



## **Commissioning Strategy for Children with Disabilities**

### **1.1 Aims and Purpose**

***Brighton and Hove should be the best place in the country for children and young people to grow up. We want to ensure all our children and young people have the best possible start in life, so that everyone has the opportunity to fulfil their potential, whatever that might be.***

***Brighton and Hove Children and Young Peoples Plan 2008/2011***

***“Children and young people who are disabled or who have complex health needs receive coordinated, high-quality child and family centred services which are based on assessed needs, which promote social inclusion and, where possible, which enable them and their families to lead ordinary lives”***

***NSF standard 8***

This is a long term commissioning strategy for children and young people with disabilities, their parent carers and families in Brighton and Hove. The strategy sets out to describe the vision we have developed to achieve the best possible outcomes for children, young people and their families. We intend to work with a whole range of partners, not least children, young people and parent carers themselves to ensure we meet their needs and aspirations through provision of high quality and effective services. We recognise that there will need to be a continuum of provision to meet a continuum of need and that there is a place for a multiplicity of providers across all sectors in the city.

The strategy goes on to describe our commissioning intentions over the next 3 years with an intention to refresh and update this year on year via an annual partnership event to review and celebrate achievements and agree the following year's priorities.

This strategy is underpinned by the Children and Young Peoples Plan, NHS Annual Operating plan, Section 75 arrangements and national and local policy drivers. By driving our vision forward we intend to

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deliver the ambitions of our young people with disabilities and their families and continuously strive towards achieving positive outcomes.

The strategy proposes a transformation plan that supports this document which will reshape services in Brighton and Hove so as to deliver high quality, effective, needs led and value for money services.

### **1.2 Putting children, young people and parent carers at the centre of commissioning**

This is a detailed strategy, written after extensive consultation with those who both use and provide services. The vision is to empower parent carers to access the support and services, which they feel, increase their resilience and enable them to continue in their caring role and to realise children and young peoples potential. It focuses on outcomes rather than a narrow focus on assessed needs, although the concept of assessed eligible needs will still define those who need and access some specialist services. Working closely with all partners in the city will ensure this vision is realised.

Our commitment is that by 2014:

- Parent carers will have easy access to the full range of opportunities and choices to maintain a good quality of life, having a life of their own, having a caring system on their side and to be recognised as expert care partners.
- Children and young people with disabilities will receive services that meet their needs and aspirations

The commissioning review established to take forward the commissioning strategy was predicated on the following:

Ensuring the following priorities are met;

- *Provision of timely interventions which meet the needs of individual children.*
- *Empowering parents carers – equipping parent carers with information and skills and strengthening family-focussed networks in order to build resilience in parents carers*
- *Supporting parent carers to look after their children at home or, wherever possible, in the local community. We seek services that make early intervention a priority - in order to prevent families*

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*reaching crisis point, and to plan well in advance for the future, especially where a child's needs are complex.*

To explore further the emergent agenda around personalisation and choice in children and young people's services.

To ensure the children's workforce is competent and equipped to meet the needs of children with disabilities.

To ensure that children and young people with disabilities are effectively protected and safeguarded.

To deliver Value for Money (VFM), ensuring that the council is able to provide good outcomes and services whilst demonstrating efficiency and cost effectiveness compared to similar authorities or service providers.

To identify options for a cost reduction of 15% across council budgets and take account of the need for efficiencies in the NHS, including the use of available external grant funding and to manage identified efficiencies across the Pooled Budget set out in the S75 Agreement between the council and the PCT.<sup>1</sup>

## 2 Needs analysis

### 2.2 Demand and supply

The Joint Strategic Needs Assessment (JSNA) produced in 2010 provides detailed analysis of current and predicted demographics and should be read alongside this strategy.

The JSNA identified that :

- The resident population of Brighton and Hove is 256,300 with 22% of the population aged 19 years or under.
- The population as a whole is younger than both England and the South East, although the 15 years or under population is smaller.
- The greatest proportion of children and young people with disabilities and complex health needs in the city are aged 11-16 years.
- Estimates of the number of children and young people with a disability in Brighton and Hove range from 1,299 to 3,787, the variation being due to the lack of an accepted definition of disability and based on national % ranges.

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<sup>1</sup> Review scope- review of services for children with disabilities May 2010

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- The Compass database, the voluntary city register for children and young people with disabilities and complex health needs, currently holds information on 1,606 children and young people.
- Consistent with the national picture it is expected that the numbers of children and young people with disabilities will increase over coming years.

### 2.3 Referral/demand trends

The JSNA has highlighted where there are increases or decreases in specific areas which may affect future service provision, the main being:

- **Education**

There has been an increase in the numbers of School Action, School Action Plus and Statements over the last few years, with the highest number of new SEN statements issued over the last five years for children on the autistic spectrum continuum and children with medical issues. The numbers of pupils in special schools is decreasing, with a corresponding rise in numbers of pupils with statements and School Action/School Action Plus in mainstream schools, supporting the inclusion agenda of Brighton and Hove. This is likely to put increasing pressure on mainstream resources to meet additional needs.

- **Short Breaks**

As an average of quarterly figures for the year, the number of children reported to be receiving short break service increased from 215 in 2007/08 to 438 in 2009/10, with projections for 2010/11 rising again to 500 children. In parallel with this rise in service use, the local area child population has been decreasing, from 52,500 in 2007/08 to 52,200 in 2009/10, signifying an increasing percentage of the child population requiring short breaks.

There has been an increase in the number of children with disabilities receiving family based or individual day care/sessional provision from 117 in 2007/08 to 136 in 2009/10. This increase is particularly evident for hours of care received in the child's home and for contract carers, but is not reflected in the total number of hours support provided per quarter which has decreased since Q2 2009/10, nor in the number of hours of outreach provided which has decreased from 12,272 in 2007/08 to 9,276 in 2009/10.

Short breaks/residential care is a social work service for those aged between 8 and 18 years to provide support for young people to

stay at home with families. The age range was previously 10-18 years for both Drove Road and Tudor House but in recent years residential services have been requested for younger children so the age range has been lowered to 8 for Drove Road and will be lowered for Tudor House in 2011. The age that the service first hears about children needing support has dropped from 9/10 to 6/7 years

- **Direct Payments**

Numbers of children and young people who have Direct Payments has increased from 29 in July 2007 to 73 in April 2010, with a corresponding funding increase from £97,220 to £341,500 over the same period. This is predicted to rise to 80 children in 2010/11 (BHCYPT LAIMP, 2010)

- **Transition**

As greater numbers of children with disabilities and complex health needs are surviving and living longer, the demand for services to meet their needs will continue to increase and this will have growing implications for transitions and adult services as well as services for children and young people.

- **Not in Education, Training or Employment**

In recent years NEET numbers of young people in Brighton and Hove have been increasing (to 8.8%). However, May 2010 figures show a recent general decrease to an average of 7.78%, although NEET 19 year olds with SEN statements have risen consistently since September 2009.

- **Housing**

There are no clear guidelines on provision of housing adaptations for space and safety issues for children with challenging behaviours. As this is a growing cohort in the city there may be increasing pressure for adaptations to meet these needs.

- **Therapy**

In 2009/10 there were 170 referrals to occupational therapy services, 66 of which were solely for OT services, with the majority of referrals for children aged 0-5 and 6-11. This is an increase on 2008/09 (160 referrals) and 2007/08 (116 referrals) indicating that there is an increasing need for OT services for young people in the city. As at 30<sup>th</sup> June 2010 there was a waiting list of 68 children and young people for occupational therapy services.

## 2.4 Recommendations for commissioning

From May 2010-November 2010 there has been consultation with parent carers, stakeholders and children and young people to ascertain their views and identify needs. The Joint Strategic Needs Assessment brings together demographic data, evidence based information and views of those consulted. From this report come a number of recommendations and actions related to these are indicated:

Recommendation	Proposed action
<ul style="list-style-type: none"> <li>The <i>Integrated Child Development and Disability Service</i> needs to collect information in a more systematic way so that recording of all services a child receives are in one place. The <i>Children and Young People's Trust Information Programme Board</i> is looking at data integration and missing/partial data and has recently purchased technology to match data across systems. <i>Children's Disability Services</i> should consider incorporation of this technology to improve information collation within and between services.</li> </ul>	<p>Transformation plan reference 4-modernisation of administrative processes</p>
<ul style="list-style-type: none"> <li>In partnership, develop information systems which are systematic, enable comprehensive data sharing and provide ways to monitor and evaluate performance and outcomes. The answer is not to collect a lot more information, but to collect more useful information (<i>Valuing People</i>).</li> </ul>	<p>Transformation plan reference 4-modernisation of administrative processes</p>

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<ul style="list-style-type: none"> <li>• <i>Conduct further analysis of health service activity across primary and secondary care to identify potential inequalities/ duplication in service delivery.</i></li> </ul>	<p>Working group for long term conditions and Commissioning team to ensure there is clarity about provision and commissioning activity</p>
<ul style="list-style-type: none"> <li>• <i>Continue to support the Compass database to increase registration and also to increase receipt of Disability Living Allowance in the city. .</i></li> </ul>	<p>Compass database expansion funded by Aiming High as is DLA project.</p>
<ul style="list-style-type: none"> <li>• <i>Enhance the capacity of schools and other settings so that they can be more inclusive of children and young people with disabilities and complex health needs.</i></li> <li>• <i>Further support and facilitation is needed for mainstream services to ensure that the inclusion agenda for children and young people with disabilities and complex health needs in the city is able to fully meet their needs.</i></li> <li>• <i>The impact on mainstream education settings of reducing out of authority and agency placements needs to be considered to ensure mainstream settings are fully equipped and resourced to support a child's needs due to the increasing complexity of pupils needs referred by local authority.</i></li> <li>• <i>More consideration should be given to the extension of transition team services to young people with very complex needs educated in mainstream schools as there</i></li> </ul>	<p>Transformation plan reference 5 and workforce development planning to be central to development of new/redesigned service models</p>

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<p><i>are an increasing number of children educated in mainstream provision.</i></p>	
<ul style="list-style-type: none"> <li><i>Build on existing partnership working with parents to acknowledge their expertise and enhance confidence, engagement and participation in service development and delivery.</i></li> </ul>	Transformation plan reference 5
<ul style="list-style-type: none"> <li><i>Build on work engaging children and young people in provision design and delivery.</i></li> </ul>	Transformation plan reference 5
<ul style="list-style-type: none"> <li><i>Enhance parental and child resilience through involvement in and access to specialist information, training, advice and support services.</i></li> </ul>	Transformation plan
<ul style="list-style-type: none"> <li><i>Continue to develop the range, quality and availability of short breaks.</i></li> <li><i>There is an enhanced need for one to one support for children to maximise the accessibility of, and support for mainstream after-school clubs and activities.</i></li> </ul>	Transformation plan
<ul style="list-style-type: none"> <li><i>Continue to develop the key therapy inclusion principles outlined in the 2009 review of therapy services.</i></li> </ul>	Transformation plan
<ul style="list-style-type: none"> <li><i>The current policy for funding adaptations which applies to adults and children jointly</i></li> </ul>	Subgroup focusing on equipment and wheelchairs. Liaison with adult services



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<p><i>should be reviewed to look at specific adaptation needs of children.</i></p> <ul style="list-style-type: none"> <li><i>Housing adaptation processes need to be reviewed to meet the needs of children and young people with disabilities and complex needs in a more timely and efficient way.</i></li> </ul>	
<ul style="list-style-type: none"> <li><i>Young sibling carers should be encouraged and facilitated to access support and resources through the Young Carers Centre.</i></li> </ul>	Transformation plan reference 5
<ul style="list-style-type: none"> <li><i>Targeted support should be considered for boys with Special Educational Need statements as their educational attainment tends to be lower.</i></li> </ul>	Shared with Head of SEN – to be taken forward in the broader context of SEN provision
<ul style="list-style-type: none"> <li><i>The Keyworker service is a valued support service by parents which should be expanded to support greater numbers of children and families.</i></li> </ul>	Transformation plan
<ul style="list-style-type: none"> <li><i>Greater use of community services should be considered to address the needs of the whole family, for example, better enabling families of, and children with, disabilities and complex health needs to access workshops, groups and community centres.</i></li> </ul>	Liaison with Delivery unit for Children and Families

- Predicted future increases in the population of children and young people with disabilities should be incorporated into forward planning of children's services.*

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- *City Early Years and Childcare has recently undertaken a survey of parent views of childcare in the city and further focus group work is planned to assess the childcare needs of parents of children with disabilities in the city. This research will provide valuable insight into childcare need in the city and should inform service commissioning and provision.*
- *Consideration needs to be given for the continuation of key services in the current economic climate, a proportion of which are currently funded, at least in part, by Aiming High.*

This commissioning strategy does not aim to respond to or achieve all of the above recommendations but they have been taken account of in defining key priorities, outcomes and areas for transformation. This strategy seeks to describe how agreed outcomes and priorities that have developed throughout the review process will be achieved. Some of the recommendations above relate to mainstream and universal services and to areas of the city's services which are commissioned through alternative means and link to other strategies e.g Special Educational Needs (SEN) and Behaviour and Attendance strategies. This strategy seeks to define how specialist services for children with disabilities are shaped and to influence other key strategies and provision.

### **3 . National policy drivers <sup>2</sup>**

The steer for this strategy has been informed by local and national policy. The current key national drivers are:

**The National Service Framework (NSF) for Children, Young People and Maternity Services.**

**The Valuing People White Paper (2001)**

**Aiming High for the Disabled Child (AHDC)**

**Every Disabled Child Matters Charter for Local Authorities and PCTs**

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<sup>2</sup> See additional document (c)

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## **The Disability Discrimination Act (DDA) 2005**

## **The Every Child Matters: Change for Children programme**

## **The Children Act 2004**

**Duty to provide information, advice and assistance: Guidance for local authorities** (DCSF, Feb 2008) informs local councils how to implement section 12 of the Childcare Act 2006

## **SEN Code of Practice**

### **CHILDREN ACT 1989**

**PART III** Local Authority Support for children and families

## **Equalities Act 2010**

**The Children and Young Persons Act 2008** : the new short breaks duty

## **Full Service Offer**

**Children's Act 1989 / Schedule 2: Local Authority Support for Children and Families / Part 1: Provision of Services for Families / Paragraph 2:**

(1) Every local authority shall open and maintain a register of children with disabilities within their area

## **Section 332A, Education Act 1996**

A local education authority must arrange for the parent of any child in their area with special educational needs to be provided with advice and information about matters relating to those needs.

## **SEN Code of Practice Chapter 2**

All LEAs must make arrangements for parent partnership services.

It should be recognized that as national policy develops and further guidance and directives are issued, local strategy will need to take full account of any changes and respond appropriately.

## **4 . Local priorities and desired outcomes**

Brighton and Hove Children and Young Peoples Plan is explicit about the commitments to children with disabilities:

Initiative 2b Narrow the gap for families and communities

*Provide support to families of children with disabilities or complex health needs through universal and specialist services and by delivering on the commitments made by the city council and NHS Brighton and Hove by signing the every disabled child matters charter*

The improvement plan of the Joint Commissioning and Management group, for the Section 75 between Brighton and Hove City Council and NHS Brighton and Hove includes the following key objectives , reflecting the NHS Quality Improvement and Innovation (QIPP) agenda:

<b>Improving support to children and young people with a disability or complex health needs and their families</b>
<b>To redesign services for children with disabilities</b>
<b>The implementation of the Every Disabled Child Matters programme</b>
<b>The implementation of the recommendations of the 2009/10 Therapies Review</b>

#### **4.1 The locally agreed outcomes framework for Brighton and Hove :**

Through a co-production model involving the Strategic Partnership Board for Children with Disabilities and taking account of national and local policy drivers, the following outcomes have been identified as priorities for the city. These will be developed into a full outcome chain and be fundamental to the performance framework that will be established as part of the transformation plan.

- ✚ To demonstrate increased resilience in parent carers of children/young people with disabilities
- ✚ To show an increase in the independence of children and young people with disabilities
- ✚ To reduce social isolation of children and young people with disabilities and their families
- ✚ To reduce poverty and ensure a better standard of living for families with a disabled child

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- ✚ To increase inclusion within mainstream services
- ✚ To minimise impairment and disability
- ✚ To improve participation of children, young people and parent carers in the design and delivery of services
- ✚ To improve the quality and transparency of decision making
- ✚ To promote life chances and maximise potential of children and young people with disabilities

### 5 Contract Monitoring and Performance Management

We must demand that all services deliver to the required national standards and meet performance measures established through the agreement of service specifications. This applies to both external contracts and 'in-house' services. Outcome based specifications will be developed during 2011 and introduced to all newly commissioned services and through the process of contract review, introduced to all existing services. To measure the outcome, three elements will need to be understood – the activity, the quantity and quality and these will interact to establish value for money.

#### 5.1 Financial analysis

The service mapping document<sup>3</sup> describes the current financial allocations and breakdown of grants and is summarized below. The redesign of services is based on the financial envelope as it stands in October 2010 though this is subject to potential change following the comprehensive spending review, revised grant allocations and the budget setting for the council and health organizations.

<b>SERVICE</b>	<b>COST</b>
Speech and Language Therapy Complex needs	£408,332
Audiology	£191,981
Administration and Management (health services)	£343,411
Community Paediatricians	£1,183,544
Occupational Therapy	£304,192

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<sup>3</sup> See appendix 3

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Nursing	£238,242
Physiotherapy	£171,156
Emotional Wellbeing and Mental Health	£12,743
Social Work	£1,065,900
Residential and Outreach	£2,276,750
AMAZE	£194,878
Brighton and Hove Inclusion Project	£11,683
Adur Special Needs Project	£12,923
Barnardos	£526,494
Extratime	£59,963
Hove YMCA/Extratime	09/10 - £191,100 10/11 - £218,368
Children's Society	£234,967
Crossroads	£27,874
Carers Centre	£18,147
<b>TOTAL</b>	<b>£7,687,426</b>

### 6. Option Appraisal

#### 6.1 What are we currently doing?

The service mapping document describes, in some detail, the current specialist services available for children and young people with disabilities and their families. A number of services are provided through Community and Voluntary Sector organisations and there is a history of good collaborative working across all sectors and recognition of the value all partners bring to the wider system. In addition to specialist services, children and young people with disabilities access all city services including housing, leisure, education and transport and these need to ensure they are fully accessible and supported by specialist services to meet the needs of even the most complex child. We have a Strategic Partnership Board bringing together all stakeholders to oversee the development of services, a well established and supported Parent Carer Council, a young people's advisory group (the AHA! Group) and have worked with all these groups to establish the way forward regarding commissioning. The feedback from these groups and individual semi-structured interviews undertaken as part of the JSNA, have informed the recommendations for commissioning to be taken forward in this strategy.

#### 6.2 What are we doing well?

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Feedback has told us that many of the specialist services are held in high regard by parent carers. In particular it was highlighted that:

- The varied approach taken to meet each child's needs works very well to help children to reach their potential
- Families value the role of the keyworker to help co-ordinate their care package
- The creation of the Seaside View Child Development enables better communication between services as they are co-located.

A previous commissioning strategy (2005) was reviewed prior to the recent commissioning process and the following were identified as key positive progression towards either meeting the established priorities within the strategy and/or improvements within services since that time:

1. More families have an identified keyworker ( 120 families with identified keyworker)
2. Seaside View has brought together health and social care staff in a completely refurbished building which has significantly improved facilities including larger therapy provision and a better fit for purpose than those previously occupied
3. The Child development and Disability service has a single management lead and is an integrated service and as part of the collocation there has been considerable improvement in services working more closely together routinely sharing information
4. There is an integrated care pathway in operation which has reduced the appointments experienced by families and has improved multidisciplinary assessments and interventions hopefully leading to improved outcomes for children
5. Aiming High has bought equipment to maximise opportunities for disabled young children to access mainstream facilities
6. Aiming High has increased short break opportunities in a range of ways with a much needed focus on developing mainstream provision to become inclusive , there has been some positive collaboration between disability services and mainstream youth providers across the city . There is now have a comprehensive information booklet outlining all available leisure provision within the city
7. Waiting times for counselling at Seaside View have been dramatically reduced from 6-12 months to a matter of weeks
8. Therapy leads have been working together and with parent carers to improve information leaflets and their communication with parent carers, it is intended to publish information leaflets for all therapy services by September 2010. Emphasis is being

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- placed on improving reviews and information re treatment plans for all families where their child is receiving therapy
9. Waiting times for Occupational Therapy have reduced
  10. Higher numbers of children and young people are registered on the Compass and, using aiming high funds, there has been significant improvement in the benefits of the compass card to include a much broader selection of leisure providers
  11. Tudor House, Drove Road and PRESENS have all been rated as outstanding by Ofsted
  12. The parent carer council has 114 direct members and many more contacts
  13. BHCC and NHS Brighton and Hove have signed up to the Every Disabled Child Matters charter and at the last partnership board it was reported that almost all the agreed outcomes from the charter have been implemented
  14. The Integrated child development and disability services recently ensured that over 100 staff from paediatricians to secretaries undertook training delivered by Amaze and parent carers helping professionals to extend their knowledge about the parent carer experience
  15. The Parent Carer council and ICDD service have developed a charter outlining how it intends to work more meaningfully in partnership. This includes a set of standards that parents can expect
  16. Adults and children's services have worked together in an innovative way to set up a transitions team which is jointly funded across both directorates and works with young people aged 14-25, the transition forum is strategically prioritising the health and employments needs of young people going through transition and has enlisted the help of the national transition support team.
  17. Direct payments users have increased significantly giving choice and control to parents and young people
  18. There is a young people's advisory group which meets regularly with senior leaders from within the city
  19. There is a thriving and established children with disabilities's partnership board which has 4 parent carer reps and is co chaired by the CYPT and Amaze which really signals the emphasis placed on partnership working.
  20. Barnardo's Home Support Service (Sitting Service) funded by PCT Aiming High money be added as one of the positives for receiving Excellent 3\* rating in their inspection with CQC (Care Quality Commission) which is equivalent to Outstanding with Ofsted.



### 6.3 Strategic performance

The only national indicator related to children with disabilities is national indicator 54 : parental experiences of services provided to children with disabilities. Brighton and Hove's comparative performance is shown below;

**TABLE 1  
PARENTAL EXPERIENCES OF SERVICES PROVIDED TO CHILDREN WITH DISABILITIES: OVERALL SCORES<sup>1,2,3</sup> FOR 2008-09**

National baseline and scores for the 30 LAs that have chosen NI 54 as part of their Local Area Agreements for 2008-09

		PCTs and Care Trusts with coterminous boundary with LA <sup>4</sup>	2008-09	
			Overall score	Base <sup>5</sup>
<b>ENGLAND</b>			<b>59</b>	<b>12,226</b>
<b>NORTH EAST</b>				
807	Redcar and Cleveland <sup>6</sup>	Redcar and Cleveland PCT <sup>6</sup>	61	255
<b>NORTH WEST</b>				
351	Bury <sup>6</sup>	Bury PCT <sup>6</sup>	62	328
353	Oldham	Oldham PCT	56	224
<b>YORKSHIRE AND THE HUMBER</b>				
370	Barnsley	Barnsley PCT	61	367
811	East Riding of Yorkshire <sup>6</sup>	East Riding of Yorkshire PCT <sup>6</sup>	56	396
812	North East Lincolnshire <sup>6</sup>		63	254
813	North Lincolnshire		61	325
816	York <sup>6</sup>		64	335
<b>EAST MIDLANDS</b>				
831	Derby <sup>6</sup>	Derby City PCT <sup>6</sup>	61	274
830	Derbyshire <sup>6</sup>		57	425
856	Leicester	Leicester City PCT	59	199

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<b>WEST MIDLANDS</b>				
334	Solihull <sup>6</sup>	Solihull Care Trust <sup>6</sup>	59	257
885	Worcestershire	Worcestershire PCT	60	278
<b>EAST OF ENGLAND</b>				
873	Cambridgeshire	Cambridgeshire PCT	59	393
919	Hertfordshire <sup>6</sup>		54	367
821	Luton <sup>6</sup>	Luton Teaching PCT <sup>6</sup>	58	289
926	Norfolk		60	470
874	Peterborough	Peterborough PCT	60	272
<b>LONDON</b>				
<b>INNER LONDON</b>				
204	Hackney		58	171
209	Lewisham	Lewisham PCT	55	169
<b>OUTER LONDON</b>				
301	Barking and Dagenham <sup>6</sup>	Barking and Dagenham PCT <sup>6</sup>	58	242
303	Bexley <sup>6</sup>	Bexley Care Trust <sup>6</sup>	59	229
304	Brent <sup>6</sup>	Brent Teaching PCT <sup>6</sup>	58	130
<b>SOUTH EAST</b>				
846	Brighton and Hove <sup>6</sup>	Brighton and Hove City PCT <sup>6</sup>	58	270
868	Windsor and Maidenhead		62	217
<b>SOUTH WEST</b>				
800	Bath and North East Somerset <sup>6</sup>	Bath and North East Somerset PCT <sup>6</sup>	62	336
878	Devon	Devon PCT	57	422
916	Gloucestershire <sup>6</sup>	Gloucestershire PCT <sup>6</sup>	60	348
836	Poole <sup>6</sup>		59	256
880	Torbay	Torbay Care Trust	57	240

Source: Survey of parents' experiences of services provided to children with disabilities (TNS-BMRB)

(1) Overall scores have been calculated from 15 sub-indicators that reflect parental experience of three sectors (health, education and social care) against each of the five Core Offer standards (information, transparency, assessment, participation and feedback) for services provided to children with disabilities

(2) Overall scores have been calculated on a 0-100 scale with higher scores denoting greater satisfaction with services

(3) Sub-indicator scores were published on a national basis and for the 30 participating

LAs on 10 June 2009

(4) Primary Care Trust (PCT) or Care Trusts are listed when coterminous with LA

(5) The base is the number of respondents included in the overall indicator score. All bases have been revised as a consequence of the reallocation explained in Note 6.

(6) Seventeen LAs and twelve PCTs have had their overall scores for 2008-09 revised from those originally published in May 2009. It was identified that survey responses had been allocated to the LA of the school that the child attended rather than the LA in which they were resident. Overall scores and sub-indicators for 2008-09 have been revised for local areas in this publication where necessary. National overall and sub-indicator scores remain unchanged.

#### **6.4 What do we know works well?**

Evidence from local and national research shows the value placed on developing the resilience of families to best manage and support the needs of their child(ren). This supports the need for practical and emotional support to families though the evidence does not strongly recommend any particular model of family support other than being clear that short breaks are due to become a statutory responsibility. Local parent carers place value on the range of different short breaks provision and the developments in this strategy are based on building on current provision in a way that modernises services, takes forward the personalisation agenda and delivers value for money.

Evaluation of services in the city have not to date been coherent or consistently outcomes based. They have tended to rely on performance data some, though limited, user feedback. It is proposed that during 2011/2012 there is a strong focus on commissioning evidence based services to meet identified needs. In order to provision with the service specifications there will need to be investment in time and energy to describe performance and evaluation frameworks to ensure all services are assessed against the same standards and taking full account of corporate developments in commissioning and use of prospective costing tools. It is proposed to start from the perspective of describing services that are required to meet the outcomes defined in this strategy , beginning with the six key themes within the transformation plan.

The performance of all contracts in the city are currently performance monitored via contract reviews and feedback is sought. At present

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feedback on all services appears mostly positive though not all services suit all families.

It has been difficult to uncover benchmarking information that allows for valid comparison between services as services vary so widely and there has been no consistent regional or national data collection. Brighton and Hove is slightly above average on National Indicator 54 and spend on workforce is in line with statistical partners (Child Health mapping)

### **6.5 What do we need to do?**

Priorities for services are based on the following key principles derived from review of the Commissioning Strategy 2006 and needs analysis:

#### **Specialist services**

1. Services will be based on need following assessment and provided via a costed menu of available services fulfilling the core offer with timely and regular evaluation and review of impact
2. Services will be accessible
3. Services will aim to intervene as early as possible
4. Services will be integrated at the point of delivery
5. Services will involve parent carers and children and young people in planning their care
6. Services will be provided by appropriately skilled, qualified and experienced staff
7. Services will ensure effective timely assessment of the needs of a child/young person and their family using the CAF as a basis to ensure a holistic view is taken
8. Services will have clear intended outcomes and deliver value for money
9. Services will meet statutory responsibilities including safeguarding and child protection

## Commissioning strategy for children with disabilities

10. Services will take full account of national and local research and evidence base for good practice
11. Services available will span a continuum of provision for a continuum of need and be flexible and responsive
12. Services will know and understand the demographics of the population of children with disabilities and their identified needs
13. Services will meet the requirements of the Every Disabled Child Matters charter, Aiming High Core offer and agreed local standards. (e.g. parent carer charter)
14. Services will work with other commissioners and providers to ensure key transition points are as smooth as possible
15. Services will ensure parent carers are supported and provided with short breaks with a focus on resilience building
16. services will aim to maximise independence and reduce social isolation minimising impairment and disability
17. services will aim to reduce the numbers of families with children with disabilities living in poverty and to increase standard of living
18. services will promote the equal rights of families with children with disabilities
19. services will promote an increase in inclusion

### **City wide services**

1. Services for children and young people in the city will be accessible to children and young people with disabilities.
2. Children and young people will be enabled to attend a mainstream pre school and school environment with appropriate support where possible.
3. Children's centres will offer access to all young children to its range of provision

## Commissioning strategy for children with disabilities

4. The city wide services will know and understand the demographics of the population of children with disabilities and their identified needs
5. Services will work with other commissioners and providers to ensure key transition points are as smooth as possible
6. Services will meet statutory responsibilities including safeguarding and child protection

### **6.6 Impact assessments**

These principles shall be adhered to in all commissioning activity to ensure the needs of children and young people and their families are met:

- ❖ The JSNA and patterns of activity will be used to inform and update this strategy
- ❖ Developments will follow the principles of best value and be developed in partnership
- ❖ Commissioning intentions shall be agreed year on year by collaboration with the partnership board
- ❖ Rigour concerning value for money standards and monitoring shall be applied equally to council run services as well as those provided by other providers in the community and voluntary sector
- ❖ All services shall have a detailed outcome based specification to enable robust performance monitoring
- ❖ All services will be expected to embrace diversity by ensuring the range of support offered meets the needs of people from diverse backgrounds and lifestyles
- ❖ All services shall be commissioned on the principle of a person centred model

### **6.7 Services to be transformed**

We need to:

- Consider how best to move towards a greater degree of flexibility and control for families/young people over their individual packages and budgets
- Remove any identified overlaps in services
- Ensure current services are fully utilised and represent value for money
- Ensure the current integrated care pathway is effective and timely in its response

## Commissioning strategy for children with disabilities

- Ensure the drive towards inclusion is maintained
- Take a strategic approach to the provision of residential services, considering all options and taking into account market forces
- Ensure a focus on building parent carer resilience
- Work strategically with third sector partners to seek innovation and work together towards meeting key outcomes and priorities
- Develop a model that defines need and can be linked to a transparent and equitable process for determining allocation of resources at both an individual case and systems level.
- Draw on and implement the outcome of the Independent review of Therapies (2009)

The transformation plan lays out in detail the 6 key areas to be redesigned and recommissioned . These derive from the consultation process, national and local drivers and evidence, key local priorities and principles and the agreed outcomes for children with disabilities and their families.

### **Services to be commissioned**

This table defines the groups of services to be commissioned. Service specifications and financial allocations will be developed.

Integrated care pathway within child development centre including range of therapy, medical and nursing interventions
Social care assessment and support including transitions team and admin
Residential overnight services
Specialist individual and family support within and outside of the child/young person's home
A range of social and leisure activities eg clubs, holiday schemes, group activities
Personal budget support/administration/ infrastructure
Psychological support and wellbeing
Early intervention and intensive support
Parent/children and young people participation, advice, support and information service including keyworking
Agency placements and management

### **7 Linkages with other commissioning strategies**

This strategy does not sit in isolation. It is commensurate with the NHS QIPP programme, the youth services strategy, the delivery of the

## Commissioning strategy for children with disabilities

Healthy Child Programme, Children and Young Peoples plan, SEN and Behaviour and Attendance Strategy, Child Poverty strategy, Surestart and Early Years policy and takes account of Intelligent commissioning pilots and principles.

### **8 . How do we know we have achieved it?**

We must agree a joint governance and performance management framework for this commissioning strategy and process for long term engagement with all key partners. The Commissioning team will be responsible for the delivery of the strategy, accountable to the Strategic Partnership Board and connected to the Well Being and Health partnership. Governance arrangements will need to be more clearly defined as the changes to commissioning arrangements within the NHS and council take shape

#### **Additional documentation (a) (Appendix 2)**

Transformation plan

#### **Additional documentation ( b ) (Appendix 3)**

National Drivers

#### **Additional Documentation (c ) (Appendix 4)**

Service Mapping

#### **Additional documentation (d) (Appendix 5)**

The Joint Strategic Needs Assessment is a long and detailed document. It can be accessed at the following web address:

<http://www.bhllis.org/resource/view?resourceId=858>