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**Stoke-on-Trent**

**Special Education Needs and Disability**

**Joint Commissioning Strategy**

**Final version**

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**Introduction**

From September 2014, part 3 of the Children and Families Act 2014 provides statutory guidance on duties, policies and procedures to local commissioners who are required to work together in the interests of children and young people with special education needs and disabilities (SEND). The SEND Code of Practice, lays out the statutory duties which must be considered by bodies such as local authorities, clinical commissioning groups (CCGs), governing bodies of schools, including non-maintained schools, the management committees of pupil referral units, independent schools and independent specialist providers (full list can be found in the Code of Practice). Currently over 1400 children and young people in Stoke-on-Trent have a Special Educational Needs statement.

**Vision**

Our vision continues to be that **all** children and young people in the city are:

* Happy, safe and healthy; and
* Inspired and enabled to succeed

This joint commissioning strategy is set within this overall vision contained within our Children, Young People and Families Plan, with the commitment to work together to integrate services for all children and young people in Stoke-on-Trent to improve their life chances and help them maximise their potential. The CCG and the local authority work closely with Public Health and are actively engaged to ensure health outcomes are continually improved, health inequalities are reduced and to shift care and resources from treatment to prevention. Both the CCG and local authority have a significant role in ensuring the outcomes for children and young people which includes the ambition of ‘Starting Well: Children flourish and feel loved, valued and safe’ as part of a life course approach.

**Purpose**

The purpose of this strategy is to explain the current mechanism for joint commissioning arrangements in Stoke on Trent, between the City Council and Stoke CCG and the vision for how we will develop these arrangements for the future. The arrangements will set out our vision for integrated services that covers 0-25yr old children and young people with SEN or disabilities, both with and without Education, Health and Care (EHC) plans. These arrangements will also take account provision being commissioned by other agencies such as schools, further education colleges and other education settings and also cover emergency provision

**Commissioning Principles and Standards**

Effective strategic commissioning can secure better use of available resources, by ensuring efficiencies are made through the identification of duplication and economies of scale. Our key strategic commissioning principles are as follows:

* Services provided to children and young people with disabilities sustain and build on our robust safeguarding practice and policies
* taking a strategic and long-term approach – so our families are resilient and can lead happy, independent and fulfilled lives
* a strong focus on outcomes – so we can maximise the potential of our children and young people providing continuity of care throughout the various stages of transition
* tackling inequalities – ensuring children and young people with disabilities should be enabled to have the same opportunities to achieve and succeed as their non-disabled peers
* improved understanding of the needs of individuals and communities – so we have a shared understanding of priority needs, evidence based practice and where the gaps are
* children, young people and their families should receive early joined up and consistent support through a common approach to assessment with a greater emphasis on prevention and early intervention
* more choice and control for people by engaging them in commissioning – so children, young people and families are able to make informed choices and fully consulted in decisions that directly affect them
* working in partnership – strategic commissioning and joint priorities, integrated services, and use of pooled resources - so we make good use of all our total resources (budgets, workforce and other assets)
* working with markets for transformational change drawing in alternative providers – to widen options for young people and families and increase efficiency

The new Children and Families Act and Care Act 2014 will facilitate and encourage greater collaboration and connectivity across the various key transition points across the whole age range up to 25 years across education, care and health. The delivery approach will be to ensure:

* A seamless service: cohesive approach to planning and delivering joined up single assessment, planning, interventions and reviews - right focus at right stage
* Consistency and continuity for family and young person into adulthood, reducing any confusion or potential duplication with a planned handover of information
* Co-ordinated information, advice and guidance – where information is told once by the individual / family and acted upon appropriately. Good accurate communication which is two-way, open, transparent, honest, timely, easily accessible, understood and jargon free.
* A personalised approach within a standard framework, supported by an effective advocacy service : choice and more effective involvement of young person in planning and information on possible options

Outcomes will be delivered through

* + trusting, respectful and positive relationships with the family, young person or individual
	+ optimising independence and ‘ordinary life’ expectations wherever possible, including a shared understanding of respective rights and responsibilities
	+ effective engagement, information and support for families and carers - recognising and reducing anxieties helping to prepare them for any future change

**Commissioning Overview**

It is crucial that we all have a shared understanding of what we mean when we use the term ‘commissioning’. For Stoke on Trent the following terms have been agreed:

*“Commissioning is the process for deciding how to use the total resource available for children, young people and parents in order to improve outcomes in the most efficient, effective, equitable and sustainable way.” - Commissioning Support Programme*

**Commissioning Model**

**Introduction – what is commissioning?**

Commissioning is a complex process that requires active engagement of service users, carers and stakeholders, and the support of service providers (whether in house or external) to enable them to deliver prioritised outcomes in the most efficient, effective, equitable and sustainable way – co-production. Strategic commissioning creates levers for service change and takes account of the supply of resources to meet demand; resources which include money, facilities and people with the right skills, knowledge and abilities. Commissioning is different to procurement, purchasing or contracting: strategic commissioning takes a long term view of demand, reviewing what supply is available and the desired outcomes.

Success is dependent on good partnerships and effective community leadership coming together to deliver maximum impact and efficiency avoiding duplication or confusion. Joint commissioning is the total resources available for families across health, education and social care in order to improve outcomes in the most efficient, effective, equitable and sustainable way. Together we are stronger.

We expect this joint commissioning strategy to build upon our local robust existing joint commissioning arrangements already in place for our CAMHS, Carers inc Young Carers, Advocacy, Child Sexual Exploitation support service and our specialised Continuing Healthcare provision

There are a range of models of commissioning cycles but all very similar. We use a 4 stage approach of Understand and Analyse; Plan; Do; and Review. The model is cyclical in nature and describes the key elements of effective commissioning. It should be adopted by all to help consistency (diagram at appendix 3). Important to start with the understanding of the outcomes which need to be achieved and services can be designed around improving the desired outcomes. For more details see Appendix 2.

**Key leavers for joint commissioning**

**Individual level commissioning levers**

* Users are at the centre – ‘no decision about me without me’
* Promoting choice and control via personal budgets across education, health and social care
* Co-production of high quality local services with young people, families and the community and voluntary sector with a focus upon family and community resilience

**Operational or service level commissioning levers**

* The EHC provision will meet the assessed needs of the children, young people with SEND and their families
* What provision is to be secured and by whom
* Procedures for ensuring that disputes are resolved quickly
* Joint Commissioning arrangements are in place for:
	+ Securing EHC needs assessments
	+ Securing the EHC provision set out in the EHC plans
	+ Agreeing personal budgets
* Review the joint commissioning arrangements, functions and duty of co-operation
* Review outcomes and performance, review best practice websites and information sharing protocols and governance

**Strategic commissioning levers**

* Role and effectiveness of Health and Wellbeing Boards
* JSNA and joint health and wellbeing strategy
* Joint and pooled budgets
* Common outcomes and performance frameworks / indicators
* Legislation – Children and Family Act 2014 for example

**Governance and Accountability**

**Partnership structure**



Governance arrangements for joint commissioning between health and the local authority are already established and embedded within day to day service delivery. This is monitored by the **Health and Wellbeing Board** which provides strategic leadership and direction to each part of the governance structure driving through policy and service development to improve outcomes for children and young people. The Board is multi-agency and includes elected members, Executive Director of People Services (covers roles of both the Director of Children’s Service role and Director of Adult Social Services), Director of Public Health and the CCG Clinical Accountable Officer.

Supporting the role of the Health and Wellbeing Board is the **CYP Strategic Partnership Board** which is where challenges and service performance is reported on a quarterly basis. Underpinning this is **the SEND Reform Board**, which is made up of senior strategic level managers across the authority and CCG, together with the representative from the Parent Forum and will cover any necessary changes to commissioned services, options for future re-design, effectiveness of joint and integrated processes and procedures, insights and views from children, young people and their families. Specific decisions affecting individual EHC plans will be made at the **EHC Panel** which is held weekly.

Whilst the partnership cannot require any partner to act in a way contrary to its statutory responsibility, conflicts of interest will be declared at any point in any meeting or discussion, as they arise and actions taken at that time to manage same.

**CCG Governance and Decision Making Processes**

The CCG is a clinically led organisation and will work with local clinicians across the health system to deliver change. Our local GP’s will direct the CCG to commission services that most effectively meet the needs of their patients. Member practices will hold the CCG to account for the implementation of this direction. The CCG will hold practices to account for delivering such services within the community for the patient population.

The CCG is committed to ensuring collaboration and joint working, including commissioning with partner agencies such as the Local Authority. Governance structures are already in place with regards to the accountability and responsibility in joint decision making around specific portfolios, these decisions take place via the formal governance process via the Children and Young People Partnership Board through to the Health and Wellbeing Board. This will be the mechanism used for reviewing and participating in future commissioning intentions and redesign of services. Service user



involvement is key to all commissioning decisions within the CCG; the formal route for this is the use of the Patient Congress which is a sub-committee of the Healthwatch Board. The CCG also takes the opportunity to engage in patient and public involvement activities through a variety of methods such as patient/ service user representation on individual working groups, committees and boards at portfolio level.

**Decision making processes**

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Local governance arrangements are in place to ensure clear accountability for commissioning services for children and young people with SEN and disabilities aged 0- 25. See above for the clear structure of decision-making which will help ensure that joint commissioning is focused on achieving agreed outcomes outlined in the EHC and other individual care plans. The EHC Plan will make it very clear who is responsible for delivering which element of the support or service.

**Designated Medical Officer**

The Special Educational Needs and Disability (SEND) Code of Practice recommends the identification of a Designated Medical/Clinical Officer to coordinate and support the implementation of the system. The role will demonstrate an understanding of challenges for children, young people and adults with SEN; provide leadership in the development of the system and to be motivated and committed to improving outcomes for children, young people and adults with SEN. Stoke-on-Trent CCG have appointed to this role so this function is live and active. The Designated Clinical Offer is key in supporting the CCG and health providers in the delivery of the SEND reforms and to provide clinical input to inform commissioned services for children with disabilities.

**Involvement of the child, young person and family**

We are committed to putting children and families at the heart of the planning processes, with the aim of improved decision making building on meaningful participation, effective consultation and information sharing. There are a range of engagement processes ensuring children, young people with SEN and disabilities and their families are involved in commissioning decisions, providing their useful insights and how to improve services and outcomes. The Aiming Higher Together Parent Forum and the Parent Engagement Partnership group/s are important groups fully involved in the SEND Reform Board and wider changes related to the new Children and Families Act and Aiming High/ Enhanced level programme for example. Various themed working task and finish groups have been set up as part of managing change as part of the bigger system, where parent/ carer representatives have been fully involved in the planning and delivery, for example Local Offer, Personal Budgets and evaluation of tender process for Aiming High. The chair of our local Parent Forum also sits on the local Patients Congress, and the authority has recently commissioned Children England to undertake key specific children and young people feedback and evaluation.

**Identifying needs**

This authority, together with Stoke CCG and other partners, will work together to assess the needs of our individual local children with special education needs and disability along with the wider population assessment linking into the JSNA. The latest version of the needs assessment for people with Learning Disabilities is now available through website. The vulnerable people LD section can be found here: <http://webapps.stoke.gov.uk/JSNA/JSNA.aspx?ID=281>. This authority will identify all children and young people living in Stoke on Trent who have or may have SEN or may have a disability. Anyone can bring a child or young person who they believe has or probably has SEN or a disability to the attention of this authority and parents, early years providers, schools and colleges have an important role in doing this.

Stoke CCG, NHS Trust and other health providers also have a statutory role in informing this authority if they identify a child under compulsory school age as having a disability or having, or probably having, SEN or a disability.

It is fully acknowledged, that a child’s parents or carers, young people, schools and colleges also have specific rights to request an assessment for an EHC Plan.

**Securing EHC assessments**

Partners, including Stoke CCG, have agreed the EHC Plan documentation, an overall EHC assessment and planning process following consultation and involvement of parents and carers, Parents Forum and partners. The EHC Plan will follow the Code of Practice and complies with the required timescales.

This authority, together with Stoke CCG and the wider partners are fully committed to ensuring children, their parents and young people are involved in discussions and decisions about their individual support and about local provision.

Specifically, this authority will ensure the child’s parents or the young person are fully included in the EHC assessment process from the very start, are fully aware of their opportunities to offer views and information, and are consulted about the content of the plan.

Together as partners, we have a strong and genuine commitment to valuing views from parents, carers and young people during the EHC assessment of needs and the final drawing up and reviewing of the EHC plan in relation to the child or young person. We want to encourage and enable parents to share their knowledge about their child and give them confidence that their views and contributions are valued and acted upon. It is recognised that at times parents, teachers and others will have differing expectations of how a child’s needs are best met. The authority together with the partners including teachers acknowledge that these discussions can be challenging but recognising it is in the child’s best interests for a constructive dialogue to be maintained, to work through the differing perspectives and agree the action to be taken.

We also recognise the new rights directly given to young people once 16yrs with the decision-making rights transferring from their parents to themselves.

**EHC Plan**

The principles and format of the EHC Plan will comply with the Code of Practice (June 2014) and will specify the outcomes sought for the child or young person. A process and pathway has been agreed with key partners and offers a robust step by step approach in order to fulfil the duties laid down in the Act. There will be a formal Transfer Review process to transfer existing Statements of SEND and Learning Difficulty Assessments (LDA’s) to EHC plans over the next 3 years. EHC Plans will be reviewed by the local authority as a minimum every 12months. All reviews taking place from year 9 at the latest and onwards will include a focus on preparing for adulthood, including employment, independent living and participation in society.

**EHC Panel**

This is the hub at the heart of decision making for each individual case - both in terms of deciding whether an EHC Plan is necessary so an assessment needs to take place and following an assessment, decide whether it is necessary to develop an EHC plan. A panel meets weekly at present and will continue to do so in the new arrangements, with the added dimension of key partners for health and care services – both covering children and adults services – and they will be fully involved in the decision-making. This panel will comprise of senior representation from: Children’s Social Care; Learning Services; Educational Psychology; Early Years Inclusion; SEND Service; Schools; Adult Social Care and CCG (via the Designated Clinical Officer) – commissioners covering both children and adult services.

**Securing relevant provision**

Our Local Offer will reflect the services available across the city for children and young people aged up to 25yrs. On an ongoing cyclical basis, we will link the EHC assessments, plans and reviews to the Local Offer which will help to identify gaps in local provision. The Local Offer is available on http://www.stoke.gov.uk/local-offer.

The majority of the needs will be met by high quality teaching and learning which differentiated and personalised to meet the individual child or young person’s needs.

With high aspirations, and the right support, it is hoped that the majority of children and young people can go on to achieve good outcomes in adult life. Locally, partners are committed to work together to help young people realise their ambitions as part of their preparation for adulthood. This includes: higher education and or employment; independent living and living arrangements; participating in society and being as healthy as possible. As the local authority, we acknowledge the legal duty to ensure the EHC plans include the preparation for adulthood and that as children grow older (Yr9 at the latest) preparations for transition becomes a more explicit part of their EHC plan.

An integral feature of the commissioning cycle is the important role of reviewing how well the outcomes are met, once set within the individual plan or EHC Plan as well as reviewing how well the services meet the demand and individual requirements set out in the EHC plan. This should also cover the transition phase between children and adult services (education, health and care) as it is important they young people with SEN and disabilities are helped to prepare for independent living – employment, accommodation and other support which helps them to participate fully in society.

**Supporting children and young people who do need an EHC Plan**

Children and Young People who do not need an EHC Plan will access support available through the Local Offer. In instances where the social care need is high the existing social care assessment, planning and review process will support the child, young person and their family using the provision available through the Local Offer, with specific bespoke arrangements in place where specialist needs are required such as residential care placement or Enhanced Aiming High for short breaks. In instances where there is a learning need, there will be a school support plan in place so needs can be met. In specific cases where the health needs are high, consideration will be given to either accessing the Continuing Healthcare process (see below) or individual arrangements to suit the needs of the child or young person.

**Continuing Healthcare for children and young people with very complex and long term conditions**

This specific health commissioning process is already in place, although is currently subject to a review for both children and adults.

The majority of children and young people have their needs met through the provision of universal and specialist services delivered by a range of partner agencies. However, some children need to access services that are not routinely commissioned and for a small number of children whose needs are complex will require a coordinated approach to both assessment and service delivery. The National Framework for Children and Young People in Continuing Care, Department of Health 2010 provides national guidance for local interpretation regarding a process for determining if a child or young person requires additional NHS funding to meet an unmet health need. At the heart of the framework is a commitment from all agencies to ensure timely, integrated, co-ordinated and high quality service delivery, which meets agreed outcomes and promotes quality improvement. The continuing care process is a three phase activity which health, social care and education undertake in order to deliver the continuing care framework; these are 1) assessment, 2) decision making and 3) arrangement for provision. Cases will be assessed against appropriate criteria via the Continuing Care Commissioning Forum (CCCF). The continuing care agreed protocol within Stoke-on-Trent and Staffordshire has clear protocols for the resolution of inter-agency disputes, it is anticipated that the CCCF will be able to reach agreements where issues arise in all but the most exceptional circumstances. See section on dispute resolution and transition to adult services below.

The continuing care agreed protocol also includes a clear, transparent appeals process for a child, young person, or their family or carer who may wish to pursue an issue or concern regarding the timeliness of assessment and decision or the outcome of the panel. Please see Appendix 4.

**Transition to Adult Services**

The **local authority** will work with partner agencies including health to ensure transition planning for young people with SEND are supported in making the transition from children’s to adult services. The SEND legislation will work in tandem with the Care Act 2014 reforms to enable local authorities to continue to deliver children’s services for those over 18 for an appropriate amount of time where there is a significant benefit to the young person on an individual basis. Transition planning will work across various pathways for children including health, continuing care, social care and education. The local authority, through its whole life disability approach, the new enhanced transition process being developed and Transition Forum, will ensure that the transition to adult care and support starts early, is well planned and is integrated alongside the annual reviews of the EHC plan. Transition planning will reflect existing special educational and health provision that is in place to help the young person prepare for adulthood. Recent improvements have been made to the closer working between our children’s and adult’s social care teams ensuring young people are identified much earlier and, together with their families, are supported through the agreed transition procedures.

The legislation provides **a statutory responsibility for health** in supporting young people with SEND. Support will be available to prepare young people for good health in adulthood with clear plans in place to make the transition to adult health services. A child or young person with significant health needs is usually under the care of a paediatrician, however as an adult, the pathway becomes much more complex and individuals may find themselves under the care of different consultants or different conditions. Health professionals will work with the young person, and where appropriate the family to gain an understanding of the individuals needs to co-ordinate health care around those needs to ensure continuity of care and the best outcomes for the individuals. Children and young people access health services that are commissioned at service level, these services are commissioned against a service specification on an outcomes basis. Built within service specification for children’s services is a responsibility for health providers to plan for all children at or shortly after referral to the service. Pro-active engagement with adult services shall commence as the child reaches 14yrs. An individual transition care plan between paediatric and adult – orientated health services will provide coordinated uninterrupted healthcare to avoid negative consequences for the young person.

When a young person in receipt of **continuing healthcare** reaches the age 14, individual cases will be flagged by the children continuing care lead to the multi-disciplinary team responses for the assessment of adult’s NHS continuing care. At the age of 17, the lead will obtain health, social and education assessments as appropriate which for presentation at a multi-agency meeting at which the checklist for NHS continuing healthcare for adults will be completed and recommendations for future care options will be agreed. Via the prevailing NHS continuing care adults assessment process, the eligibility of the young person will be determined within 6 months of the individuals 18th birthday. The outcome decision will be communicated to the young person and or family and the multi-disciplinary team. All professionals involved in the process of transition for individuals will adhere to the current agreed transition policy in place.

 **Supporting children, young people and families to participate**

We are committed to ensuring that children, young people and their parents/ carers are provided with the information, advice and support necessary to enable them to participate fully in the discussions and decisions about their support. This will include information on their rights and entitlements with time to prepare for their meetings. For those young people in Year 9 onwards, particularly for those young people with EHC Plans, a whole range of agencies will be involved in the planning for a young person’s transition to adult life, the future and how to prepare for it, including their health, where they will live, their relationships and how to achieve greater independence.

There is currently a jointly commissioned Advocacy service which is available to support young people as they navigate key decisions about their health or care.

**Advice and information**

Independent Supporters will be working locally to specifically support young people and parents through the introduction of the new assessment processes and the development of Education Health and Care Plans. Information, advice and support will be provided to new entrants to the system, Children with a Statement of SEN converting to an EHC Plan and for young people with a Learner Difficulty Assessment converting to an EHC Plan.  <http://www.parent-partnership-stoke.co.uk/>.

There is a Children in Care Council, made up of young people in care or leaving care, facilitated and supported by a full time worker to ensure their views and perspectives from these young people are fully reflected. The Patient, Advice and Liaison Service (PALs) is a free, informal, confidential help and advice service for patients, carers and families. It is there to help when you need advice or have concerns and don’t know where to turn. Please see appendix 4.

**Local Offer**

This authority, along with the key partners, recognise the important role and function of the Local Offer – one place where clear and accessible information about provision will be held across education, health and social care covering 0 – 25yrs. The Local Offer will also explain how to access the provision. The Local Offer is co-owned and co-designed with parents and young people with SEN and disabilities. The Local Offer is being developed into an interactive web-based site where all information can be easily accessed. The Local Offer will meet the specified requirements laid out in the regulations and will be collaborative, accessible, comprehensive with decisions made in a transparent manner.

The Local Offer will be subject to a regular review, following the commissioning process, ensuring the learning and feedback from young people and families are properly reflected and acted upon – all adding to the genuine sense of co-ownership. The Local Offer can be accessed at <http://www.stoke.gov.uk/ccm/navigation/education/special-educational-needs/local-offer/>

**Role of the Parent Forums**

The Aiming Higher Together Parent Forum is an established and productive partnership made up of a range of parents and carers of children and young people with special educational needs and disabilities. They meet on a regular monthly basis and often run themed workshops involving a wider group of parents advising on specific areas for development within the Aiming High programme and the SEND reforms. They are fully engaged in the Local Offer, EHC planning and how personalised budgets can work within the city and have a permanent place within SEND Reform Board. Their website can be accessed at [www.ahtstokeparentforum.com](http://www.ahtstokeparentforum.com)

**Role of the Healthwatch and the Patient Congress**

Healthwatch England was established in 2012, it leads and supports the Healthwatch Network nationally, made up of community focused local Healthwatch, such as Stoke-on-Trent. Healthwatch acts as the national champions in health and care and have the statutory power to ensure the voice of the consumer is strengthened and heard by commissioners who deliver and regulate health and care services locally.

The role of the Patient Congress is to bring the experience and voice of patient groups and carers to influence the commissioning intentions and decisions of the CCG. This will be achieved by:

1. Putting patients first
2. Utilising and supporting evidence of best practice
3. Promoting awareness of health initiatives and developments with the public and patients
4. Engaging and including patients in all aspects of service redesign and change

**Role of register of children with disabilities and Aiming High**

On behalf of the authority, there is a voluntary register of children and young people with disabilities organised and managed by a local voluntary sector organisation. As this is a voluntary register, not all children and young people are captured. The current number on this register is 170 . As of March 2013, over 490 children and young people accessed the Aiming High Short Breaks programme.

**Financial resources**

In Stoke-on-Trent, across the authority and CCG we have some experience of aligning budgets and we recognise there is more to consider as part of the EHC planning and assessment process. This could allow partners (for example health and social care) to jointly consider their individual budgets and align and co-ordinate their activities to deliver the agreed aims and outcomes within the plan, whilst retaining complete accountability and responsibility of their own resources.

Pooled budgets can also be considered as part of the EHC planning and assessment process which would allow a multi-agency approach to make financial contributions from a range of different organisations (such as the authority and CCG) into a single fund to achieve specified and mutually agreed aims. This pooled budget becomes a single budget, managed by a single host with a formal partnership or joint funding agreement that sets out aims, accountabilities and responsibilities. In Stoke-on-Trent, we have some experience of operating a pooled budget and recognise there is more to explore and improve as part of delivering a co-ordinated EHC plan.

**Personal Budgets**

Personal budgets are integral to EHC Planning process, children, young people and families with have the rights to request a personal budget which may contain elements of education, health and social care funding.

A policy statement has been developed to cover the descriptions of local services available for an **EHC personal budget** and the choices of mechanism to control this budget. Stoke CCG are working closely with this authority to make the links between the SEN offer and Personal Health budgets for children and adults. Please see appendix 5.

If a child or young person is subject to a child in need plan or child protection plan, with the support of a social worker, there is also an option to access a personalised budget through a Direct Payment mechanism allowing the employment of a Personal Assistant as part of meeting their needs. There is an interest to better align the personal budget mechanisms used within the authority’s children and adult social care systems. This process will be kept under tight review to reflect on the feedback from our young people and families and the learning from the wider system. We expect to undertake an annual review of what works for whom and why and what could improve - all aimed at improving greater choice and control as the market develops and funding streams are freed from existing contractual arrangements.

**Personal Health Budgets (PhB)**

A personal health budget is an amount of money provided to an individual with an identified health need that enables them to have more choice and control over how their needs are met and how they are supported. This means they can select the treatments and services that meet these needs in a way that is most appropriate to them.

The use of personal health budgets within Stoke-on-Trent is available via continuing care, any child, young person or adult who meets the continuing care eligibility criteria has the right to request a personal health budget from October 2014, this will change to the right to have.

**Workforce Support**

Supported by both the CYP Strategic Partnership and the Children’s Safeguarding Board there are many varied training and wider learning opportunities open to staff, volunteers and managers from local organisations (including voluntary and community sector groups) who work with children, young people and families. Many are promoted on the Safeguarding website and other website sites such as VAST. Staff and managers are actively encouraged to participate in these joint training programmes. Themes cover safeguarding (up to level 3 and 4), assessment and managing risk, information sharing, Emotional Health and Wellbeing, Child Sexual Exploitation, Domestic and Sexual Violence and Substance Misuse. Specific joint workshops have been held directly relating to promoting the understanding of the SEND reforms, developing and using the EHC plan and its new pathway.

**Early Resolution of disagreements**

Disagreement resolution arrangements cover all children and young people with SEN, not just those who are being assessed for or have an EHC plan. They are available to parents and young people to resolve disagreements about any aspect of SEN provision, and health and social care disagreements during the processes related to EHC needs assessment and EHC Plans. Used early in the process of EHC needs assessment and EHC plan development they can prevent the need for mediation, once decisions have been taken in that process and appeals to the Tribunal.

**Mediation**

Mediation will be offered to parents or young people following a local authority decision not to carry out an EHC needs assessment, not to draw up an EHC plan, after they receive a final EHC plan or amended plan, following a decision not to amend the EHC Plan or a decision to cease to maintain an EHC plan. The mediation arrangement is specifically linked to decisions about EHC needs assessments and plans. These mediation arrangements complement the disagreement resolution arrangements – please see above.

This service will be offered via a regional framework of providers – please see local offer for details.

**Appeals**

Effective dispute resolution is key to the success of the new procedures. The Local Authority and Health are fully committed to pursuing practical solutions with parents and young people at every stage and to ensure continuous review and reflection to further improve outcomes.

In making a decision about whether to carry out an EHC assessment, the Local Authority will gather evidence from parent/carer, young person and the education setting. If the EHC Panel decides not to carry out an EHC assessment, a parent or young person can appeal to the First –Tier (SEND) Tribunal.

Similarly, if following an assessment, the EHC Panel decides that an EHC Plan is not necessary, a parent or young person can appeal to the Tribunal. The final special educational content of the EHC Plan can also be appealed to the Tribunal.

When a parent or young person wishes to bring an appeal to Tribunal, they may do so only if an independent mediation adviser has provided them with information about mediation and how it might help. Parents or young people can then decide whether to go to mediation before they bring an appeal to the First-tier (SEND) Tribunal. Where they decide against mediation, they will be able to go straight to appeal after receiving a certificate stating that they have considered mediation.

Complaints about the health and social care content of the EHC Plan must be made using the agency complaints procedures.

**Dispute Resolution (inter-agency)**

The EHC Panel has the responsibility for agreeing the eligibility of children and young people for funding arrangements for the identified needs of the individual across education, health and social care, where their needs cannot be met by current commissioned service provision. It is anticipated that the panel will be able to reach agreements on these issues in all but the most exceptional circumstances. If exceptional circumstances arise, the matter will be escalated to senior managers in respective departments and/ or agencies, following the Continuing Healthcare dispute resolution process in the first instance. The Continuing Healthcare agreed protocol within Stoke-on-Trent and Staffordshire has clear protocols for the resolution of inter-agency disputes, it is anticipated that the Continuing Care Commissioning Forum (CCCF) will be able to reach agreements where issues arise in all but the most exceptional circumstances. Under no circumstances will a dispute between agencies delay the provision of the required care packages and “without prejudice” agreements will be made to ensure funding is in place pending resolution. The protocols also identify a robust and transparent multi-agency approach to support transition into adult services by following the agreed transition policy in place.

**Complaints**

**Stoke on Trent City Council’s Complaints procedure**

Stoke-On-Trent City Council actively encourages feedback about the services it provides as part of its social care responsibilities. We want to work with service users, parents, carers, families and other professionals to provide quality services to meet the needs of our diverse communities.

We believe that listening to the experience of our services users and carers helps us to improve the way we do things. We welcome feedback about how we might do things differently or better, and are committed to taking seriously any suggestions for service improvements.

The city council has robust complaints procedures in place for complaints about statutory and corporate services which are compliant with statutory regulations and best practice. Please see appendix 4 for details.

**Stoke-on-Trent Clinical Commissioning Group (CCG) Complaints Procedure**

NHS staff try to get things right, but sometimes things do not go as well as we would like them to. If an individual is unhappy with their care or a local service, the complaints procedure can be used to ensure that issues can be addressed, this feedback also supports the improvement of services to prevent any further issues. Please see appendix 4 for details

 **Appendix 1**

**Glossary of Terms**

**Early Years Assessment.** A social care assessment of a child and his or her family, designed to identify needs at an early stage and enable suitable interventions to be put in place to support the family.

**Education, Health and Care Plan (EHC Plan**). An EHC plan details education, health and social care support that is to be provided to a child or young person who has SEN or a disability. It is drawn up by the local authority after an EHC assessment of the child or young person has determined that an EHC plan is necessary, and after consultation with relevant partner agencies.

**CCG.** Clinical commissioning Group

**CHC.** Continuing Healthcare

**Local Offer.** Local authorities in England are required to set out in their Local Offer information about provision they expect to be available across education, health and social care for children, young people in their area who have SEN or are disabled, including those who do not have Education, Health and Care (EHC) plans. Local authorities must consult locally on what provision the Local Offer should contain.

**Healthwatch.** Is an independent consumer champion, gathering and representing the views of the public about health and social care services in England. It operates at a national and local level and ensures the views of the public and people who use services are taken into account.

**Personal Budget.** A Personal Budget is an amount of money identified by the local authority (or CCG for a Personal Health Budget) to deliver provision set out in an EHC plan where the parent or young person is involved in securing that provision. The funds can be held directly by the parent or young person, or may be held and managed on their behalf by the local authority, school, college or other organisation or individual and used to commission the support specified in the EHC plan.

**Special Educational Needs (SEN).** A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person has a learning difficulty or disability if he or she has a significantly greater difficulty in learning than the majority of others of the same age, or has a disability which prevents or hinders him or her from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

**Appendix 2**

**Commissioning Overview**

The terms used to describe the commissioning process can often cause confusion amongst partners. It is crucial that we all have a shared understanding of what we mean when we use the term ‘commissioning’. For Stoke on Trent the following terms have been agreed:

***“Commissioning is the process for deciding how to use the total resource available for children, young people and parents in order to improve outcomes in the most efficient, effective, equitable and sustainable way.”*** *- Commissioning Support Programme*

|  |  |
| --- | --- |
| **Commissioning** | ***“Commissioning is the process for deciding how to use the total resource available for children, young people and parents in order to improve outcomes in the most efficient, effective, equitable and sustainable way.”*** *- Commissioning Support Programme*  |
| **Procurement**  | Procurement is the process of acquiring goods, works or services from (usually) external providers/suppliers and managing these through to the end of contract. |
| **Contracting** | Contracting is “putting the purchasing of services in a legally binding agreement;” for example negotiating and agreeing the terms of a contract for services, and on- going management of the contract including payment terms and monitoring arrangements. |
| **Joint commissioning** | This is the process in which members of the Children and Young People’s Trust work together to integrate their commissioning activity and processes. This includes pooling budgets and/or other resources.***“The process whereby partners who have responsibility for specifying, securing and monitoring services work together to make decisions about the needs of their population, and how they should meet them”*** *- Institute of Public Care, 2005* |
| **Decommissioning**  | Decommissioning is the process undertaken to terminate an existing contracted service. This may be due to the following:* + If a service is under performing
	+ Resource constraints (including poor value for money)
	+ Service re-design which changes the initial shape and service delivery mechanism

NB: A decommissioned service is not a service that has comes to its natural agreed end timeframe. |

***Standards used in our current joint commissioning services include:***

**Safeguarding.** Working Together to Safeguard Children (2013) includes requirements for local partners to work together to assess the social care needs of individual children and young people who may benefit from early help, and for local authorities and their partners to have a clear line of accountability for the commissioning and provision of services designed to safeguard and promote the welfare of children and young people.Comply fully with the requirements, policies and training of the Stoke-on-Trent Safeguarding Childrens Board (SCB) which can be found at [www.safeguardingchildren.stoke.gov.uk](http://www.safeguardingchildren.stoke.gov.uk)

**Data Protection: all commissioned provision will adhere to:**

* Communications and provision of information must be coherent and in line with the Data Protection Act 1998, local child and adult protection procedures and should outline the mechanisms to safeguard Service User information when shared within an integrated service.
* Data protection – children and young people and families should be informed of what information is being held about them, why and for how long. Their permission should be sought for case files and information held about them to be shared with the Commissioner to ensure quality is being maintained. Where possible this information will be anonymised. For most services, the Commissioner is the Data Controller (as defined by the Data protection Act) for the information.

**Equality and Diversity: all commissioned provision will adhere to:**

* The provider will promote equality of opportunity regardless of age, disability, gender, sexual orientation, race or religion in accordance with the requirements of the Equality Act 2010.

**Appendix 3**

**The Commissioning process**

Range of models of commissioning cycles but all very similar. Suggest a 4 stage approach of Understand and Analyse; Plan; Do; and Review. The model is cyclical in nature and describes the key elements of effective commissioning. It should be adopted by all to help consistency (diagram below). Important to start with the understanding of the outcomes which need to be achieved and services can be designed around improving the desired outcomes. Effective joint planning and commissioning can necessitate new partnerships, the redistribution of power towards the users, strategic understanding of how all the outcomes in the local area are met and a more commercially minded approach to delivering the services. Importantly, integral to these SEND reforms is the partnership with children, young people and their families, along with partners and providers, ensuring their useful insights and views influence all stages of cycle so they become co-designers or co-producers of the positive outcomes. Important to establish common language and definitions – with young people, families, staff and partners inc voluntary sector - and work together to create shared vision following the guidance captured in the Children and Families Act 2014. The Care Act 2014 also requires local authorities to work to promote the integration of adult care and support with health services. Commissioning is not a discrete activity which happens at set times or in a linear manner – it is dynamic and part of a continuous improvement approach and a way of working.

**Understand/ Analyse**

**Plan
/ Design**

**Do
/ Deliver**

**Review
/ Evaluate**

**Commissioning Activity**

**Gap analysis**

**Commissioning strategy
 / prospectus**

**Service design**

**Assess individual needs**

**Analyse providers**

**Purchasing plan**

**Contract monitoring**

**Review individual outcomes**

**Contact management**

**Secure service/treatment**

**Legislation and guidance**

**Population needs assessment**

**Resource analysis**

**Review strategy and market performance**

**Manage provider relationships**

**Market/
supplier development**

**Capacity building**

**Develop specification & contract/SLA**

**Purchasing/
Contracting**

**What the process means – standard features of the commissioning cycle**

**Understand and analyse**

* Recognise local outcomes to be achieved – for whole or specific population –in this document we are focusing upon the needs of children with special education needs and disabilities with key partners (Stoke CCG, schools and others).
* Identify local needs, resources and priorities and agree what the desired end product should be.
* Includes gathering the views of young people and their families so that services can be configured most appropriately to address their needs within the available resources. We must listen and understand.
* Providers are a key source of information and insight into this phase. Their views of users should be included, as well as their insights in to what types of services and service configuration may be appropriate. This information can also feed into other needs assessment processes including the wider JSNA. The LD Needs Assessment 2014 is currently under developed and will be available on the JSNA website.
* Review existing provision. Past uptake and performance of services should be gathered and analysed, along with any previous development or action plans – matrix link ( small task and finish teams for example) with specific skills / knowledge areas ie performance and subject specialists who can work together with a shared purpose and goal. Our Local Offer will allow us to map all provision available with the local system. Important to include details of community resources.
* Consider how to predict future needs and demand for both quality and quantity of services, for example: drawing on wide range of available national policy/ guidance; regional/ sub-regional / statistical neighbour data, benchmarking best practice and interpreting local data alongside key partners. Data could include: feedback on previous EHC plans, population trends, profiles and predictions, prevalence and incident rates, local surveys and complaints.
* Important to consider where our children and young people live, learn and play so that services can be made as accessible as possible.
* Understand costs analysing current cost and pricing of existing services.

**Plan and Design**

* Consider how to address needs effectively, efficiently, equitably and in a sustainable way using the needs assessment process above.
* Optimise resources regardless who invests them. Providers should be involved. Resources include:
* Total available finance (total and in year and triggers for payment) from across the partners.
* the workforce: what shape, skills or training might be needed across the whole system not just the commissioning organisation – for this strategy this includes the local authority, CCG, schools and other key partners inc health providers
* Facilities: what needs to be in place and where. Could include co-location / shared space / making use of existing community buildings. The role of the emerging single integrated centre for children and young people with disabilities will pro-actively stimulate and encourage more joint and shared planning and commissioning of services to support these children and young people.
* Individual users for instance the assets and social capital of families and community groups
* How can local markets be arranged and incentivised to support children and young people with special education needs and disabilities. Local examples include work to develop the short breaks market via Aiming High and the use of Direct Payments.
* Develop a personalised plan (or EHC Plan) and prioritise actions with young people and families, using a transparent resource allocation system designing or re-designing service within whole system including allocation of personalised budgets. Develop the rationale for whether the service should be delivered externally or internally –test rationale.
* Clarify pathways and define outcomes relevant for service relevant to the individual child or young person, reflecting the assessment and EHC / other plan.

**Do and deliver**

* Make investment decisions based on the appropriate actions identified in the EHC / other individual plan aimed at securing the delivery of the desired specified outcomes, and agreed allocated personalised budget – actual, nominal or direct payment
* Check governance – who makes decision- formal or informal? Partners are likely to be involved and will adhere to the governance process outlined in this strategy
* Implement EHC / other individual plan – could involve procuring the service which will be delivered externally (or developing internal systems if delivered internally), or using a Direct Payment mechanism. Wider service or system implementation could involve workforce up skilling, building capability within successful provider and wider market or community based assets based upon reflections from aggregated information from the EHC Plans to inform the future wider needs.
* Set up review or monitoring processes reflecting individual needs – consider risks once provision has been set up. Agree level of support /intensity of support reflecting risk and statutory review timeframes.

**Review and Evaluate – and learn**

* Undertake reviews to ensure sensitivity and address risk and safeguarding. Check if achieved the desired outcomes and if we have made a difference.
* Monitor service delivery against expected outcomes and report against plan (reflecting governance and statutory review arrangements).
* Monitor budget expenditure, use of any personal / personalised budget and link to outcome delivery.
* Review strategy and overall market performance in terms of addressing identified needs and whether partners are acting in accordance with the commitments made.
* The review should feed into the next phase of reviewing the plan and commissioned services as it is a key source of information for the ‘understand /analyse’ and planning phases

**Appendix 4**

**Complaints Process**

**Local Authority**

All complaints received by the city council will be forwarded to the Customer Feedback Team who will record it and acknowledge it with the child or their representative.

Where the complaint is about the social care provision within an EHC plan, the complaint will be investigated under the statutory complaints procedures. At Stage 1 this investigation will usually be undertaken by a Principal Manager. Where the complainant remains dissatisfied, and alternate dispute resolution is not successful, they may request a Stage 2 investigation which will be undertaken by an investigator independent of the local authority, accompanied by a second independent person. Following this, the complainant may request a Stage 3 Review Panel if they remain dissatisfied.

Where the complaint is about any other aspect of SEN provision, and is outside the scope of tribunal, it will be investigated under the corporate complaints procedure. The first stage of this process is an investigation by a relevant team manager. At Stage 2, an investigation is undertaken by an Assistant Director and Complaints Investigations Officer from the Customer Feedback Team.

If upon exhausting both of these procedures a complainant remains dissatisfied, they can escalate their complaint to the Local Government Ombudsman.

**Stoke on Trent CCG**



PALS and Complaints

PALS is a free, informal, confidential help and advice service for

patients, carers and their families. It is there to help you when

you need advice, have concerns or don’t know where to turn.

**How can PALS help me?**

• Help you get the information you need about the NHS

• Listen and respond to your concerns, suggestions or queries

• Sort out problems quickly on your behalf in an informal and

friendly manner

• Use your feedback to help improve the services we commission.

**Compliments**

If you are pleased with the care and services you receive from

us – please let us know. These comments are important because

they tell us what we are doing right and which services are

providing you with a good experience.

**Complaints**

NHS staff try to get things right, but

sometimes things do not go as well

as we would like them to. If you are

unhappy with your care or local services,

please let us know so that we can try

to put things right quickly. We can

learn from you to improve services and

prevent any future issues.

**How do I make a complaint?**

• In the first instance, you may wish to speak to a health

professional if you feel able to do so, or you can contact the

the Patient Advice and Liaison Service (see “How to contact

us” section)

• You can write a letter to the Patient Services Team (see “How

to contact us” section)

• You can submit a complaint via email to:

pals@staffordshirecss.nhs.uk

**I need help in making a complaint**

If you would like help making your complaint (including help

with writing your letter), you can contact the Independent

NHS Complaints Advocacy Service. POhWER provides free,

independent support for people wanting to take a complaint

through the NHS complaints procedure:

Helpline: 0300 456 2370

Email: pohwer@pohwer.net

Website: www.pohwer.net

**How will you deal with my complaint?**

We will contact you within three working days of receiving your

complaint. We will then agree with you how we will look into

your complaint and what you can expect. We will also propose a

timescale for completion of the investigation.

After your complaint has been thoroughly investigated, we will

send you a full written response from the Accountable Officer.

**Will I be treated fairly?**

We understand that some people worry whether their

treatment will be adversely affected because they have raised

a complaint. Please do not worry about this.

We also appreciate that those using our services have different

needs and we want to make sure that you do not face any

unnecessary barriers to raising a complaint. Staff will be

happy to discuss this with you to ensure that you are not

disadvantaged in any way.

**When should I make a complaint?**

You should raise your complaint as soon as possible and

within twelve months of you becoming aware of an issue. We

appreciate that this is not always possible. Therefore, if this

time period has passed, we would still like you to speak to us.

**What if I am unhappy with the way the NHS**

**handled my complaint?**

You can ask the Parliamentary and Health Service Ombudsman

to consider it further:

Helpline: 0345 015 4033

Textphone: 0300 061 4298 (if you are deaf or have problems

using a standard telephone)

Email: phso.enquiries@ombudsman.org.uk

Website: www.ombudsman.org.uk

The ombudsman will however expect us to have had the

opportunity of resolving the issue locally first.

**How to contact us**

Any information you give us will be treated as strictly

confidential. We may need to collect personal information from

you in order to provide the best possible service. However,

we will not give your personal details to anyone without your

consent.

Patient Advice and Liaison Service (PALS)

PALS is open Monday – Friday 9am – 4pm (excluding bank

holidays). There is also a 24 hour answer phone service.

Freephone: 0800 030 4563

Email: pals@staffordshirecss.nhs.uk

Text: 075 406 68541 Fax: 01782 298228

Written complaints should be sent to the following address (on

behalf of Stoke-on-Trent and North Staffordshire CCGs):

NHS Staffordshire and Lancashire CSU Patient Services Team

Heron House

120 Grove Road

Fenton

Stoke-on-Trent

ST4 4LX

If you would like to discuss the process and your concerns please

telephone us on 0800 030 4563

The information that the organisation collects about you will be stored on the NHS Staffordshire

and Lancashire Commissioning Support Unit’s (an arm’s length organisation of NHS England

who will be the legal owner of the data) secure database and shared with Stoke-on-Trent and

North Staffordshire Clinical Commissioning Group (CCG). This system allows us to record when

we have contact with you, whilst using the information provided for statistical analysis. The

database is hosted by a private company (known as the Data Processor), which stores the data on

the organisation’s behalf. The system supplier does not routinely have access to the information

that is recorded in the database. If they do require access to this information, for the purpose

of site maintenance for example, then the organisation’s consent will always be sought. The

organisation takes confidentiality and information security very seriously and ensures all

legislative requirements are met when entering in to a contract with a Data Processor.

The information you supply will be held securely and in accordance with the Data Protection

Act 1998. You can request, at any time, that your information is not recorded in this way by

contacting us on 0800 030 4563.

Please note we will never pass on your details to anyone outside the NHS Staffordshire and

Lancashire Commissioning Support Unit and Stoke-on-Trent and North Staffordshire CCG without

your permission.

**If you would**

**Appendix 5**

**Personal Budget**

**Stoke on Trent EHC Personal Budgets Statement**

**1. Introduction & Context**

Personal budgets are a critical part of the policy reforms for special educational needs and disability under Part 3 of the Children’s and Families Act 2014 and associated regulations. The vision is to ensure a clearer focus on the participation of children, young people and parents in decision making and a stronger focus on high aspirations and improving outcomes.

The vision in Stoke on Trent is to develop personal budgets through Education Health and Care planning to assist people to have clear and transparent information alongside real choice and control.

Personalising SEND budgets is an integral part of the Education, Health and Care (EHC) plan process. Each EHC plan will outline how the budgets will be used to deliver agreed provision. Once a child or young person has been identified as requiring an EHC plan, discussions will take place about the additional resource that is required to meet identified outcomes and the ways in which services can be delivered, funded and commissioned. Personal budgets are not only about making sums of money available, but about how resources aligned with services can be adapted and delivered to best meet the outcomes for the child or young person.

**2. What is a personal EHC Plan budget in Stoke on Trent?**

A personal EHC Plan budget provides a clear and transparent description of the resource required to meet the assessed outcomes for a child or young person. The EHC plan will identify where services are being funded from and how these budgets will be managed.

Parents/carers and young people will be at the centre of discussions around planning and involved in describing how they would like to see services delivered and where applicable how they would like the funding to be managed.

Although funding via schools and education settings will be outlined in the EHC Plan this is arranged on the child or young person’s behalf by the Local Authority. However, parents/carers and young people will be able to see what additional support has been identified through the EHC plan process to meet the identified outcomes. Schools and colleges involved will already have funding for learning support across the setting; only children or young people with more complex learning support needs are likely to need additional top up funding. In some circumstances a school or college may choose to offer some funding towards an EHC personal budget; this will always be the decision of the head teacher/principal.

In all cases the availability of an EHC personal budget will be based on the support a child or young person needs in order for them to achieve a set of agreed outcomes and to have their identified support needs met. In some cases an EHC plan may not translate into a child or young person having a personal budget but the information on resources that is in the EHC Plan will always be clear and transparent.

Initially, an EHC Personal Budget will be available for:-

**Personal Transport Budgets**

These will enable families to arrange their child’s or young person’s home to school travel arrangements in a way that suits their circumstances best. The budget allows families to make flexible arrangements and monitor the quality of the transport arrangements directly. The amount of the personal budget will be based upon the distance between home and school and the need for support for the child or young person whilst using transport. The EHC assessment team will calculate the personal travel budget and make the arrangements for payment of the personal budget. It is parent/carer’s responsibility to ensure that their child’s attendance at school is not affected by the travel arrangements that are made.

**Specialist Equipment**

Sometimes, specialist equipment may be needed to support a child or young person to attend school and to enable them to access the curriculum. Usually, the equipment is provided from within a school’s allocated funding. If the equipment needed is very expensive and very specialist, then a personal EHC budget may be issued to enable a family to have the flexibility and choice to source the equipment.

**3. Who can request a personal EHC Plan budget?**

Young people and parents/carers of children have the right to ask the Local Authority to prepare a personal budget once an EHC assessment has been completed and the Local Authority has confirmed that it will prepare an EHC Plan.

A request can also be made during an EHC Plan review.

A request cannot be made for any services which lend themselves to personal budgets which are not directly related to the identified outcomes in the EHC Plan.

There may be reasons why it is not possible for parents/carers or young people to receive personal budgets, such as, releasing funding has an adverse effect on other services which the Local Authority or Health Services provide or arrange for other children or young people.

For a full list of exceptions please refer to The Special Educational Needs (Personal Budgets) Regulations 2014:

<http://www.legislation.gov.uk/ukdsi/2014/9780111114056>

New joint commissioning arrangements will support greater choice and control year on year, as the market is developed and funding streams are freed from existing contractual arrangements.

**4. Managing a Personal EHC Plan Budget**

A personal EHC Plan Budget can be managed in different ways:-

**a. Notional budget**

A notional budget means that the Local Authority retains the money and buys or provides the agreed support on behalf of the child or young person.

The responsibility for the employment of staff, quality and compliance, delivery, ensuring value for money, payment, risk management and ‘if things go wrong’ remains with the Local Authority. Any unanticipated additional costs arising from the delivery of the provision will also be the responsibility of the Local Authority.

However, the family, child or young person will have a clear and transparent description of the resource.

**b. Third party managed budget**

A third party organisation, trust or nominated person holds the money and supports parent/carers/young person to purchase the service/support from the agreed outcome needs of the child/young person identified in the EHC Plan.

Again, the family, child or young person will have a clear and transparent description of the resource.

**c. Direct payment**

Direct payments are cash payments made directly to the family or young person allowing them to purchase the support, services or equipment they require directly. The recipient will be responsible for the employment of staff, quality, compliance and registration if the activities are regulated, covering sickness or vacancies.

In addition, the recipient will have to set up a separate bank account, keep records of how the money is being spent and have signed an agreement with the Local Authority.

Direct payments do not affect a person’s entitlement to benefits.

**d. A combination of the above**

A family or young person can choose to have a mix of the three options.

EHC Personal Budgets are only part of the total support on offer as a result of the changes set out in Part 3 of Children and Families Act 2014.