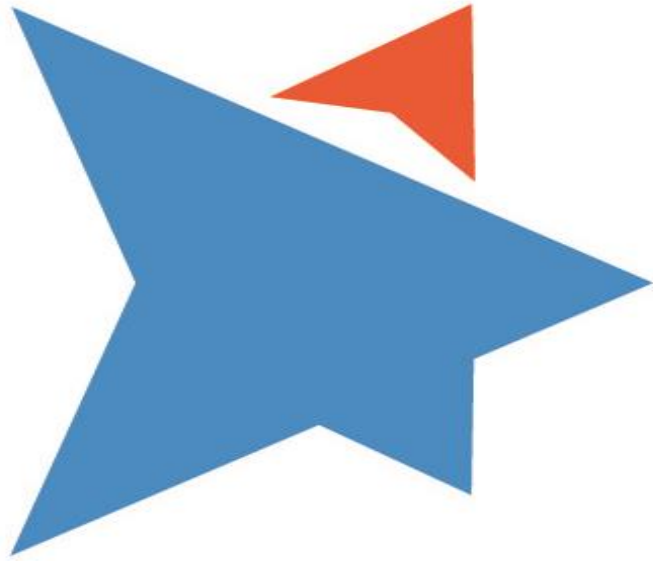


Housekeeping



- Please mute and turn off cameras when you join - **Unless you're a speaker!**
- Please use chat rather than raising your hands with questions. There are too many of you for us to reliably identify those with hands up.
- Teams top tip, if you're struggling to see slides press Ctrl and scroll your mouse arrow and it will make the content bigger or smaller.
- To turn on captions, select '...' in the top right and select 'turn on live captions'

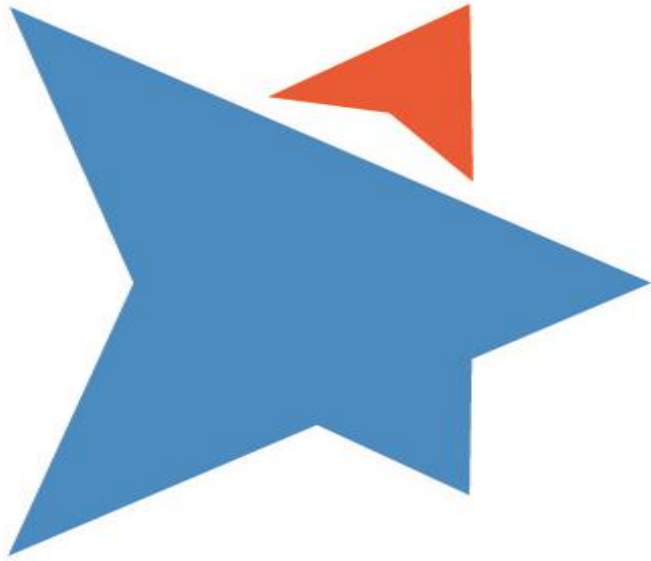


CDC National Webinar CCGs to ICBs:

**Learning for SEND from emerging
Integrated Care Systems**



RESEARCH AND
IMPROVEMENT FOR
SEND EXCELLENCE



Welcome and Introductions

Dame Christine Lenehan
Director, CDC

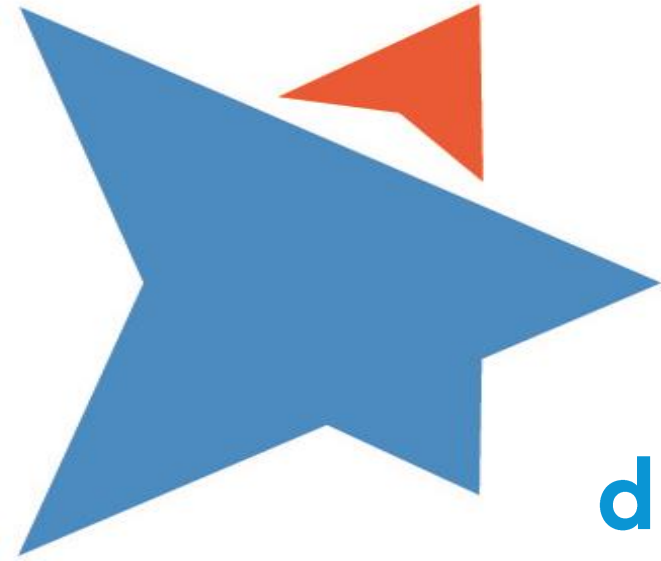


RESEARCH AND
IMPROVEMENT FOR
SEND EXCELLENCE

Objectives



- To share learning from the transition from CCGs to ICBs;
- To share learning for SEND from emerging Integrated Care Systems;
- To provide attendees with a refresh on what an ICS is and their duties related to SEND.



SEND and ICBs: statutory duties, key roles and a focus on babies, children and young people

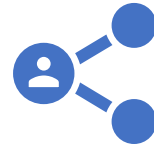


RESEARCH AND
IMPROVEMENT FOR
SEND EXCELLENCE

Integrated Care Systems as they develop



Current ICS Guidance
and accountabilities



Upcoming Timeline



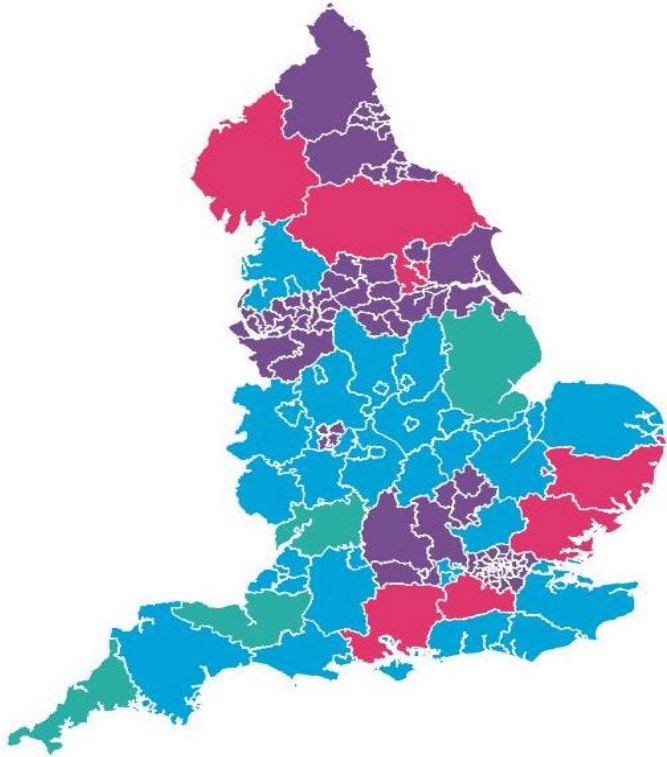
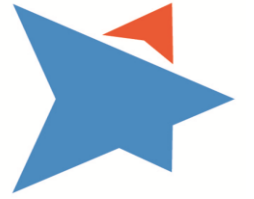
System readiness and
response – key themes



Key issues for the
SEND system

Evolving System Structures

How did we get here



- 1-2.5 million population
- Covering multiple LA's
- Made up of
 - Integrated Care Board
 - Integrated Care Partnership

Based on the principle of **integration within health system** (e.g. mental and physical health, acute and community care) and between health system and other partners

BUT

Initial White Paper and legislation was adult-focused, risking marginalising children.

So

Health Policy Influencing Group + House of Lords



Now several key duties related to CYP and specifically children and young people with special educational needs and disabled children and young people



Integrated Care Systems - requirements

Integrated Care Boards

Must have an executive lead with accountability for SEND

Must produce a rolling **five-year Joint Forward Plan** that take account of ICP Strategy and sets out how the ICB will:

Exercise its functions and **organise and deliver** NHS services to meet the needs of children and young people and address inequalities – including for CYP with SEND.

Deliver the national expectation set out in the long term plan, including reducing use of inpatient care for autistic children and young people and those with a learning disability.

ICB annual reports must include how they have met safeguarding and SEND duties

Forward Plan must take account of ICP Strategy

High degree of decision making autonomy within this structure

Integrated Care Partnerships

Joint committee of the ICB and local authorities bringing local stakeholders together as equal partners to plan to meet wider health and care needs across the ICS footprint.

Must develop an *Integrated Care Strategy* to improve health and wellbeing outcomes and tackle wider determinants of health.

Strategy should be based on Health and Wellbeing Board JSNA and must address children's health and wellbeing and promote the integration of children's services.

ICPs should consult children's system leaders, children and young people and families when forming their strategies.

ICP should enshrine principle of subsidiarity - 3 tests:

- **to achieve a critical mass beyond local population level to achieve the best outcomes;**
- **to share best practice and reduce variation;**
- **to achieve better outcomes for people overall by tackling 'wicked issues' (i.e., complex, intractable problems).**



Hewitt Review-Surprise announcement!



Govt asks former Health Secretary Patricia Hewitt to lead an independent review into oversight of ICB.

Focus on 3 core areas:

- How to empower local leaders to focus on improving outcomes for their populations, giving them greater control while making them more accountable for performance and spending.
- the scope and options for a significantly smaller number of national targets for which NHS ICBs should both be held accountable and supported to improve by NHS England and other national bodies, alongside local priorities reflecting the particular needs of communities
- How the role of CQC can be enhanced in system oversight.

This emphasis on ICS autonomy and accountability reflects the messaging of the [NHS Operating Framework](#) published in October. Refocused NHS England to partnership type relationship with ICSs- help system local decision making and empowering local leaders

The exact nature of this relationship is being determined now- will influence the relationship between NHS E and ICSs, including between national and regional levels-in all areas, including SEND

Will publish end of March

ICB statutory duties – Children and Young People

The Health and Care Act transferred all relevant statutory duties from Clinical Commissioning Groups to ICBs.

Child safeguarding

- ICBs will have a statutory duty to safeguard children as set out in Working Together to Safeguard Children (2018) statutory guidance.
- The NHS England Safeguarding Assurance and Accountability Framework clearly sets out safeguarding roles and responsibilities and will apply to all ICBs.
- ICBs will be required to set out how they have discharged duties in relation to child safeguarding in their annual report.
- To ensure that statutory duties in relation to child safeguarding receive sufficient focus in ICBs, responsibility for functions will be delegated to an ICB executive lead.

Children and young people with special educational needs and disabilities (SEND)

- ICBs must continue to deliver the commissioner duties set out in Part 3 of the Children and Families Act 2014 and the SEND Code of Practice (2015) statutory guidance. This includes jointly commission services for children and young people with SEND, with local authorities.
- To ensure that statutory duties in relation to SEND receive sufficient focus in ICBs, responsibility for functions will be delegated to an ICB executive lead.

Looked After Children

- ICBs will have a statutory duty to meet the health needs of looked after children, as set out in the Promoting the health and well-being of looked-after children (2015) statutory guidance.

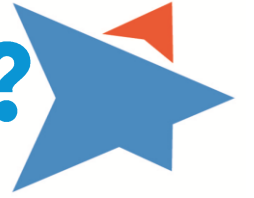
Children in the justice system

- ICBs will have a statutory duty to co-operate with LAs, police and probation services on the provision and delivery of local youth justice services, as set out in Modern Youth Offending Partnership Guidance (2013) statutory guidance.

Mental health

The statutory duties which will apply to ICBs for mental health, including children and young people's mental health, are imposed by the NHS Act 2006 (which requires CCGs to commission healthcare services to meet people's needs) and the Mental Health Act 1983. They are explained in the Code of Practice (2015).

What are ICB's statutory SEND duties?



Children and young people with special educational needs and disabilities (SEND)

- ICBs must continue to deliver the commissioner duties set out in Part 3 of the Children and Families Act 2014 and the SEND Code of Practice (2015) statutory guidance. This includes jointly commission services for children and young people with SEND, with local authorities.
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INTEGRATED CARE SYSTEMS ICSS

NHS England

Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission

Independently reviews and rates the ICS

STATUTORY ICSS



Membership:
independent chair; non-executive directors; members selected from nominations made by NHS trusts/foundation trust, local authorities and general practice

Role: allocates NHS budget and services; produces five-year system plan for health services



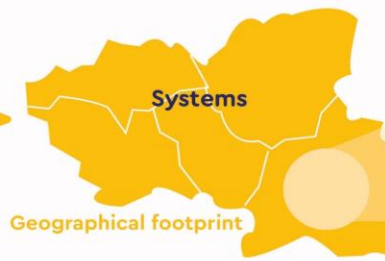
Cross body membership, influence and alignment



Membership:
representatives from local authorities, ICB, Healthwatch end of the partners

Role: planning to meet wider health, public health and social care needs; develops and leads integrated care strategy but does not commission services

Influence



(Popn 1-2 million) – setting strategy; managing overall resources and performance; planning specialist services across larger footprints; strategic improvements to key system enablers such as digital infrastructure, estates and workforce planning. Health’s statutory duties for SEND and safeguarding will be held at systems/ICB level.

Places

(Popn 250,000–500,000) – redesigning local services; joining up care pathways across NHS, local government and VCS services; supporting the development of PCNs; building relationships with communities – local authority footprint

Neighbourhoods

(Popn 30,000–50,000) – formation of Primary Care Networks; bolstering primary care services; developing multidisciplinary teams; delivering preventive interventions for people with complex care need

WHAT MIGHT THIS MEAN FOR SEND DELIVERY?

- Residential special schools
- Specialist inpatient services
- Palliative Care
- Secure children’s homes
- Secure Stairs
- Keyworker services
- DSR/CETR
- Children’s continuing care
- Education, Health & Care Plans formal/legal processes in place
- Physio/OT/SALT
- Children’s Community Nurses
- Child Development Centre
- CAMHS
- Personal budgets
- Ordinarily available provision/graduated response
- Child in need
- SEN Support
- Mental Health Support Teams
- Making every contact count
- Early help
- Social Prescribing
- School nursing
- GP services
- 2 1/2 year check
- Healthy child Programme
- Children’s Centres

Influence

PARTNERSHIP AND DELIVERY STRUCTURES AND PARTICIPATING ORGANISATIONS

Provider collaboratives

NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector: can also operate at place level

Health and Wellbeing boards

ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level

Primary care networks

General practice, community pharmacy, dentistry, opticians

Place-based partnerships

can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care

What might this mean in terms of services, programmes and delivery?



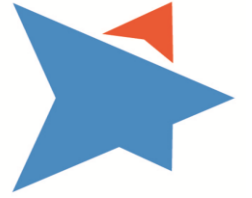
System-wide – need to be engaged in discussions on	Place (LA footprints)	Neighbourhood	Related National Areas of SEND focus and wider priorities
Specialist inpatient services	Keyworker services	Healthy Child Programme	Learning Disability & Autism
Residential special schools	Education, Health & Care Plans: formal /legal processes	2 ½ year check	CYP Transformation
Secure children’s homes	Physio/OT/SALT	GPs	SEND Training Assurance Framework
Children’s Continuing Care	Community Children’s Nursing	School Nursing	Social Prescribing
Youth Justice/Forensic: Secure Stairs/L&D	CAMHS	Children’s Centres	Clinical Interventions in Education Settings
Dynamic Support Register/CETRs	Ordinarily Available Provision/graduated response		Mental Health Support Teams
Palliative Care	SEN Support		
Personal Budgets	Early Help		

SEND Statutory Duties on ICBs



- Duty to **bring children** to the **local authorities' attention** if they identify them as having, or probably having, SEN or a disability- but **MUST** give the child's parents the opportunity to discuss their opinion with them before informing the local authority if they are under school age.
- Duty to **cooperate generally** with the local authority
- Duty to **cooperate in specific circumstances**

Duty to put in place joint commissioning



Local authorities and their partner ICBs must put in place joint commissioning arrangements which set out:

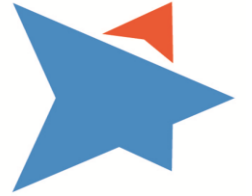
- What Education Health and Social Care provision is needed by local children and young people. This must set out **what will be commissioned and by whom**
- A processes for improved **identification** and **information sharing** by health of children identified as having SEN and disability
- A process for providing advice to and **agreeing** health content in EHC plans
- Clear governance arrangements with **shared accountability**

Local Offer



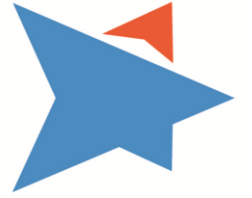
- Sets out the **Education Health and Care** services available locally
- Developed by local authorities **in partnership with children, young people and their families**
- Health partners **must cooperate** to ensure health services are reflected within the local offer
- Important tool to **improve provision and meet the outcomes** set out by the joint commissioning arrangements - feedback from the local authorities should be used to **inform future commissioning decisions**

Education Health and Care Plans



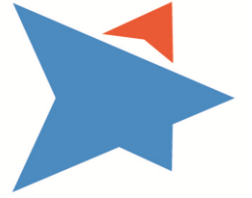
- Eligibility for EHC plan is **based on educational need**
- Plans based on integrating services to meet holistic outcomes
- Health services **must bring to the local authority's attention** children under compulsory school age in need of an EHC assessment, after notifying their parent carers
- If a child is over the compulsory school age, health services **can bring attention** to carry out an EHC assessment
- Assessment by Local Authority - must seek advice of relevant health professionals.
- Advice by health professionals must be provided **within 6 weeks**
- There must be agreement between ICBs and LAs on the health provision in EHC plans
- Any health provision in EHC plans must be commissioned by health

Emerging Intelligence from work with local areas and systems



- New structures taking shape and how what this means for joint SEND activities at place (local authority)- are these arrangements facilitating strong partnership arrangements with LA and other partners across multiple place footprints- what can this look like?
- Clear need to build and maintain CYP and SEND priority at Board level – Current focus on developing coherent governance arrangements, defining what should be done at System and Place level for SEND
- Growing recognition Exec Leadership must be supported by robust strategic arrangements; from Board through System to Place and Neighbourhoods.
- Underpinned by shaping and appointing key roles throughout the ICS structure- Exec Lead, Head of SEND, SRO at Place, DCOs, Provider leads
- Not just arrangements - what will be the scope of decision making at each level of the final governance structure?
- Oversight & leadership, planning and delivering specialised services, sharing good practice, setting minimum standards, making investment decisions and developing workforce strategies. Potential for redistribution across ICS footprint to reduce variation and tackle inequalities?
- What will the relationship and support from NHS England look like in the future?

Data



What does a SEND Data Framework at ICB level need to do?

- System profile (needs data)
- Governance & Assurance
- Performance

What indicators from health?

- System
- Place

[Link to SEND AP Improvement Plan commitment to Data dashboards](#)

Joint Inspection framework



Refreshed Inspection Framework- Piloted in 2022- Maintains a Local Authority footprint but will focus on how effectively the local authority and the ICB jointly plan, evaluate and develop services for children and young people with SEND

Will look at how effectively they work to improve their experiences and outcomes.

Includes Children and Families Act requirements- strategic and operational- and alternative provision, children who are not attending school and the implementation of the **Dynamic Support Register**

3 potential outcomes judgements- Positive, Inconsistent, Failing- (requires priority action plan)

Inspection process will develop understanding of the role of ICS as a partner

Local Government and Social Care Ombudsman SEND cases



- 5 recent joint cases with implications for health
 - Issues around delays to providing advice for EHC needs assessments;
 - Unclear pathways for requesting health advice as part of EHC needs assessment processes;
 - Failure to issue annual review reports from therapy/clinical staff;
 - Highlighted need for LA and ICBs to review therapy provision and ensure adequate high-quality support;
 - Implications around providing advice if a child is on a waiting list or not known to a service.

These are the issues ICS's will be responsible for addressing

Guidance, resources to come



NHS ICB Executive lead guidance - soon to be published

Will set out role responsibilities for each ICB executive lead role, including

- the exec lead for children and young people, responsible for championing their needs
- provide clarity of roles and responsibility for SEND and child safeguarding statutory duties and confirm that these must be delegated to an ICB executive lead

NHS England developing role descriptors for Leadership Roles related to SEND

- Exec Lead for SEND
- Emerging Head of SEND roles at ICB level
- Exploring SRO for SEND at Place Level

NHS E SEND Quality Improvement Framework – in development

Will define quality through the eyes of parents and carers and children and young people and identify the health support offer to local systems to support change (Integrated Care Boards)

Clinical Interventions in Education Settings – NHS E developing new toolkit

Exploring legal framework and clarifying responsibilities between health and education

Training resources for Level 4 Practitioners as part of NHSE SEND Training Assurance Framework

Area SEND inspections: framework & handbook.

- Part 1: The evaluation schedule
- Part 2: How local area partnerships' provision for CH&YP with SEND will be inspected.
- Part 3: Monitoring inspections
- Part 4: Engagement meetings
- Thematic inspections

Purpose of inspection

Provide an independent, external evaluation of the effectiveness of the local area partnership's arrangements for CH&YP.

Where appropriate, recommend what the local area partnership should do to improve the arrangements

This presentation is to talk briefly about the type of evidence the inspections are looking for during inspection, with a focus on the role of the ICB

Section 31 of the Framework

Evaluating impact of local arrangements on experiences & outcomes to the extent which

- CH&YP's needs are identified accurately and assessed in a timely and effective way.
- CH&YP and their families participate in decision making about their individual plans and support
- CH&YP receive the right help at the right time
- CH&YP are well prepared for their next steps and achieve strong outcomes
- CH&YP are valued, visible and included in their communities.

Section 32 of the Framework

Inspectors will evaluate how the local area partners work together to plan, evaluate and develop the SEND system, to the extent which

- Leaders are ambitious for CH&YP with SEND
- Leaders actively engage and work with CH&YP (co production.
- Leaders have an accurate, shared understanding of the needs of CH&YP in their local area
- Leaders commission services and provision to meet the needs and aspirations of CH&YP, including commissioning arrangements for CH&YP in alternative provision.
- Leaders evaluate services & make improvements
- Leaders create an environment in which effective practice & multi agency working can flourish.

Evolution

- Use of place-based data to drive local services
- Governance across into ICS & ICPs for SEND
- What support looks like for local areas that receive the third judgement.
- Continued development of DSR & CETRs
- Responsible commissioning

Thank you

&

We will see you soon 😊



Children and Young People with Special Educational Needs and Needs and Disabilities in South West London Integrated Care System – Work in progress.

Alison Stewart.

Head of SEND for SWL ICS.

March 2023



Caveats and health warning!

- To try and avoid acronyms
- Work in progress
- Early days
- Long term change
- Questions / feedback gratefully received





INTEGRATED CARE SYSTEMS ICSS

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Performance manages and supports the NHS bodies working with and through the ICS

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Independently reviews and rates the ICS

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Membership: independent chair; non-executive directors; members selected from nominations made by NHS trusts/foundation trust, local authorities and general practice

Role: allocates NHS budget and services; produces five-year system plan for health services



Membership: representatives from local authorities, ICB, Healthwatch end of the partners

Role: planning to meet wider health, public health and social care needs; develops and leads integrated care strategy but does not commission services



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Specialist inpatient services
Palliative Care
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DSR/CETR
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Education, Health & Care Plans formal/legal processes in place
Physio/OT/SALT
Children's Community Nurses
Child Development Centre
CAMHS
Personal budgets
Ordinarily available provision/graduated response
Child in need
SEN Support
Mental Health Support Teams
Making every countact count
Early help
Social Prescribing
School nursing
GP services
2 1/2 year check
Healthy child Programme
Children's Centres

PARTNERSHIP AND DELIVERY STRUCTURES AND PARTICIPATING ORGANISATIONS

Provider collaboratives

NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector: can also operate at place level

Health and Wellbeing boards

ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level

Primary care networks

General practice, community pharmacy, dentistry, opticians

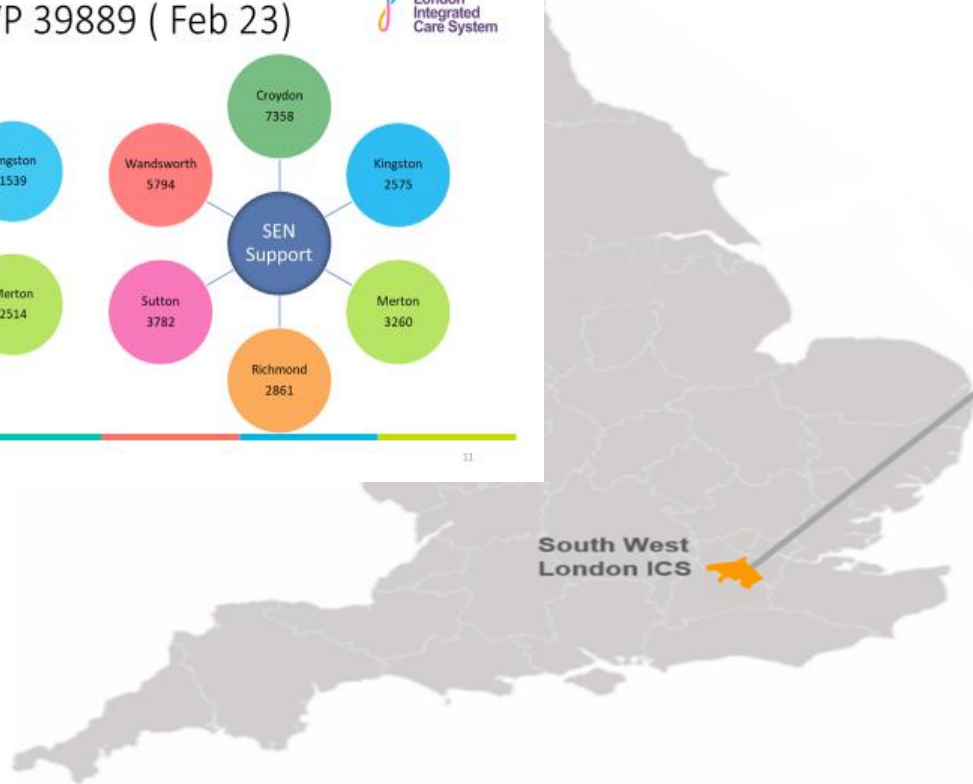
Place-based partnerships

can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care

Context ; Total CYP 39889 (Feb 23)



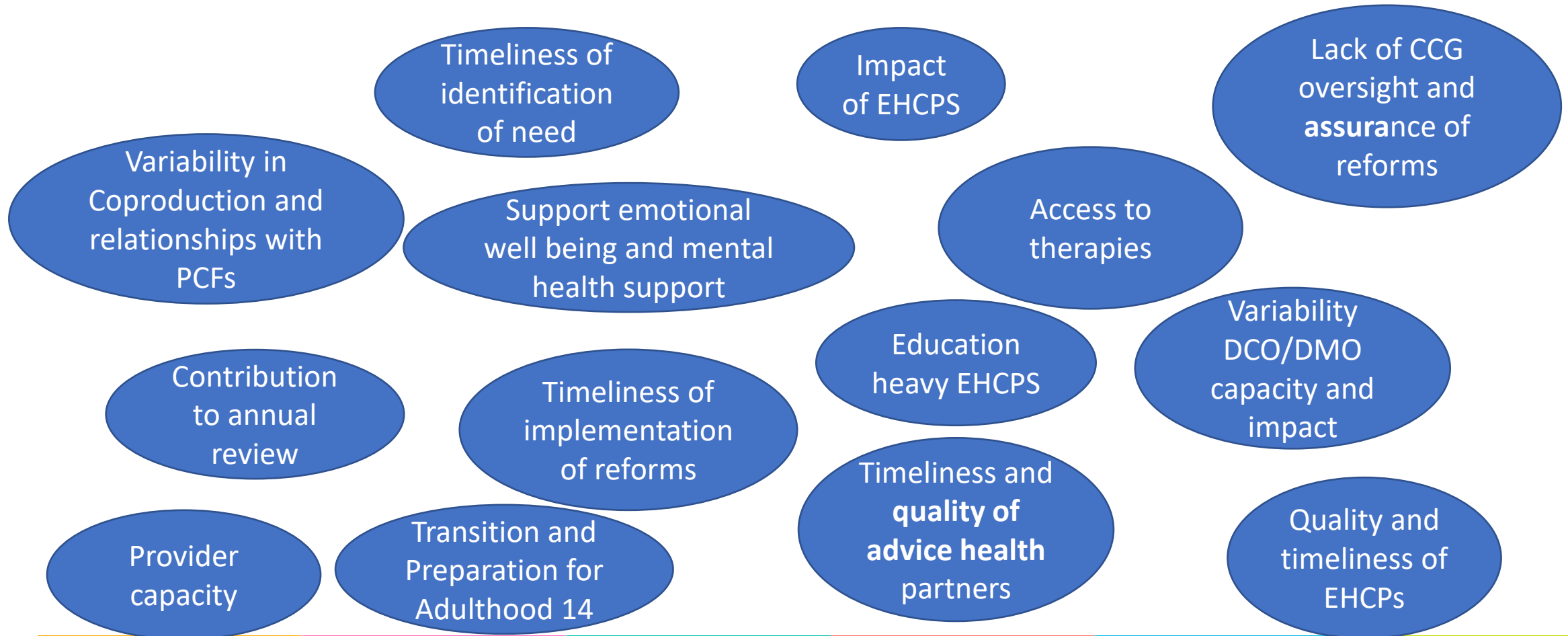
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Inspection history

Local Area	Inspection date	Inspection Outcome	Revisit date	Revisit outcome
Croydon	Oct 21	Pass	n/a	n/a
Kingston	Oct 18	Written Statement of Action	October 22	Sufficient progress
Merton	Sept 19	Written Statement of Action	October 22	Sufficient progress
Richmond	June 21	Written Statement of Action		
Sutton	Jan 18	Written Statement of Action	March 20	Sufficient progress
Wandsworth	Nov 19	Written Statement of Action	June 22	Sufficient progress

Common “health “inspection themes



SWL ICS Head of SEND (Secondment)

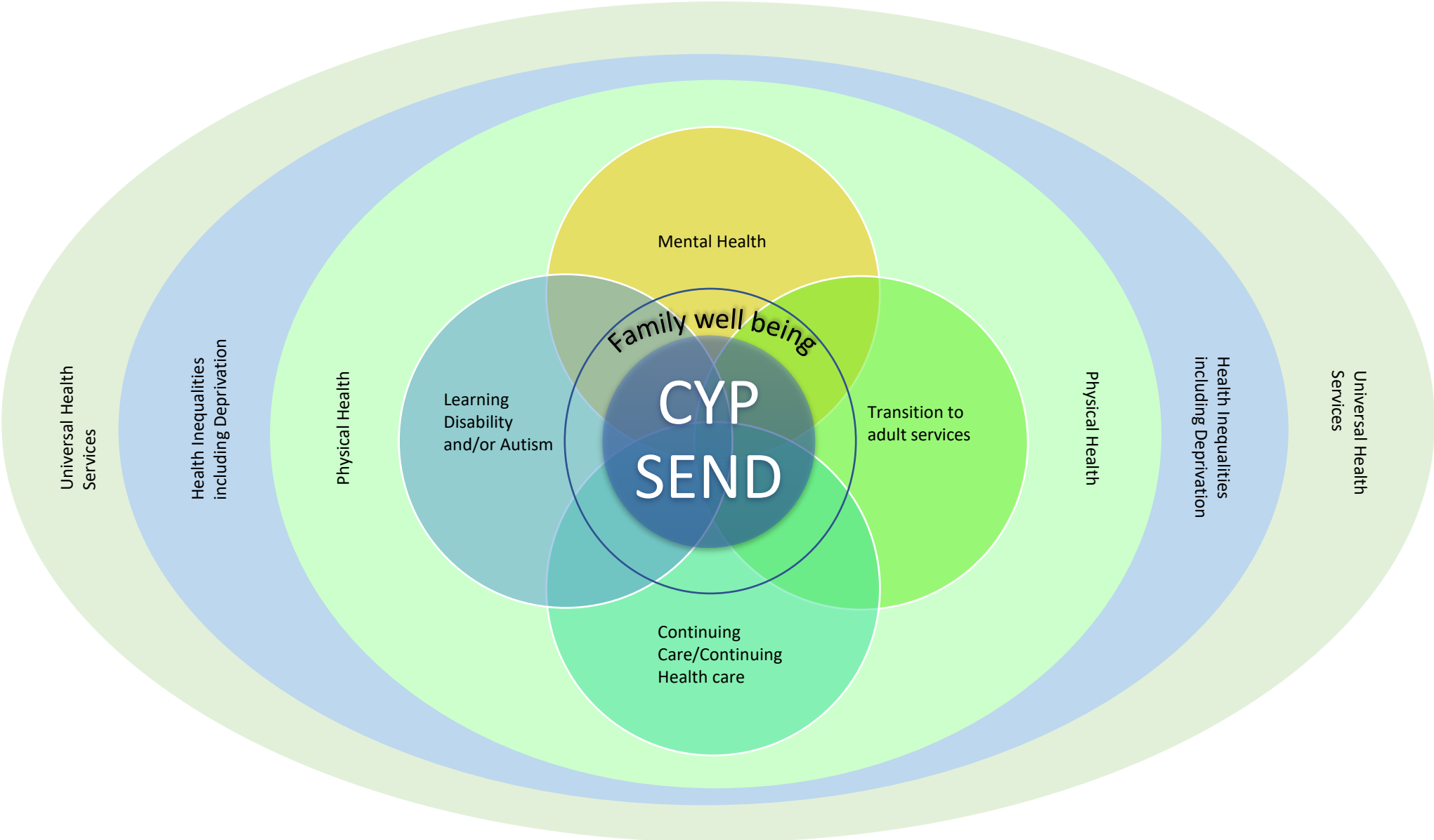


- The SWL London SEND lead will work with the Directors of Quality, Local Authority Leads and the Chief Nurse to provide leadership for Special Educational Needs and Disabilities (SEND) across South West London Integrated Care System to deliver appropriate assurance to the Integrated Care System around meeting statutory duties for children and young people, aged 0 – 25 years, with special educational needs and disability.

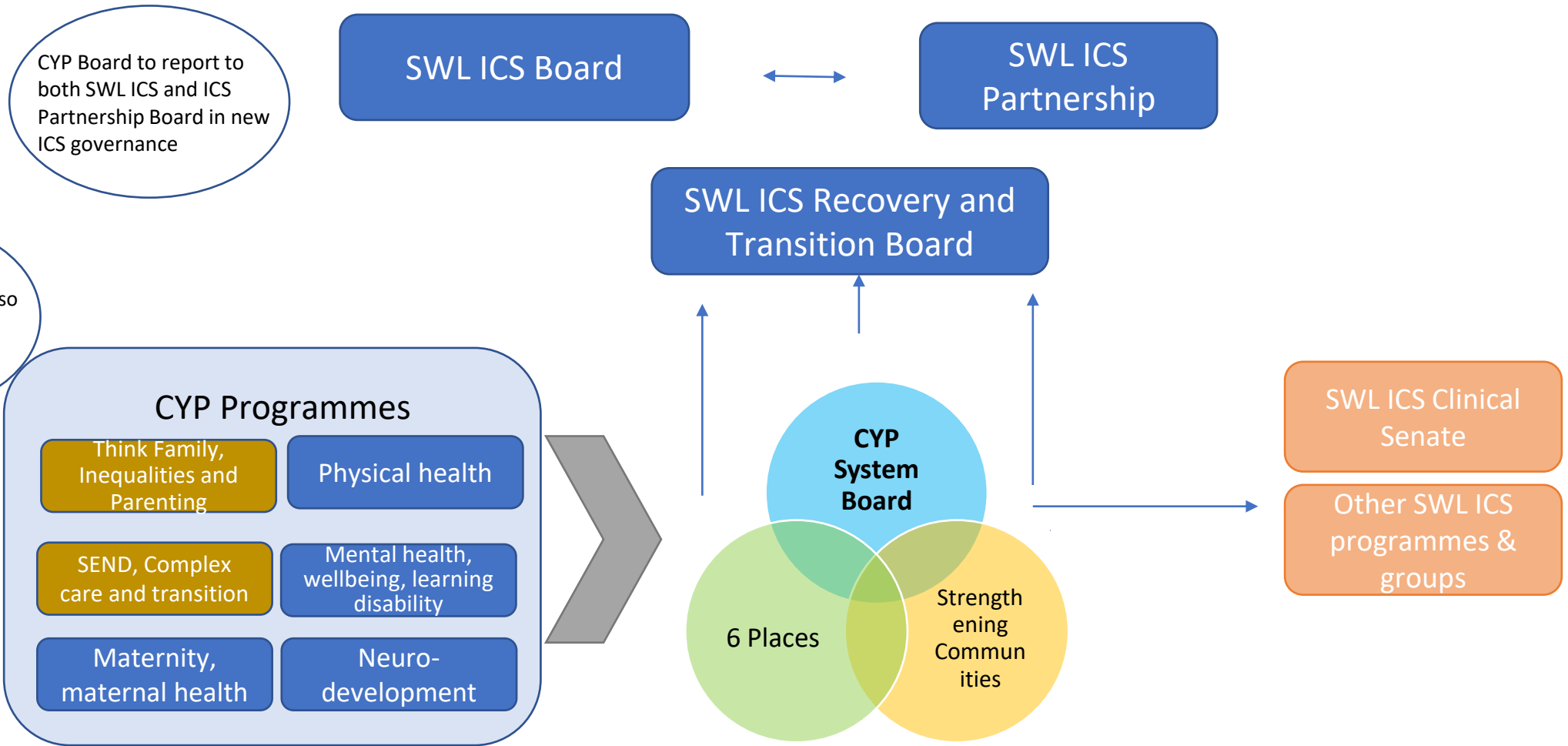
Key responsibilities:

- Oversight and assurance across health, education and social care services 0-25 delivering care and support to children and young people with SEND
- Coordination and assurance of strategic input from health, education and social care into the EHC process and reporting of their positions and audits to relevant quality committees
- Strategic assurance regarding accountability of the Integrated Care System's transformation programme development of the joint commissioning and local area SEND strategies
- Championing co-production as a way of working across health, education and social care in the local system
- Coordinating the Strategic SEND partnership and leading on the coordination of the SEND improvement plan.
- Leading on engagement and partnership relations with Parents and Carers working with Head of SWL ICS engagement
- Support Designated Clinical /Medical Officers at "Place"

Interdependencies and levers.



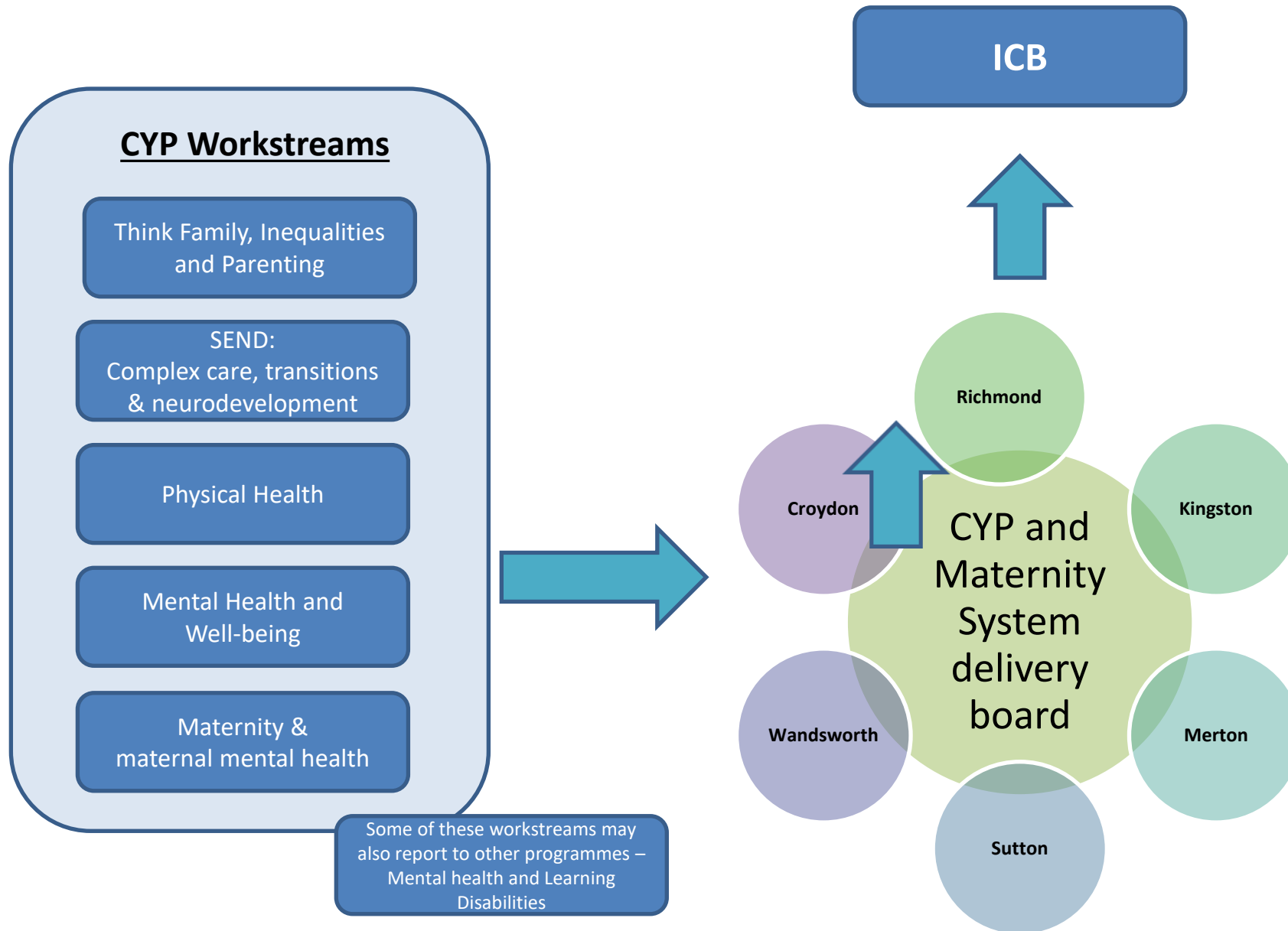
Children within the Integrated Care System

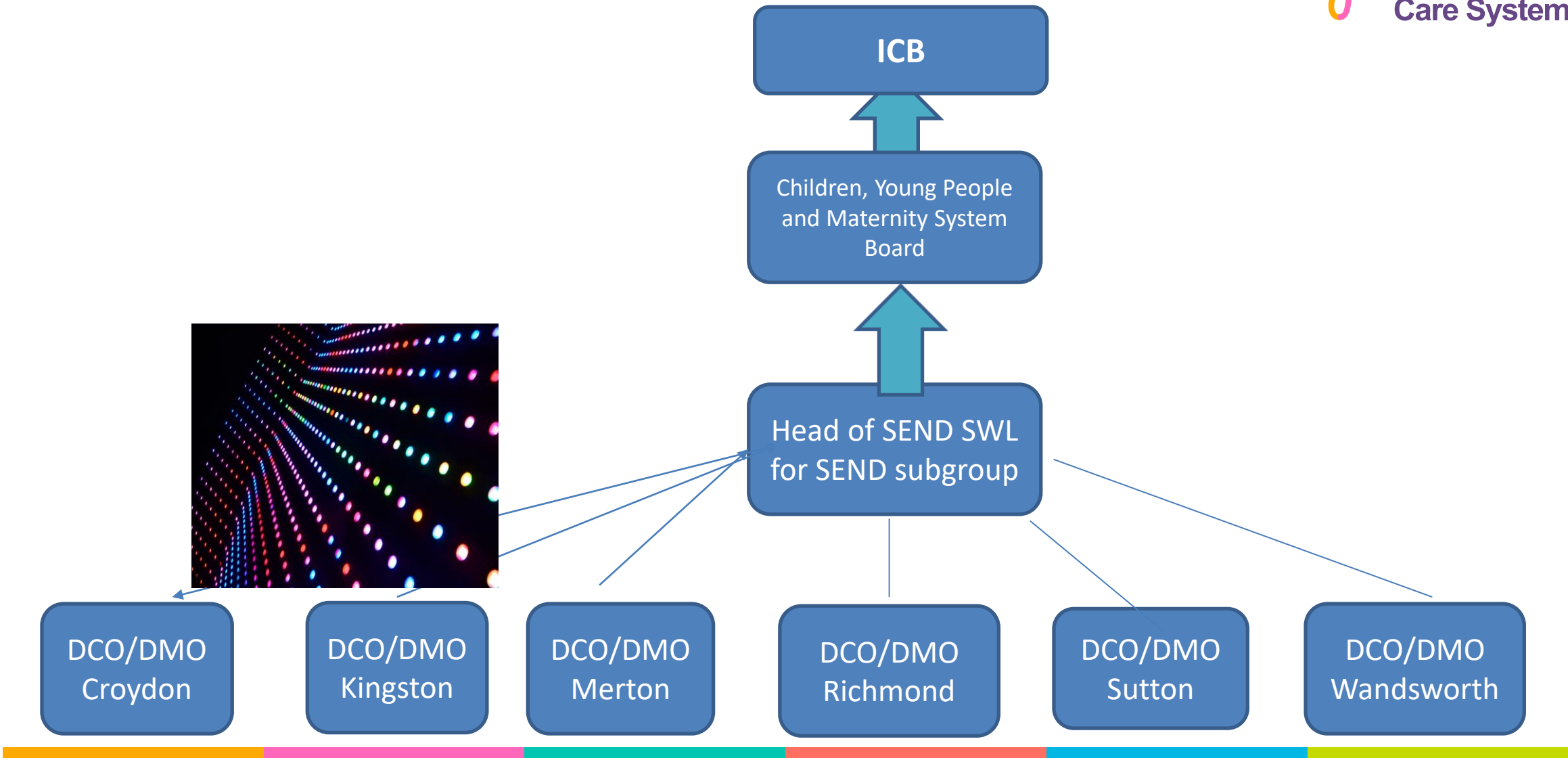


CYP Board to report to both SWL ICS and ICS Partnership Board in new ICS governance

Some of these programmes may also report to other programmes – e.g. MH and LD





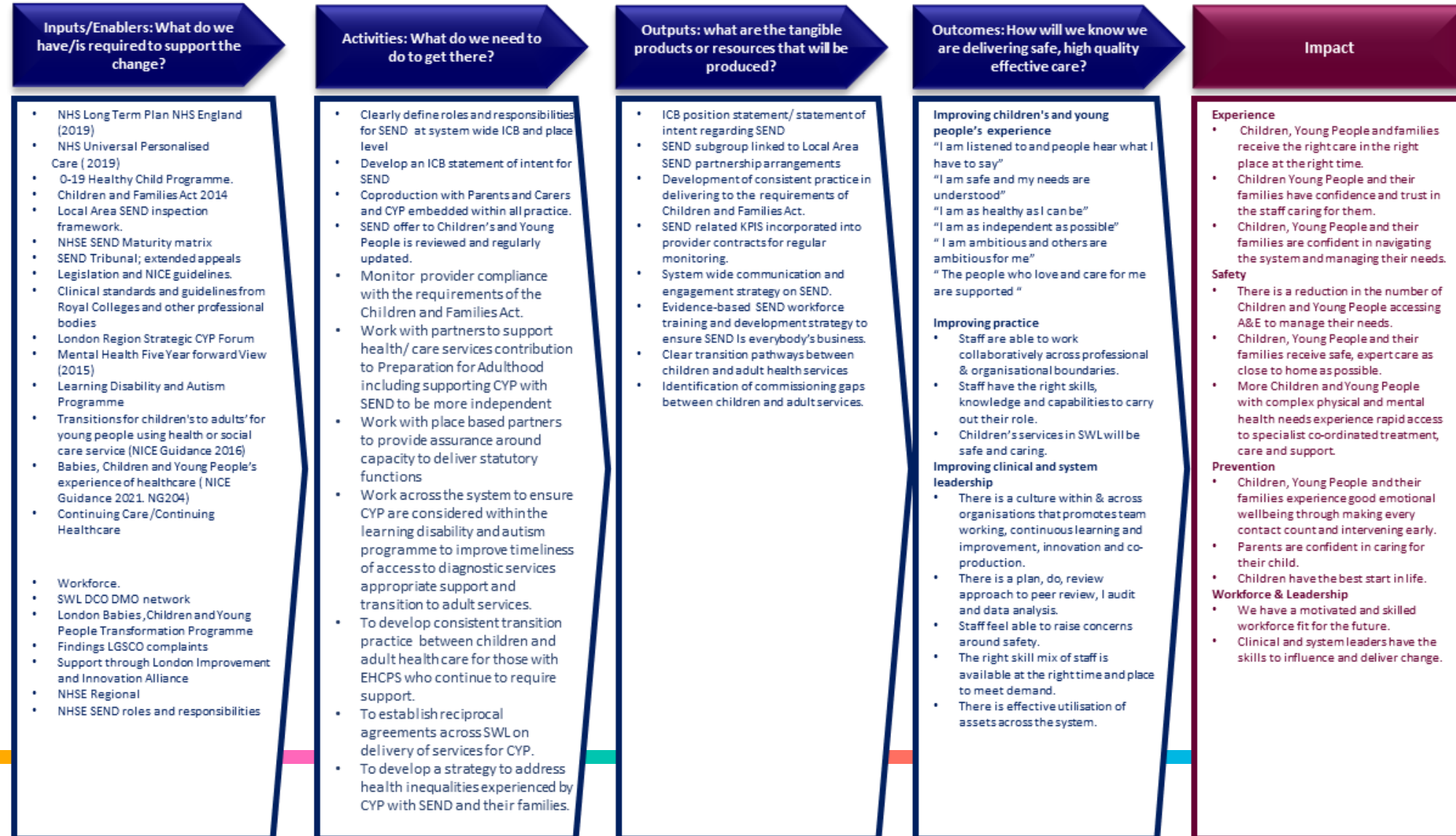


Conundrums !

- System wide understanding of changes within the world of “health”.
- ICS statutory responsibility and Place responsibility .
- Variation in local area commissioning arrangements.
- Representation of SEND within ICS priorities.
- Relationships between Local Authorities within an ICS footprint and specific demographic characteristics.
- Multiple health providers at Place .
- DCO recruitment and retention.
- Local Area SEND inspection framework.
- SEND and AP Implementation Plan.

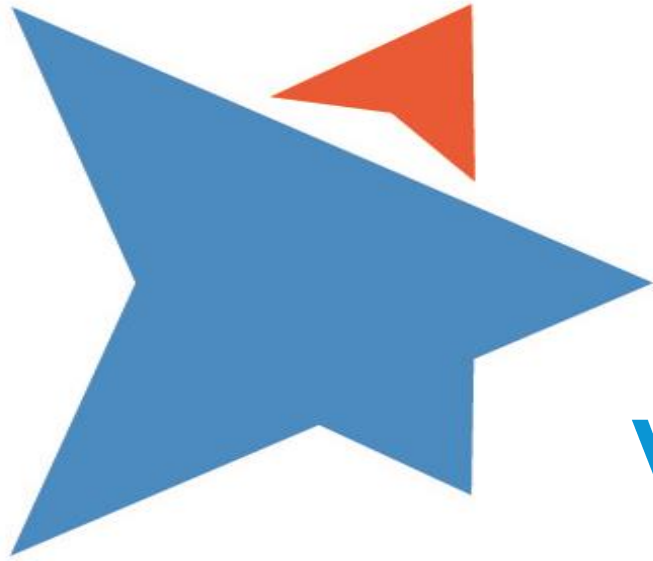


Goal: All children and young people with SEND in South West London will receive safe care both now and in the future.



Thank you.



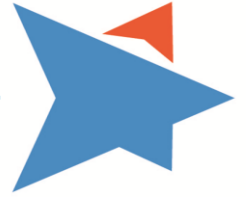


What do ICS strategies say?



RESEARCH AND
IMPROVEMENT FOR
SEND EXCELLENCE

Headlines from published and draft strategies



- **5 (of 42)** ICSs have published their strategies, with another **12** publishing a draft/interim copy. However, the publications are often buried in the website and not easy to find, it is therefore possible some could have been missed.
- Of those published, the needs of CYP are fairly well represented.
- There is particular focus on the **impact of socio-economic factors** to health and vulnerable children.
- **Mental health, obesity, preparedness for school** and **SEND** are consistent key areas being targeted.
- While there is some consistency across the strategies, ICSs have also developed goals based on local need.
- **CYP Core20Plus5** features in some strategies.
- There are **no specific targets** – there is strong ambition and commitment, but no SMART objectives.
- There is a mix of CYP involvement in the development of the strategies. This aspect, however, requires further research.

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

CORE20

The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS

ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1



ASTHMA

Address over reliance on reliever medications and decrease the number of asthma attacks

2



DIABETES

Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & Increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3



EPILEPSY

Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4



ORAL HEALTH

Address the backlog for tooth extractions in hospital for under 10s

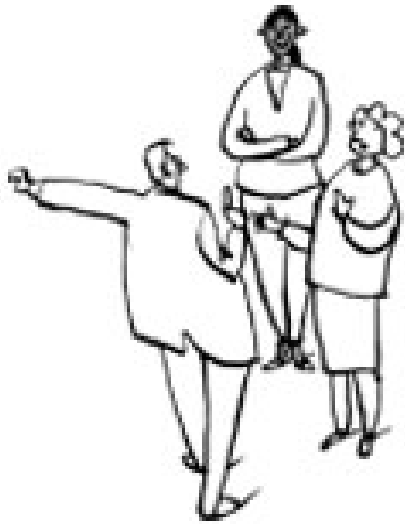
5



MENTAL HEALTH

Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

Reflections



Has your Integrated Care System published anything?

What does it say in relation to:

- CYP?
- SEND?



Nottingham and
Nottinghamshire

ICB SEND Statement of Intent

Michelle Sherlock DCO for SEND
on behalf of N&N ICB

SEND Statement of Intent

[Special Education Needs and/or Disability \(SEND\) - NHS Nottingham and Nottinghamshire ICB](#)

Rationale to develop a statement

- The NSHE/I SEND maturity matrix returns KLOE for evidence of the ICS overarching statement in relation to SEND
- Bassetlaw CCG had developed a SEND Strategy of which N&N ICB agreed to align across the ICS
- NHSE SEND regional manager advice indicated that the strategy developed did not meet required evidence for submission
- DCO recommended to SEND accountable officer to consider development of a statement that would capture KLOE
- Discussion held with East Midlands DCO network to scope - joint agreement to develop
- DCO shared findings and work developed and produced draft statement of intent for local area

SEND Statement of Intent

[Special Education Needs and/or Disability \(SEND\) - NHS Nottingham and Nottinghamshire ICB](#)

Governance

- Draft Statement of intent approved by ICB Executive lead for SEND
- Shared with partners across the ICS for comments
- Taken to assurance groups for final approval to be published

COMMS

- DCO established links with ICB Comms team
- Agreed appropriate platform
- Initial arrangements included within Safeguarding landing page
- Circulated to partners across the ICS and to NHSE SEND regional lead
- Feedback supported development of SEND own landing page
- Content can be viewed on the link- improvements will be ongoing.

Questions ?

ICB internet Link : [Special Education Needs and/or Disability \(SEND\) - NHS Nottingham and Nottinghamshire ICB](#)

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Post-evaluation form



Please fill out the post-evaluation form through the below link or scan the QR code:

<http://bit.ly/3FosSML>



Thank you

