standards, adherence to regulatory (Ofsted and CQC) frameworks and outcomes to be delivered. Prior to contract expiry evaluation data is used to inform the analysis of future need and service development and this influences how services are shaped in the future. Monitoring and evaluation data may inform the decision to decommission services in the event that needs have changed, are not being met effectively or can be delivered through a different approach.

Improving outcomes through advice and advocacy for children, young people, parents and carers.

The Special Educational Needs and Disabilities Information Advice and Support Service (SENDIASS) is a free, confidential and impartial service for parents and carers, children and young people (up to 25 years). SENDIASS provides a free, impartial and confidential service in-line with the SEND code of practice. In 2015/16 (academic year) the team had 345 active cases. Independent Advice and Support was provided to six young people and an additional ten who were accompanied by their parents or carers.

Feedback from those accessing support has been positive. A toolkit of resources is used by SENDIASS to gather views from children and young people who might otherwise have difficulty expressing their views, wishes and feelings. The team employ person-centred resources to facilitate discussions e.g. for those at risk of exclusion, or to complete the "My Story" section of the EHC plan.

Gathering the views of children and young people.

Health teams operate '2 minutes of your time' and 'Friends and family' questionnaires to capture patient's experience at the first point of contact. The

patient experience is collated centrally by the Trust and includes all patients, those with and without SEND. Further work is required to understand what has been done as a result of gathering this information.

Improving Health Services.

There is a culture of regular audit and service improvement within Northumbria Healthcare NHS Foundation Trust, the provider of the majority of local services, which has impacted on the outcomes children and young people receive from the service e.g. within OT, new referral process, triage, access criteria, paperwork, assessment clinics and care pathways have been developed through LEAN methodology.

9.4 Increasing The Personalisation of Services and Co-producing Commissioned Services With Parents, Carers, Children and Young People – Evaluation of Progress.

Personal budgets.

The CCG and the Local Authority offer Personal Health Budgets. Up-take has been low as the majority of children are in receipt of Social Care Personal Budgets (direct payments). The assessment process has been streamlined and payment mechanisms reviewed to reduce duplication and ensure that Social Care Personal Budgets and NHS Personal Health Budgets are more joined up for the individual and their family.

Information about Personal Health Budgets and the application process is provided and a nurse assessor is available to guide the family and child through the process in a child-centric way. Work on personal budgets is less advanced. Consultation took place in late 2017 with the Parent Carer Forum on a draft policy.

Developing a joint co-production work plan.

The Local Authority and CCG agreed shared priorities for co-production with the new North Tyneside Parent Carer Forum during 2017 and embarked on a joint programme of co-production events and meetings. Key themes for co-production are leisure services, the Short Breaks Statement and eligibility criteria; the Local Offer; Personal Budgets Policy; and action to encourage young people to become independent travellers.

Parents and Carers influencing strategy and policy.

Membership of the SEND Strategic Board by the two co-chairs of the Parent Carer Forum has enabled the Forum to influence the direction of strategy and policy and take part in decision-making.

10. Needs Analysis

This section summarises the education, health and care needs of children and young people with SEND in North Tyneside. In addition to the Joint Strategic Needs Assessment and Multi-Agency Dashboard it draws on three key sources. Information

about educational needs is drawn from the Analysis of School Census Data 2012-2016 and Post-16 High Needs data; health data from the NHS North of England Commissioning Support Unit's Pre-Inspection Baseline Report about children with SEND; and information about care needs from the Analysis of Care Needs of Children with Disabilities.

Demographic trends & characteristics.

- The number of children and young people in North Tyneside is projected to increase by 9.4% by 2030. The largest increase is projected to be in the 5-19 age group which is expected to grow by 12% by 2030.
- By 2025 there are expected to be 47,000 children and young people aged 0-19 in North Tyneside, representing 21.7% of the total population, compared to 44,700 children and young people, representing 22% of the population in 2014.
- The percentage of babies being born with a low birth weight is slightly higher than the England average.
- In 2013 18.3% of children under the age of 16 were living in poverty compared to 23.3% regionally and 18.6% nationally.
- 33.9% of pupils with EHC plans / Statements are in receipt of free school meals, compared to 31.4% nationally. 25.7% of those receiving SEN Support receive free schools meals, compared to 25.4% nationally.
- The BME population with SEN in North Tyneside is reflective of the wider BME population. 8% of the school population is from a BME group and 7% of those with SEN are from a BME group.
- A higher percentage of children in North Tyneside have Statements or Education, Health and Care Plans than is the case nationally. In 2017 there were 1,105 pupils with EHC Plans, 3.6% of all pupils, compared to 2.8% of all pupils nationally.
- In 2017 3,116 pupils receiving SEN Support, 10.1% of all pupils compared to 11.6% of pupils nationally.
- A lower proportion of pupils from North Tyneside are placed in Independent Special Schools and Academies than is the case nationally and there are few out-of-borough placements.

Special Educational Needs and Disabilities of Children and Young People.

- 13.6% of children in North Tyneside schools have SEN. This is 1.1% lower than the national average.

- The percentage of Children in Need in North Tyneside who have a disability increased from 5.7% in March 2014 to 11.5% in March 2016, compared to 12.7% nationally.
- Comparatively high proportions of pupils in North Tyneside had Speech, Language and Communication Needs (SLCN) identified as their Primary Need in the School Census in 2016. The majority were in mainstream schools. Of the 12 different Primary Needs SLCN was the most prevalent in North Tyneside in 2016.
- The percentage of children with SLCN in North Tyneside in 2016 was approximately 10 percentage points higher than the position nationally, in the North East or compared to statistical neighbours. However, there was a 9% reduction, accounting for 115 pupils, between 2016 and 2017.
- Moderate Learning Difficulty (MLD) was the second most prevalent Primary Need in 2016. The majority of children with MLD were in mainstream schools. Between 2016 and 2017 there was 21% reduction, accounting for 166 pupils.
- Social Emotional and Mental Health (SEMH) was the third most prevalent Primary Need in 2016 and the proportion of pupils in North Tyneside with SEMH was higher than the national picture. This need was particularly prevalent in children of primary school age. Between 2016 and 2017 there was an increase of 48%, accounting for an additional 211 pupils.
- Specific Learning Difficulty was the fourth most prevalent Primary Need in 2016. Almost all of these pupils were in mainstream schools. Between 2012 and 2016 the numbers had been increasing in line with the national trends.
- The numbers of pupils with Primary Needs classified as 'Other' reduced between 2015 and 2016, reflecting the trajectory for the period from 2012 to 2014. This was the fifth most prevalent Primary Need in 2016.
- Autism Spectrum Disorder (ASD) was the sixth most prevalent Primary Need in 2016. Between 2012 and 2016 the rate of ASD in North Tyneside was lower than in comparator areas, with the rate in primary schools being particularly low. However, between 2016 and 2017 there was a 46% increase, accounting for an additional 98 pupils.
- Severe Learning Difficulty was the seventh most prevalent Primary Need in 2016 and the majority of these pupils were in Special Schools and at Moorbridge Pupil Referral Unit.
- There were relatively low numbers of pupils with Physical Disabilities in mainstream schools, with higher numbers in Special Schools in 2016 and overall rates had fallen over the previous two years. This was the eighth most prevalent Primary Need in 2016.

- Hearing and Visual Impairments were respectively the ninth and tenth most prevalent Primary Needs in 2016. The numbers were relatively low and the majority of these pupils were in mainstream schools.
- There were 20 pupils with a Primary Need of Profound and Multiple Learning Difficulty in 2016, the eleventh most prevalent need. All of these pupils were in Special Schools.
- Multi-Sensory Impairment (MSI) ranked twelfth in order of prevalence in 2016 and there were only 5 pupils with this Primary Need.

Mental health needs.

- In 2013, North Tyneside's estimated prevalence of any mental health disorder in the population aged 5-16 was lower than most other areas in the North East and below the average for England.
- In 2013/14 North Tyneside had a lower rate of hospital admissions for mental health conditions compared to England as a whole.
- Around 9.5% of children and young people aged 5 to 16 years in North Tyneside are estimated to have mental health problems.
- Around 15% of children and young people in North Tyneside (7,200) are expected to require general advice about mental health and wellbeing at some point.
- Around 7% (3,400) will require support for low level mild to moderate emotional health issues.
- Around 1.85% (900) will require specialised services for more severe, complex or persistent disorders and a very small proportion (<50) will require highly specialised care.
- A larger group of young people without a specific mental health diagnosis will experience low levels of wellbeing, e.g. nationally one in five young people experience high levels of anxiety.
- Hospital admissions as a result of self-harm by those aged 10-24 years in North Tyneside are higher than the England average. The admission rate for substance misuse is also higher than England average.
- Rates of alcohol-related admissions in young people under the age of 18 are higher in North Tyneside than the average for England.

Children with the highest levels of need and the uptake of social care.

- There were 165 children with the highest level of need under the care of the Children With Disabilities Team in July 2017.

- 97 of these children were receiving planned or emergency overnight support. 63 of these children (65% of the total), received this support from either the Local Authority's Short Breaks provision at Addison Street or Heatherfield Mews Residential and Short Break Service. The average age of the children accessing the two services was 13.
- These children also accessed a range of other services, including outreach, family support, 1:1 in home/community, holiday play schemes and out of school clubs. On average each of the cohort of 165 children accessed 2.3 services.
- 17 children with the highest levels of need were receiving Continuing Care in July 2017. The average age of these children was 13 and a third of them were aged 16-18.

Educational attainment at Early Years Foundation Stage.

- The percentage of SEN pupils without a Statement who reached a Good Level of Development at the end of the Early Years Foundation Stage Profile (EYFSP) increased by 10% between 2014 and 2015. This was significantly better than comparator groups. Despite a 1% reduction in 2016, North Tyneside's performance still remains in-line with comparator groups.
- In 2017 31% of SEN support pupils reached a Good Level of Development. The gap between SEN support pupils and all pupils nationally is smaller than it is nationally. The performance of pupils with a Statement/EHC plans rose to 4% in 2016 from 0% in the previous years and was the same as national performance. This fell again in 2017 to 0%.
- In 2017, 9% of pupils with EHC plans and 51% of pupils with SEN Support reached the Phonics threshold compared to 18% and 47% nationally. 81% of all pupils in North Tyneside reached the expected level and this mirrors the national position.

Educational attainment at Key Stages 1 & 2.

- At Key Stage 1 SEN support pupils compare well with their peers both regionally and nationally. Compared to all pupils in North Tyneside and nationally, the gap is smallest in Maths. The performance at Key Stage 1 of pupils with EHC plans is lower than the national position.
- In 2016 the percentage of Key Stage 2 SEN Support pupils and those with Statements/EHC plans who reached the Expected Level in Reading, Writing and Maths was in-line with their peers in comparator groups.
- The progress made by SEN pupils between Key Stage 1 and Key Stage 2 is lower than that for all pupils nationally (i.e. all value added scores are below zero). The value-added score is 'best' for both groups in Reading and 'worst' in Writing.

Educational Progress from the end of primary to the end of secondary school.

- Attainment 8 performance of SEN pupils, measuring progress from the end of primary to the end of secondary school, compares favourably with their peers regionally, nationally and amongst statistical neighbours. Performance is in line for those with EHC plans and significantly better for those at SEN Support.
- The Progress 8 score for SEN pupils without a Statement / EHC plan is significantly above that of their peers nationally and is in line with all pupils nationally. The Progress 8 score for those with a Statement/ EHCP is in line with their peers nationally.

Preparation for Adulthood.

- At Key Stage 4 the numbers of young people with EHC plans engaged in Education, Employment or Training is the same as the national picture, whilst the position is slightly lower for those with SEN Support. At Key Stage 5 the proportion is slightly higher than the national position.
- Achievement of Level 2 (including English and maths) by age 19 is lower than the position nationally for both young people with EHC Plans and those with SEN Support.

Learning difficulties.

- The percentage of adults with learning difficulties in settled accommodation and in paid employment are both higher than the national position.
- Children with learning disabilities have higher rates of mental health, emotional and behavioural problems, yet they have lower referral and less access to mental health and physical health care services.

Looked After Children with SEND.

- At March 2016, 155 children in North Tyneside had been looked after for at least 12 months. Of this group 55 (34.6%) had SEN but no Statement or EHC Plan and 35 (22.2%) had either a Statement or an EHC Plan.
- The prevalence of mental health problems is significantly higher in Looked After Children, care leavers and those adopted from care.
- About 42% of children aged 5–10 years who have been in care develop mental health problems compared with 8% who have not been in care; the figures for young people aged 11–15 years are 49% (in care) and 11% (not in care).

11. Sufficiency of Provision

A key question for the Local Authority, the CCG and other partners is how well the volume and nature of education, health and care provision is aligned to the needs of children and young people with SEND. The needs analysis summarised at section 9 above provides the evidence on which to base judgements and to jointly consider the issue of sufficiency.

A key positive key indicator is that the number of out of borough placements is small, demonstrating that the volume, range and nature of local provision is currently well aligned with the needs of children and young people 0-25 with SEND. The services of external children's homes, residential short break providers and independent or non-maintained special schools and colleges are only commissioned when internal provision is unable to meet specific needs or when there is insufficient capacity within internal services.

Most of the of the Local Authority's short break provision is delivered at Heatherfield Mews and Addison Street. Only when those services are unable to meet the needs of a child is an external service purchased. The main external provider is St. Oswald's Hospice in Newcastle which provides short breaks for children with life limiting conditions who require a level of nursing support that cannot be provided by the Local Authority's internal services. A summary of social care provision for children and young people with SEND is shown at Appendix 3.

Demand for placements in independent and non-maintained special schools and colleges remained steady over the three years from 2013/14 to 2015/16 as shown in the table below.

Table 1. Placements in Special Schools and Colleges

	2013/14	2014/15	2015/16
Numbers of children and young people from North Tyneside placed in out of borough provision	25	25	25

When placements in independent and non-maintained schools and colleges are required the education element is funded from the High Needs Block of the Dedicated Schools Grant (DSG).

12. Joint Commissioning Priorities for Action (2018-2021)

This section sets out five priorities for action which emerge from the evaluation of progress and needs analysis above and reflect the pledges of the Children Young People and Learning Partnership that in North Tyneside we:

- Pledge 1: keep children and young people safe at home and connected to their local communities.
- Pledge 2: intervene early with evidence based, family focussed services.

- Pledge 3: work in partnership with schools to keep children in school.

The priorities for joint commissioning are:

- **Priority 1** Strengthening capacity to identify needs and improving the use information to inform commissioning decisions.
- **Priority 2** Meeting needs through high quality, relevant commissioned services.
- **Priority 3** Improving the outcomes from commissioned services.
- **Priority 4** Increasing the personalisation of services and co-producing commissioned services with parents, carers, children and young people.
- **Priority 5** Improving the effectiveness of joint commissioning arrangements.

For each of the five Priorities the critical actions to be taken from 2018 to 2021 have been identified and are set out below. The more detailed action to address the points under each priority is set out in the SEND Improvement Plan.

- **Priority 1** Strengthening capacity to identify needs and improving the use information to inform commissioning decisions.
 - Improve the use of data and information for strategic planning and to inform commissioning decisions and judgements about the adequacy and sufficiency of provision.
 - Develop and maintain the Joint Strategic Needs Assessment and the SEND Performance Report to bring together data from education, health and care, so that trends and patterns in needs (e.g. the high numbers of pupils with SLCN and low numbers with ASD) can be better understood and commissioning decisions can be underpinned with high quality information.
 - Use this bank of data to underpin future needs analysis and statement of sufficiency of provision. Review the strategic and operational implications for the commissioning of education, health and care services arising from demographic patterns and the changing needs of children and young people 0-25 with SEND and factor the findings into medium and long term planning, to ensure sufficiency of provision so that the need for out of borough placements continues to be low and the demand for therapeutic services is met.
 - Strengthen engagement between education, health and social care to improve the quality of information available during the EHC assessment process and build on the engagement of health services in the integrated model of delivery by consolidating the progress made through the locality teams and identifying opportunities for further integration of services.
 - Continue to improve the sharing of information between health and education about the needs of children with SEND in their early years.

Use this information more effectively to inform the joint commissioning of services and to create projections of future demand for early years services to assist with the longer term planning of services.

- Develop a Ready for School Plan as an integral element of 0-19 Children's Public Health work including a Health Visitor Pathway into SEND and more integrated working around 2 year assessments, tracking children from an early age and evidencing improved outcomes.
- Review the 5-19 element of Children's Public Health, including redesigning the school nursing service, to improve capacity to support children with SEND and strengthen links between 5 -19, education and School Improvement.
- Strengthen the engagement of the 0-19 team with children who are electively home educated and ensure that these children have improved access to the school nursing universal offer.
- Gather details of children with additional needs that cannot be met by commissioned services through the work of the Public Health team.
- Build the knowledge of the 0-19 workforce about the SEND reforms through the 0-19 Professional Forum so that families who require early help get the right information, advice and support.
- Review the implications for commissioning services arising from the Keeping Children in School initiative and monitor the effectiveness of needs identification and the arrangements for collaboration between education, health and care professionals throughout primary, secondary and post-16 education. Ensure that any areas requiring intervention are addressed, the graduated approach followed by schools is effective and issues for commissioning of services from the high needs block are highlighted and addressed.
- Review the needs of children with the most complex education, health and care needs under the care of the Children with Disabilities Team to improve the quality of information available to inform commissioning of specialist provision. This will ensure better alignment of provision to needs, improve the arrangements for maintaining data about children with the highest levels of need and inform the review of specialist provision.
- Increase the quality of the Local Offer and usage of the website by parents, carers and young people. This will be achieved by promoting the Local Offer and Disability Register to frontline staff and improving the mechanism for gathering feedback (from parents, carers, young people and professionals) so that the quality of information available to inform the commissioning of services is enhanced. The content, attractiveness and usability of the Local Offer website will be

continuously reviewed and enhanced as part of the broader Local Offer Development Plan.

- **Priority 2** Meeting needs through high quality, relevant commissioned services.
 - Undertake a strategic review of provision funded by the High Needs Block of the Dedicated Schools Grant through the High Needs Commissioning Group, to identify changes needed to commissioned services for schools and to inform use of the SEND Capital Allocation 2018-2021. The implications of the rising number of pupils in special schools will be considered and the action needed to minimise the need for out of borough placements and additional demand for therapeutic services. This work will take account of the findings of the Keeping Children in School initiative and the action to reduce exclusions and numbers of children moving around the schools system and the numbers requiring alternative provision
 - Develop eligibility criteria and a new offer to children under the care of the Children with Disabilities Team who have the highest levels of need and who require specialist provision, including short breaks, redesigning the package of high quality, integrated support and services to better meet needs. Reflect the new offer and criteria in an updated Short Breaks Statement.
 - Re-commission specialist Short Breaks provision for children and young people with degenerative and life-limiting conditions, building on the soft market test completed in 2017. This work will be undertaken collaboratively with Newcastle, Northumberland, South Tyneside and Gateshead Councils.
 - Implement the local arrangements for Children's Continuing Care. This will include improving the alignment of the EHC Plan process with Children's Continuing Care and developing transition arrangements from Continuing Care to Continuing Health Care, taking account of the updated National Framework from October 2018.
 - Implement the new NE12 framework arrangements from February 2018 for commissioning placements in children's homes and residential short breaks services for children with disabilities and independent schools and colleges.
 - Review arrangements for commissioning post-16 provision from FE Colleges in collaboration with other Local Authorities to identify opportunities to improve outcomes and explore what action is needed for the FE sector to carry out its role in supporting students transitioning from school to further education, training and employment.
 - Ensure that therapy services 0 – 25 are accessible, of high quality and are delivering outcomes.

- **Priority 3** Improving the outcomes from commissioned services.
 - Deliver high quality information, advice and support services to parents carers, children and young people, taking account of the increasing complexity of cases being referred and continue to ensure that there is support for those preparing for and attending tribunal, taking account of the SEND Single Route of Redress National Trial Regulations.
 - Undertake further work to analyse the educational attainment and progress of pupils with SEND by their Primary Need from different types of provision.
 - Increase the numbers of young people who have SEND moving into employment post-16 and develop the post-16 offer to better meet needs and deliver Preparing for Adulthood outcomes. This work will be led by the SEND Education to Employment Task Group.
 - Increase the range and volume of local Supported Internships delivered e.g. by NHS England, the Adult Learning Alliance pathways and Tyne Met College. This work will form a key strand of the SEND Education to Employment Task Group.
 - Review arrangements for supporting children and young people to become independent travellers to increase the numbers who can travel independently and move into work-related post-16 provision and achieve employment.
 - Improve the transition from Children's to Adult's Social care services through implementation of a Whole Life Disability Strategy.
- **Priority 4** Increasing the personalisation of services and co-producing commissioned services with parents, carers, children and young people.
 - Implement a schedule of focused, time bound, co-production activity with the Parent Carer Forum working with the Local Authority and CCG. As a minimum this will include these themes: the Local Offer, Personal Budgets, Short Breaks, Independent Travel, Leisure Services. The engagement of the Parent Carer Forum in contributing to the development and evaluation of the SEND Performance Report will continue to be topic for collaboration.
 - Publish a co-produced personal budgets policy and promote them to increase the number of Personal Health Budgets and Personal Budgets.
 - Increase the involvement of children and young people in co-producing the content of the Local Offer.

- Demonstrate to parents, carers, children and young people how the portfolio of education, health and care services is evolving to reflect feedback through the local Offer and the changing needs of children and young people with SEND and their families. Show how the Local Authority is discharging its responsibility to keep all provision under review. This will include publishing feedback on the Local Offer website.
- **Priority 5** Improving the effectiveness of joint commissioning arrangements.
 - Prepare joint commissioning intentions annually and update the SEND Improvement Plan to reflect the action needed each year, review progress and report periodically to the SEND Board.
 - Take full account of the outcomes of the SEND Single Route of Redress National Trial Regulations and the recommendations on the health and social care aspects of EHC Plans made by Tribunals as part of special education appeals. This information will be used to inform a holistic view of commissioning decisions, strengthen joint working and bring about positive benefits to families.
 - Draw up and implement a procedure for Dispute Resolution between the Local Authority and the CCG.
 - Review the implications of preparing young people for adulthood, up to the age of 25, for commissioned services and commissioning arrangements, ensuring a smooth transition from children's to adult services.

13. Monitoring Implementation and Impact of the Joint Commissioning Strategy

Key measures of impact are:

- Inclusion in schools. This will be measured by the number of exclusions, movement of children between schools and numbers in alternative provision.
- Educational Attainment. Key indicators for measuring performance will be narrowing the gap in attainment at Early Years Foundation Stage; Key Stages 1& 2 and Key Stage 4; and ensuring SEND pupils make good progress throughout school.
- Sufficiency of provision. The use of out of borough placements is a key indicator.
- Quality of the Local Offer measured by awareness and satisfaction of parents, carers young people and professionals and levels of usage of the website.

- An evolving portfolio of needs-led services. This will be measured by changes in e.g. mental health and emotional well-being services; and specialist services and support for those children with the highest level of needs.
- Availability of high quality therapeutic services measured by waiting times, outcomes and levels of satisfaction.
- Availability and use of information to inform commissioning. This will be measured by the range of data held in the SEND Performance Report .
- Effectiveness of Panel arrangements measured by the numbers of cases reviewed and the quality of information available to Panels to make good decisions.
- Scope and effectiveness of arrangements for dealing with complaints and resolving disputes measured by the numbers, outcomes and speed of response and resolution.
- Implementation of Continuing Care measured by the number of cases and the quality of evidence based decision making.
- Preparation for Adulthood measured by the effectiveness of transition planning from Year 9 onwards, the experience of moving from Children's to Adult services and the numbers of young people in employment and reduction in numbers of young people with SEND who are NEET at 18+.
- Effective co-production measured by the level of involvement of parents, carers and young people in service design.
- Tribunals decisions measured by numbers of cases, decisions made and implications for commissioning.

At the strategic level the quality, performance and outcomes of all SEND services will be monitored by the SEND Strategic Board. A high level annual review of the performance of commissioned services and the effectiveness of joint commissioning arrangements between the Local Authority and the CCG will be presented to the Board. This will cover progress on each of the Priorities For Action and an evaluation of the effectiveness of Panel arrangements.

14. Appendices

Appendix 1 Educational Provision Funded by the High Needs Block

Special Schools and Pupil Referral Unit	Planned Places 2016-17	Planned Places 2017-18
Beacon Hill	138.8	159
Benton Dene	104.6	113
Silverdale	56	56
Southlands	106	106
Woodlawn	100.2	100.2
Moorbridge Pupil Referral Unit (PRU)	87	87
Total Planned Places	592.6	621.2

Additionally Resources Provision (ARPs) – Planned Places	Planned Places 2016-17	Planned Places 2017-18
Burnside - Moderate Learning Difficulties (MLD)	13	13
George Stephenson - MLD	10	10
Grasmere - MLD	6	6
John Spence - MLD	10	10
Valley Gardens - MLD	10	10
Whitehouse - MLD	10	10
Whitley Bay - MLD	10	10
Whitley Lodge - MLD	5	5
Benton Dene Primary School - Language & Communication – (SLCN)	12	12
Norham - Language & Communication - SLCN	25	25
Waterville - Language & Communication - SLCN	10	10
Longbenton, Melrose – Autistic Spectrum Disorder (ASD)	25	25
Monkseaton High School – Physical Disabilities – (PD)	4	0
Total Planned Places	150	146

ARPs - Planned Places Above By Primary Area of Need		
Primary Areas of Need	Planned Places 2016-17	Planned Places 2017-18
Moderate Learning Difficulties (MLD)	74	74
Speech Language and Communication Needs (SLCN)	47	47
Autistic Spectrum Disorder (ASD)	25	25
Physical Disability (PD)	4	0
Total Planned Places	150	146

Non Place-led Commissioned Provision 2017-18

TRAX - Churchill

PALS - Churchill

Moorbridge PRU First Day Response Service

Dyslexia Service – Southlands School

Primary SEMH – Silverdale School

Assessment Unit SEMH, 3 year-olds - Langley First School

Language & Communication Team - Benton Dene School

Sensory Peripatetic Service - Beacon Hill School

Moorbridge – Hospital / Home Tuition

Special School Outreach Work

Education Other Than At School (EOTAS) Provision

Portage / Local Early Intervention And Prevention Support (LEAPS) - Beacon Hill School

Independent Travel - Beacon Hill School

Moving on Project – Southlands School

Occupational Therapy Support – Woodlawn School

Motor Skills Support – Woodlawn School

Other High Needs Support Funded From the High Needs Block

Statement Support Top-up Funding pre and post-16

Education costs of out-of-area placements

Appendix 2 Responsibilities For Commissioning Health Services

NHS Clinical Commissioning Group

Statutory Services

- CAMHS
- Child Health (Community paediatricians)
- Community children's nursing services
- Continence services (Tier 2)
- Early support key working (this may be jointly commissioned)
- Physiotherapy
- Clinical psychology
- Audiology
- Dietetics
- Wheelchair service
- Looked after children health teams
- Unaccompanied asylum seekers service
- Safeguarding liaison service
- Local hospital services
- Specialist tertiary hospitals e.g. Great Ormond Street where the child stays in hospital for over 70 days.
- Specialist treatment services e.g. to treat stammering.
- Specialist health placements
- Specialist health equipment e.g. ventilators.
- Personal health budgets or health direct payments
- IAPT (Improving Access to Psychological Therapies) services
- Adult mental health service
- Speech and language therapy (adults)
- NHS continuing care for children and young people and continuing healthcare for adults over 18.

Services Delivered by the Voluntary Sector

- Barnardo's – Belief in Children
- Barnardo's – Base Project
- Barnardo's - Bereavement Service
- Cruise Bereavement Care
- Action 4 Blind People
- British Pregnancy Advisory Service
- Disability North
- North Tyneside Carers Centre
- St Oswald's Palliative Care
- Coping with Cancer
- Independent Advocacy – North Tyneside
- Mental Health Concern
- Tyneside Rape Crisis Centre
- Acorns

Appendix 2 Responsibilities For Commissioning Health Services (cont.)

Local Authority Public Health

- Health visiting
- School nursing
- Sexual health services
- Continence Tier 1

NHS England

- GP services (NB. In some areas commissioning responsibility for primary care is transferring to CCGs).
- Dental services
- Community dental services
- Optometry optician
- Specialist tier 4 placements
- Specialist tertiary hospitals e.g. Great Ormond Street
- Specialist residential rehabilitation following an acquired brain injury.
- Prison health services
- Paediatric insulin pumps
- Neonatal services

Shared between NHS Clinical Commissioning Groups and Local Authority

- Speech and language therapy
- Occupational therapy
- Community equipment
- Portage service
- Emotional wellbeing services
- Specialist placements
- Specialist equipment
- Overnight short break services
- Children's continuing care packages
- Community learning disabilities team
- St Oswald's Respite Care

Shared between NHS England and Local Authority

- Communication and assistive technology service

Appendix 3 Social Care Provision

The Local Authority's internal provision:

Children's Homes:

- Sycamore House medium to long term children's home for young people with emotional, behavioural and social difficulties aged 10-17 years
- Riverdale assessment unit and emergency bed for young people with emotional, behavioural and social difficulties aged 10-17 years
- Heatherfield Mews long term placements for children and young people with disabilities aged 7-17 years

Residential Short Breaks for Children and Young People with Disabilities:

- Addison Street (aged 8-17 years)
- Heatherfield Mews (aged 7-17 years)

Providers of Overnight Support

- Addison Street
- Heatherfield Mews
- St Oswald's
- St Cuthbert's
- Grace House
- NEAS
- Percy Hedley

Providers of outreach, homecare and 1:1 in home / community

Support to Live at Home Framework:

- Barnardo's
- Positive Life Choices
- North Tyneside Home Care Associates

Provision to Meet the Needs of People with a Learning Disability, Lot 4: Meeting the needs of children and young people via the Children With Disabilities Team:

- Barnardo's
- Coquet Trust
- Flexible Support OptionsLtd
- Interactive Development Support Ltd
- New Beginnings (North east) Ltd
- Life (Newcastle Home Care associates Ltd)
- New Prospects Association Ltd
- Pulse Community Healthcare
- The Percy Hedley Foundation
- United Response

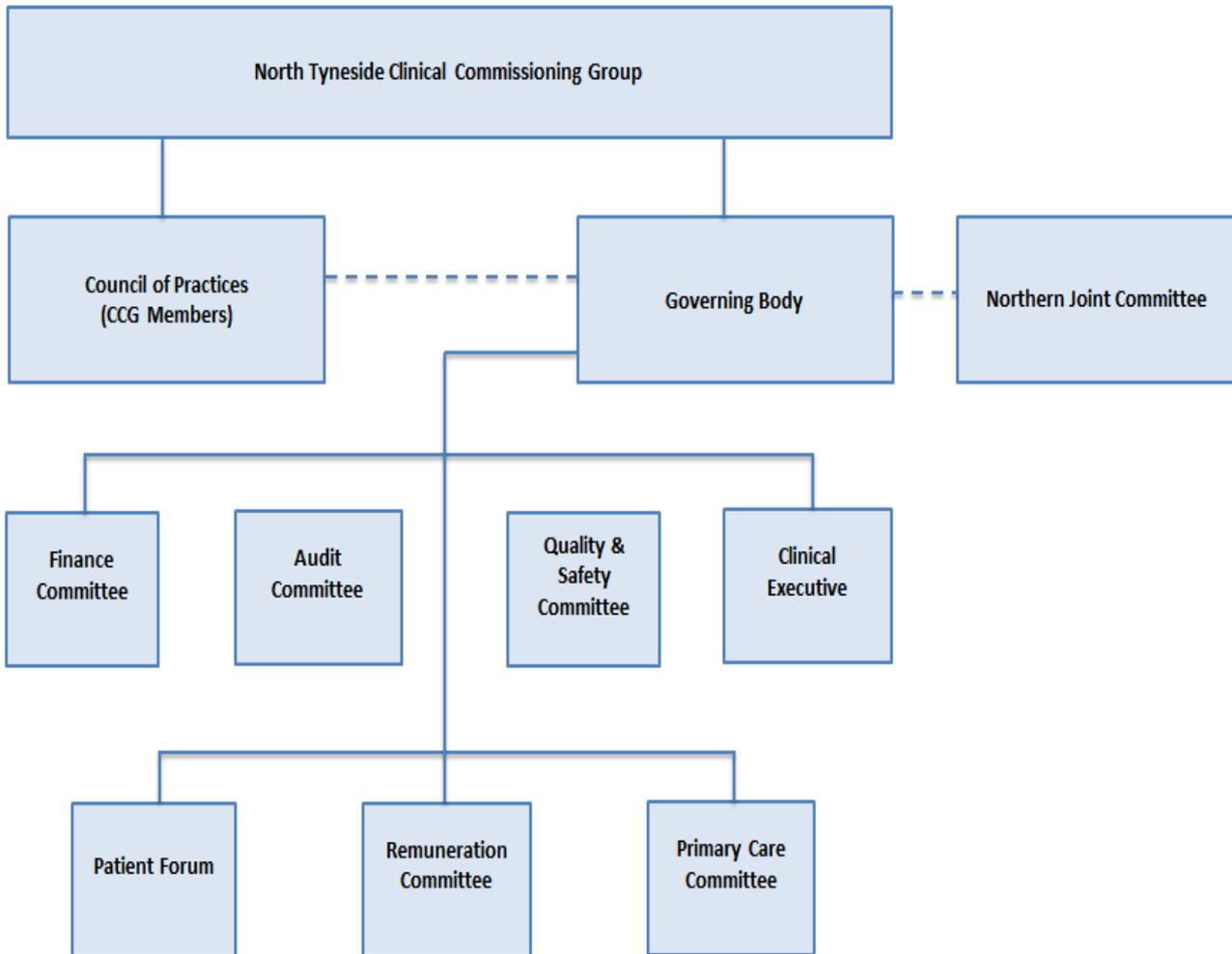
Off-framework providers:

- NEAS (specialist outreach services)

Play Schemes, out of schools clubs and holiday clubs

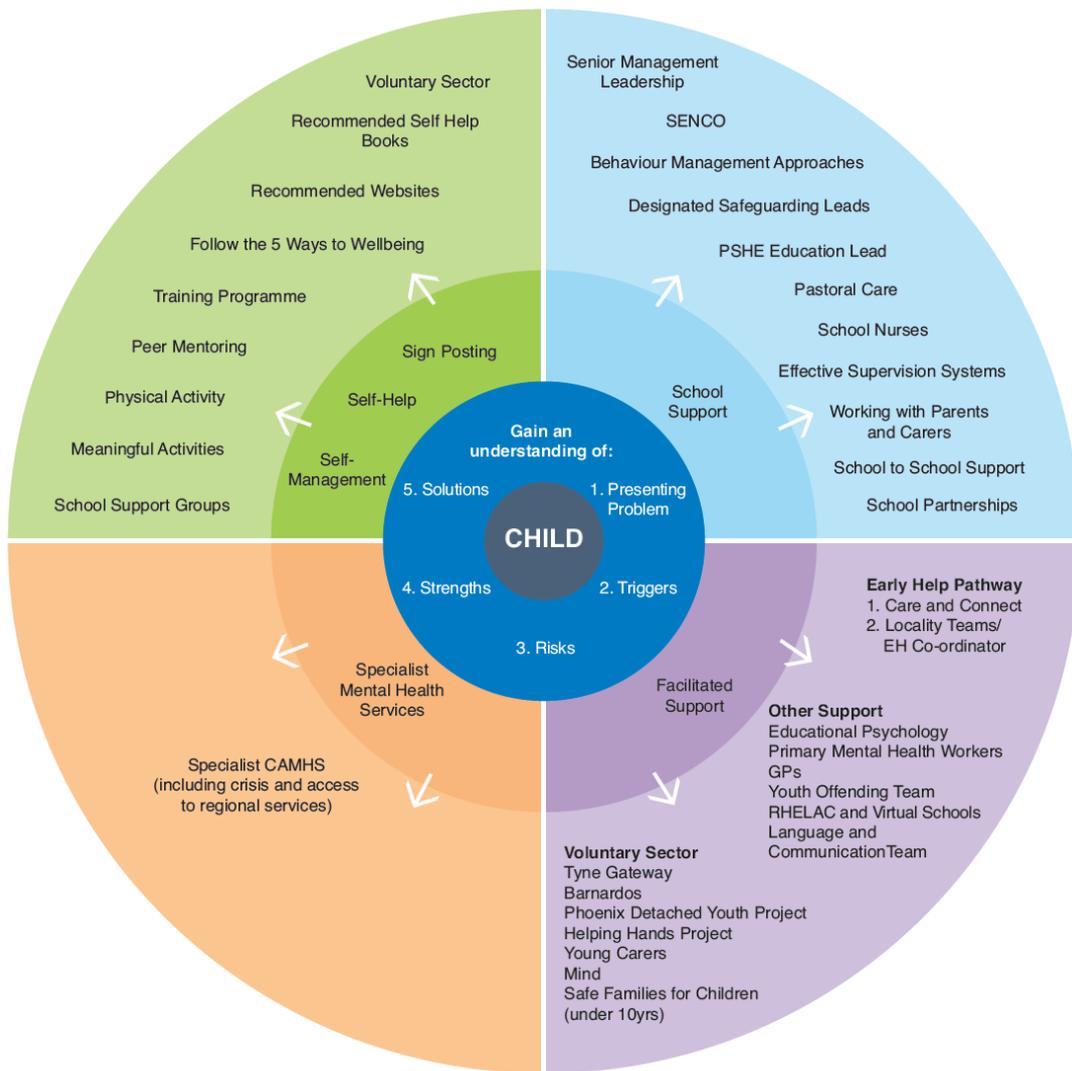
- Beacon Hill School
- Barnardo's
- Pathways
- NEAS
- Riverside/Denbigh
- Percy Hedley

Appendix 4 North Tyneside CCG Governance Structure



Appendix 5 Thrive Model

North Tyneside's Mental Health and Emotional Wellbeing Model for Children and Young People



- Principles**
- Confidentiality
 - Consent
 - Choice
 - Capacity
 - Safeguarding
 - Giving information once
 - Don't automatically refer on
 - Remember consultation options (CAMHS) (EHA)
 - Models of 1:1 supervision

- Gain an understanding of:**
1. Presenting Problem – consider how much impact this is having on function/ daily life/ physical health/ behaviour.
 2. Triggers – what are the perpetuating factors?
 3. Risks – to learning/ attendance/ other children.
 4. Strengths – what other resources are around the child, what can be drawn in?
 5. Solutions – what things can we try?

15. Reference Documents

Council For Disabled Children [Working Together Joint Commissioning Arrangements](#)

Council For Disabled Children [Joint Commissioning Bulletins](#)

Department for Education [Outcomes For Looked After Children](#)

Department for Education [SEND Code of Practice 0-25](#)

Department for Education [Social Care Guide to the 0-25 SEND Code of Practice](#)

Department for Transport [Travel Training Good Practice Guidance](#)

Department of Health [National Framework for Children and Young People's Continuing Care 2016](#)

[North Tyneside Joint Health and Wellbeing Strategy 2012-23](#)

NHS North Tyneside Clinical Commissioning Group [Operational Plan 2017-2019](#)

NHS England [Future in Mind](#)

NHS North of England Commissioning Support Children with SEND Pre-Inspection Baseline Report

NHS North Tyneside Clinical Commissioning Group, Northumbria Healthcare NHS Foundation Trust and Northumberland, Tyne & Wear NHS Foundation Trust, [North Tyneside CAMHS Transformation Plan 2015-2020](#).

NHS North Tyneside Clinical Commissioning Group and North Tyneside Council, North Tyneside Health and Wellbeing Board and Adult Social Care Health and Wellbeing Sub-Committee [Health Wellbeing and Social Care Commissioning Intentions 2017-2018](#)

North Tyneside Council, [Special Educational Needs and Disabilities: Analysis of School Census 2012-2016 & Post-16 High Needs Data](#).

North Tyneside Health and Wellbeing Board, [Joint Strategic Needs Assessment 2015](#)

North Tyneside Council Analysis of Care Needs of Children with Disabilities.

North Tyneside Council SEND Action Plan December 2017

North Tyneside Council SEND Area Inspection Self- Evaluation December 2017

Ofsted North Tyneside services for children in need of help and protection, children looked after and care leavers - Review of the effectiveness of the Local Safeguarding Children Board June 2017 [Inspection Report](#)

Preparing For Adulthood, [Joint Commissioning in Action](#)