Joint commissioning bulletin

Identifying the responsible commissioners for the core functions of a speech and language therapist, occupational therapist and physiotherapist

1. Introduction

1.1 Introduction to the Joint Commissioning Bulletin

The Council for Disabled Children regularly receives questions from SEND Regional Leads and delegates from the regional SEND workshops on a whole series of issues relating to the SEND reforms and joint commissioning. The joint commissioning bulletins are designed to share the learning from those discussions to a broader audience.

2. Implementing the joint commissioning arrangements within the SEND Code of Practice

2.1 Promoting trust through understanding commissioning organisations' statutory responsibilities

Historically, there have been a broad range of organisations involved in commissioning speech and language therapy, occupational therapy and physiotherapy such as Clinical Commissioning Groups (CCGs), local authorities, NHS England, schools and colleges. A number of local areas have used the new joint commissioning arrangements described within the Children and Families Act 2014 and the SEND Code of Practice to bring the different commissioning organisations together to review their current approach to commissioning speech and language therapy, physiotherapy and occupational therapy across a 0-25 age range. This has led to new joint commissioning strategies and agreements being established to maximise the use of finite resources from local authorities, schools, colleges and the NHS to improve outcomes for 0-25 year olds with SEND and their families. The *Useful References* section of this bulletin identifies some additional resources that commissioners may find helpful to support local strategic planning.

Successful collaborative commissioning arrangements are built upon trust, openness, transparency and a desire to achieve a common vision. A helpful starting point for these discussions is to ensure there is clarity from all parties on their respective legal responsibilities in relation to commissioning speech and language therapy, physiotherapy and occupational therapy.

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Section 1 of the National Health Service Act 2006[1] states that the:

- Secretary of State must continue the promotion in England of a comprehensive health service designed to secure improvement:
  a) In the physical & mental health of people of England
  b) In the prevention, diagnosis and treatment of physical and mental illness

This legislation provides commissioners with a useful starting point when considering the scope and range of health services CCGs are required to commission. For a list of health services CCGs and NHS England commission go to **Appendix 2**.

However, it is important to recognise that the functions of a speech and language therapist, occupational therapist and a physiotherapist may well need to be commissioned by more than one commissioning body as part of fulfilling their statutory duties.

The SEND Code of Practice[2] states:

9.73 Health or social care provision which educates or trains a child or young person **must** be treated as special educational provision and included in Section F of the EHC plan.

9.74 Decisions about whether health care provision or social care provision should be treated as special educational provision **must** be made on an individual basis. Speech and language therapy and other therapy provision can be regarded as either education or health care provision, or both. It could therefore be included in an EHC plan as either educational or health provision. However, since communication is so fundamental in education, addressing speech and language impairment should normally be recorded as special educational provision unless there are exceptional reasons for not doing so.

9.75 Agreement should be reached between the local authority and health and social care partners about where provision will be specified in an EHC plan.

9.76 In cases where health care provision or social care provision is to be treated as special educational provision, ultimate responsibility for ensuring that the provision is made rests with the local authority (unless the child's parent has made suitable arrangements) and the child's parent or the young person will have the right to appeal to the First-tier Tribunal (SEN & Disability) where they disagree with the provision specified.

With reference to the box above, there are specific instances where speech and language therapy, physiotherapy and occupational therapy may be identified as health and / or SEN provision or in the case of occupational therapy; health, SEN provision or social care provision. With this borne in mind, a number of local areas have jointly commissioned new integrated occupational therapy teams.

Recent joint Ofsted/CQC local area inspections have also highlighted some of the positive steps local areas have made in realising the joint commissioning aspirations

1 National Health Service Act 2006, Introduction Part I
2 DfE (2014) Special Educational Needs and Disability Code of Practice: 0-25 years, Page 171.

of the SEND reforms. Whilst reports do not provide a detailed profile of local joint commissioning arrangements, Brighton and Hove, Gloucestershire, Stoke-on-Trent, Cambridgeshire and Herefordshire were noted for making headway in this area.

Appendix 1 provides some useful comments for commissioners when considering the legal framework linked to a service specification for an integrated 0-18 / 0-25 occupational therapy service.

2.2 Promoting trust through understanding the responsible commissioner for the core functions of a speech and language therapist, occupational therapist and physiotherapist

A key issue for local authorities, schools, colleges and CCGs when discussing joint commissioning arrangements is to seek clarity on how their individual financial contributions are being used to support a new integrated pathway and how they can seek assurance that the money invested is being used to meet their respective statutory duties and requirements under national policy and best practice – such as NICE guidance.

Adopting a Must, Should, Could, approach to understanding the responsible commissioner

The Must, Should, Could approach (the mapping document for occupational therapy and physiotherapy can be found in Appendix 3.) is a way for commissioners to group and prioritise the core functions of a therapist, using the following definitions:

The mapping document also groups the functions into the three core statutory responsibilities of the NHS based on section 1 of the Health and Social Care Act 2012 (Prevention, Diagnosis and Treatment) and by age group.

Adopting an approach such as this, enables professionals, parent carers and commissioners to co-produce a document that clearly describes who the responsible commissioner should be for specific core functions of a therapist, where the current gaps are and how finite resources could be maximised across the system. Schools have found this approach particularly helpful when considering how their delegated funding could add value to what is already being provided. For instance, there are a growing number of examples of schools using some of their pupil premium funding to commission speech and language therapists and occupational therapists to enhance pupil's access to the curriculum and improve their value added scores. One particular example is where schools have used some of their pupil premium funding

to commission additional capacity from an occupational therapist to deliver sensory integration for pupils with an autism spectrum condition and associated sensory processing difficulties.

Examples of where schools have used Pupil Premium funding to commission occupational therapy provision.

http://www.russethouse.enfield.sch.uk/School/Pupil-Premium/

http://www.st-hughs.n-lincs.sch.uk/_site/data/files/policies/DF6E00C2ABA605868A084C1FD504F006.pdf

2.3 Developing a whole system approach to supporting specific groups of children

The regional workshops and discussions with specific CCG and local authority commissioners have also focussed on the need to adopt a whole system approach to meeting the needs of particular groups of children such as those with speech, language and communication needs. Figure 1 below shows a typical model of interventions adopted by allied health professionals and will add to the discussions linked to any Must, Should, Could, mapping exercise. Figure 1 poses the question *should all of the functions to support a child with for instance speech language and communication needs be undertaken by a speech and language therapist?* The answer to that question is no. A wider workforce needs to play a key role in supporting children with speech language and communication needs, but may need additional training, information and advice from a speech and language therapist to effectively carry out those tasks. For more information on this, please refer to *Commissioning for speech language and communication needs* in the Useful References section below.

Figure 1 to show the levels of intervention undertaken by allied health professionals

The key learning points from the regional events, held by the Council for Disabled Children in 16/17, in relation to jointly commissioning speech and language therapy,

occupational therapy and physiotherapy are:

- Therapists can play a key role in building capacity and capability within a wider workforce and should be regarded as a central part of any integrated pathway for promoting early identification of need and improving the resilience within families and settings.
- Providing the right information at the right time and in the right place can improve the effectiveness of early identification and prevention programmes and enable parent carers and professionals to co-deliver interventions that improve outcomes for children at home, in an educational setting and in the community.
- Identifying the core functions, skills, knowledge and competencies that are required to deliver an integrated pathway before assigning them to particular professionals is crucial. This enables commissioners and providers to review whether there are two groups of professionals undertaking similar functions, or whether there is a need to develop new roles such as generic assistant posts that can work across health, education and social care.
- Developing new integrated models of care across a 0-25 age range, where professionals are co-located can improve communication between professionals and deliver a more coordinated approach to meeting the needs of children, young people and their families.
- Trusted assessor models such as those used in occupational therapy can improve the efficiency of the service and reduce the number of professionals a child and family have to deal with.

3. Useful References

Gascoigne M. (2015) *Commissioning for speech language and communication needs,* Better Communication Research Programme.

https://www.bettercommunication.org.uk/support-for-commissioners/digest-request/

College of Occupational Therapists (2014) *Guide to commissioning, funding and planning services which include occupational therapists*

https://www.cot.co.uk/sites/default/files/general/public/commisioners-tool.pdf

College of Occupational Therapists (2015) *Occupational therapy with children and young people*

https://www.cot.co.uk/sites/default/files/commissioning_ot/public/OT-with-children-and-young-people-updated-April2015.pdf

Winchcombe M & Ballinger C (2006) *A competence framework for trusted assessors,* Assist UK

https://www.cot.co.uk/sites/default/files/publications/public/Competence-framework.pdf

NHS England (2016) *Commissioning guidance for rehabilitation* (relates to children and adults) www.england.nhs.uk/wp-content/uploads/2016/04/rehabilitation-comms-guid-16-17.pdf

NHS England (2017) *Allied health professionals into action: Using allied health professionals to transform health, care and wellbeing* https://www.england.nhs.uk/wp-content/uploads/2017/01/ahp-action-transform-hlth.pdf

The Communications Trust (2014*) Implementing the SEND reforms: Joint commissioning for children and young people with speech, language and communication needs* http://www.thecommunicationtrust.org.uk/media/337447/tct_commissioningreport_2014_final_feb_2015_update_2.pdf

Appendix 1

Table 1 to provide high level comments linked to specific pieces of legislation that commissioners should be mindful of when commissioning an integrated children's occupational therapy service	
	Comments
Children and Families Act 2014	• The section 19 principles within the Act linked to promoting personalisation, co-production and provision of support linked to improving outcomes and preparation for adulthood should be aligned to the roles and responsibilities of health services within the NHS Constitution. • The definition of disability used in the Act is based on the Equality Act definition. This is broader than the one used in previous legislation which is based on the definition used in the National Assistance Act 1948. • The joint commissioning duty acts as a powerful lever to bring commissioners together across health, education and social care to commission children's occupational therapy (OT) services. • It will be important to specify the role of the provider in notifying the local authority (LA) of children and young people who are likely to have / have a special educational need and / or disability. • The specification needs to clearly specify how the provider will work collaboratively with the LA to fulfil the statutory duties within the Act. Particularly in relation to the provision and review of the Local Offer, involvement in supporting children eligible for SEN support, participation in EHC assessment process, implementation / review of EHC plans and preparation for adulthood. • Commissioners will need to clearly specify the scope of the service specification and agree when a provider can highlight an area of provision that is required to meet / contribute to a child's outcomes within an EHC plan that may require additional resourcing. • Commissioners will need to ensure that the offer delivered by the provider is personalised and may need to consider top-slicing an element of the overall budget for use within a personal budget. • In terms of preparation for adulthood commissioners will need to consider whether the specification has a 0-18 or 0-25 age range and also the interface with other statutory agencies such as Department of Work and Pensions and the use of the Access to Work scheme, or support with work placements / internships. • The specification will need to consider how the provider can contribute to an assessment of need for the parent carer (also aligned to duties in the Care Act 2014 and the Carers Recognition of Services Act 1995).
Children Act 1989, Children Act 2004, Children Act (Leaving Care) Act 2000, Children Act 2010	• The definition of disability of a child in need in section 17 of the Children Act 1989 is based on the National Assistance Act definition. This informs the eligibility criteria for accessing the social care element of OT provision. • There are general duties linked to safeguarding and promoting the welfare of children, information sharing and co-operating with the local authority that are relevant here. • The legal framework around care leavers that is within the 2000 Act and the Children and Families Act 2014 may also need to be considered.

	• The definition of disability used in the Act is based on the National Assistance Act definition. • Provides a core legal framework for the social care element of OT in terms of home adaptations, fixtures and fittings, equipment, provision of short breaks (OT may need to provide advice on provision of short breaks for specific groups of children).
Equality Act 2010	• Early years settings, schools and FE colleges / post 16 providers are no longer exempt from the Equality Act 2010. They must make reasonable adjustments which can include the provision of auxiliary aids and services. Education settings / LA may need to commission training, information and advice from OTs to ensure they are compliant with the Act. The same could also be said for training, information and advice from speech and language therapy and physiotherapy.
Health and Social Care Act 2012 and National Health Services Act 2006	• Provides the legal definition of what constitutes health provision and is referenced in the Children and Families Act 2014. • Duty on CCGs to reduce inequalities in respect to patients accessing services. • Duty on CCGs to reduce inequalities between patients in respect to the outcomes achieved for them by the provision of health services. • Duty on CCGs to ensure that health services are provided in an integrated way. • Provides the legal framework for pooled budgets and for Health and Wellbeing Boards to provide leadership and support around joint commissioning and integrated working.
Mental Capacity Act 2005	• Applies to individuals aged 16 and over. • Provides a definition of someone who lacks capacity and a requirement upon commissioners to ensure that their providers are compliant with the Act.
Autism Act 2009	• Applies to adults with autism spectrum conditions. • Need to align any SEND strategy with the legal requirement to implement the National Autism Strategy at a local level. • Legal duties within the Autism Act will apply to any relevant 19-25 pathways or the adult element of an all age neurodevelopmental pathway.
Care Act 2014	• Relates to adults and is closely aligned to the Children and Families Act 2014, particularly in relation to preparation for adulthood. Many of the principles and requirements of the Care Act are similar to the Children and Families Act. There are also links when it comes to supporting young carers.
For further information on the legal framework relating to supporting disabled children, young people and their parents / carers please go to the web-link below: https://councilfordisabledchildren.org.uk/help-resources/resources/disabled-children-legal-handbook-2nd-edition	

Appendix 2

Table 1 to show the responsible commissioner for health services	
Responsible commissioner	**Health services**
NHS Clinical Commissioning Groups	Child health (Community paediatricians) Community children's nursing services Continence services (Tier 2) Early support key working (this may be jointly commissioned) Physiotherapy Clinical psychology Audiology Dietetics Wheelchair service Looked after children health teams Unaccompanied asylum seekers service Safeguarding liaison service Local hospital services Specialist tertiary hospitals e.g. Great Ormond Street where the child stays in hospital for over 70 days. Specialist treatment services e.g. to treat stammering. Specialist health placements Specialist health equipment e.g. ventilators. Personal health budgets or health direct payments IAPT (Improving Access to Psychological Therapies) services Adult mental health service Speech and language therapy (adults) NHS continuing care for children and young people and continuing healthcare for adults over 18.
LA Public Health	Health visiting School nursing Sexual health services Continence Tier 1

NHS England	GP services (NB. In some areas commissioning responsibility for primary care is transferring to CCGs). Dental services Community dental services Optometry optician Specialist tier 4 placements Specialist tertiary hospitals e.g. Great Ormond Street Specialist residential rehabilitation following an acquired brain injury. Prison health services Paediatric insulin pumps Neonatal services
Shared between NHS Clinical Commissioning Groups and LA[1].	Speech and language therapy Occupational therapy Community equipment Portage service CAMHS and emotional wellbeing services Specialist placements Specialist equipment Overnight short break services Children's continuing care packages Community learning disabilities team
Shared between NHS England and LA[1]	Communication and assistive technology service

1 NB. There may be local variation across the country around the services listed in this box.

Appendix 3

Must, Should, Could exercise to understand the responsible commissioner for the core functions of an occupational therapist and physiotherapist (based on an exercise carried out in Kent)

		Prevention	Diagnosis	Treatment
MUST DO	NHS	**Early Years** • Assess and provide specialist equipment to support 24 hour postural management from birth in line with current good practice guidelines. • Training, advice and support for parent carers and other family members involved with a child on handling, positioning and use of specific equipment. • Provision of hip screening programme for children with physical impairments who meet the hip screening criteria. • Early identification of children with a developmental delay and signposting to appropriate community support. • Physiotherapy for newly diagnosed babies with cystic fibrosis and other respiratory conditions. • Training to other health professionals, e.g. health visitors, midwives, GPs, audiologists, paediatricians etc on prevention & early identification of physical disability and appropriate referral pathways[1].	**Early Years** Specialist assessments focusing on the child's functional, sensory, mobility and respiratory needs, skills and abilities for the following groups of children with: • Cerebral palsy • Spina bifida • Spinal muscular atrophy • Duchenne muscular dystrophy • Torticollis • Hyper-mobility • Other musculoskeletal problems • Other neuromuscular problems • Cystic fibrosis • Other complex respiratory conditions • Complex medical conditions requiring integrated working with other health professionals • Life limiting or life threatening conditions • Cardiovascular conditions • Down's Syndrome • Learning disability • Autism Spectrum Condition diagnostic clinics[2] • Developmental Co-ordination Disorders • Rheumatology • Juvenile arthritis • Chronic pain • Short term acute conditions following an operation • Acquired brain injury	**Early Years** Occupational therapy or physiotherapy may either be directly with the child (with one of the identified conditions in the diagnosis column) or through advice / guidance, depending on the specific needs of the child e.g. • Group therapy • Individual therapy • Provision of specialist equipment, including a risk assessment in the home and specialist training on how to use mobility and seating equipment. • Provision of specialist cots and beds. • Provision of wheelchairs and specialist buggies. • Provision of specialist seating systems. • Specific advice for a child on handling and positioning. • Splinting • Orthotics • Provision of lycra garments (such as whole body suits, vests and ski pants for children with cerebral palsy). • Discharge planning • Post-operative treatment and rehabilitation. • Community based neuro-rehabilitation following an acquired brain injury (NB inpatient neuro-rehabilitation is commissioned by NHS England). • Multi-disciplinary clinics e.g. for children with eating, drinking and communication difficulties.

		Integrated Community Equipment Service to ensure children have equipment at both home and nursery/school settings to support their therapy needs.	**Early Support** (person centred integrated assessment approach – specific OT and physiotherapy input). Contributing to **statutory assessment process** including: • Education, Health and Care plans • Care assessment • Children in Need (CIN) • Looked After Child assessments	**Early Support** (person centred integrated approach – specific OT and physiotherapy input). Referrals to London tertiary centres for specialist treatment and reports to CCGs to recommend specialist treatment for individual children from national specialist treatment centres.

		Prevention	Diagnosis	Treatment
MUST DO	NHS	**School aged children and young people** • Assess and provide specialist equipment to support 24 hour postural management from birth in line with current good practice guidelines. • Training, advice and support for parent carers and other family members involved with the child on handling and positioning and use of specific equipment. • Training to other health professionals, e.g. Health Visitors, Midwives, GPs, Audiologists, Paediatricians etc on prevention & early identification of Physical disability and appropriate referral pathways[1] Integrated Community Equipment Service to ensure children have equipment at both home and nursery/school settings to support their therapy needs.	**School aged Children & Young People** Specialist assessments focusing on the child's functional, sensory, mobility and respiratory needs, skills and abilities for the following groups of children with: • Cerebral palsy • Spina bifida • Spinal muscular atrophy • Duchenne muscular dystrophy • Torticollis • Hyper-mobility • Other musculoskeletal problems • Other neuromuscular problems • Cystic fibrosis • Other complex respiratory conditions • Complex medical conditions requiring integrated working with other health professionals • Life limiting or life threatening conditions • Cardiovascular conditions • Down's syndrome • Learning disability • Autism spectrum condition diagnostic clinics[2] • Developmental coordination disorders • Rheumatology • Juvenile arthritis • Chronic pain • Short term acute conditions following an operation • Acquired brain injury • Chronic fatigue	**School aged Children & Young People** Occupational Therapy or Physiotherapy may either be directly with the child (with one of the identified conditions in the diagnosis column) or through advice / guidance, depending on the specific needs of the child e.g. • Group therapy • Individual therapy • Provision of specialist equipment, including a risk assessment in the home and specialist training on how to use mobility and seating equipment. • Provision of specialist beds (NB. these can sometimes also be jointly commissioned with social care). • Provision of wheelchairs and specialist buggies. • Provision of specialist seating systems. • Specific advice for a child on handling and positioning. • Splinting • Orthotics • Provision of lycra garments (such as whole body suits, vests and ski pants for children with cerebral palsy) • Discharge planning • Post-operative treatment and rehabilitation • Community based neuro-rehabilitation following an acquired brain injury (NB. inpatient neuro-rehabilitation is commissioned by NHS England). • Multi-disciplinary clinics e.g. for children with eating, drinking and communication difficulties, chronic pain or chronic fatigue. Referrals to London tertiary centres for specialist treatment and reports to CCGs to recommend specialist treatment for individual children from national specialist treatment centres.

			Contributing to **statutory assessment process** including: • Education, Health and Care plans • Care assessment • Children in Need (CIN) • Looked After Child assessments	**Young adults (18 – 25 years)** *Consideration needs to be given to assessment and diagnostic needs as well as the interventions and treatment needs of this population as above*
		Prevention	**Diagnosis**	**Treatment**
MUST DO	EDUCATION	**Early years and school age** Provision of aids and equipment linked to Equality Act duties. Advice, support and training to early years settings and schools linked to moving, handling and postural management. Training to early years settings and schools in the use of community equipment for specific children. Information and advice to early years settings and schools on adjustments to the curriculum to include the needs of specific children. Such as adjustments to PE lessons. Integrated Community Equipment Service to ensure children have equipment at both home and nursery/school settings to support their therapy needs.	**Early years and school age**	**Early years and school age** To provide support to meet the universal and targeted therapy needs of children and young people who require support in order to progress with their learning and access the curriculum. This will be provided through • Signposting • Information sharing, e.g. national websites/ resources, leaflets, factsheets. Provision of specialist equipment and wheelchairs. Provision of specialist seating systems. Specialist training and advice to early years settings staff and teaching assistants on the delivery of physiotherapy and occupational therapy programmes in early years settings and schools. Specialist advice and support to prescribe specialist equipment to promote access to the curriculum. Specialist advice to schools to help them develop individual health care plans for children. **Young adults (18 - 25 years)** *Consideration needs to be given to the intervention and treatment needs of this population as above*

		Prevention	Diagnosis	Treatment
MUST DO	SOCIAL CARE	**Early years and school age** Risk assessments linked to adaptation of properties, including homes and schools. Integrated Community Equipment Service to ensure children have equipment at both home and nursery/school settings to support their therapy needs.	**Early years and school age** Social services occupational therapists undertaking a specialist functional assessment where a child or young person has a substantial and permanent disability. This is either undertaken as part of a Core Assessment or separately, depending on the level of need. Participation in the integrated assessment process leading to an Education Health and Care plan being issued.	**Early years and school age** Provision of aids and equipment, including specialist equipment to promote independence and enable the child or young person to carry out day to day activities in the home or community (including local authority residential short break units). Provision of adaptations to properties such as homes and schools to promote independence and enable the child or young person to carry out day to day activities in the home or school environment. Provide expert assessment and support in Disabled Facilities Grant applications.
		Prevention	**Diagnosis**	**Treatment**
MUST DO	JOINT FUNDING	**Early years and school age** Integrated Community Equipment Service to ensure children have equipment at both home and nursery/school settings to support their therapy needs. Advice and support to schools on low tech assistive technology solutions from Communication and Assistive Technology Service.	**Early years and school age**	**Early years and school age** Communication and Assistive Technology Service (jointly commissioned by NHS England and local authority). Specialist equipment Specialist beds Powered wheelchairs (between schools and CCG) to support access to a mainstream secondary school, rather than using a teaching assistant.

		Prevention	Diagnosis	Treatment
SHOULD DO	NHS	**Early years and school age** • Training, advice and support for parent carers, early years settings and schools involved with the child in line with NICE guidance. • Follow NICE guidance on prevention in spasticity and CP (due to be published 2016). Integrated Community Equipment Service to ensure children have equipment at both home and nursery/school settings to support their therapy needs.	**Early years and school age** Implementation and adherence with Nice and Best Practice Guidance including (not an exhaustive list): • Spasticity in children and young people with non-progressive brain disorders: management of spasticity and co-existing motor disorders and their early musculoskeletal conditions (2012). • Chronic fatigue syndrome, diagnosis and management of CFS / ME in adults and children (2007). • Medical technology guidance (2014). • Cystic fibrosis: diagnosis management of cystic fibrosis (2014). • Children and young people with cancer (2014). • Looked after children and young people (2010). • Autism diagnosis in children and young people (2011). • Autism: The management and support of children and young people on the autism spectrum. (2013). • Promoting physical activity for children and young people (2009). • College of Occupational Therapy clinical guidelines. • Association of Paediatric Chartered Physiotherapy clinical guidelines.	**Early years and school age** Enhanced provision of specific therapy interventions which have a strong evidence base and follow NICE and/or Best Practice guidance including (not an exhaustive list): • Age appropriate single disciplinary / multi-disciplinary, outcome based assessments and treatment programmes. • Person centred treatment plans. • Provision of evidence based information, training and advice. • Provision of community equipment. • Provision of specialist seating systems. • Provision of wheelchairs and specialist buggies. • Provision of splinting and lycra garments. • Hydrotherapy.

		Prevention	Diagnosis	Treatment
SHOULD DO	EDUCATION	**Early years and school age** Advice to education settings to support the provision of the universal and targeted offer and to ensure appropriate referrals to specialist offer, e.g. OT and PT attendance at Local Inclusion Forums Team (LIFT) meetings[3] • Fizzy programme • Clever Hands programme • Beam programme School based risk assessments should be undertaken in conjunction with a nominated Moving and Handling Lead for the Nursery/ School. Integrated Community Equipment Service to ensure children have equipment at both home and nursery/school settings to support their therapy needs.	**Early years and school age**	**Early years and school age** Provision of teaching assistant support for 1:1 and/ or group work to support children & young people with physical disability. PE adjustments. Water based activities Implementation of NICE guidance: • *Promoting physical activity for children and young people (2009)* Provision of specialist equipment, wheelchairs and specialist seating systems. Therapists liaise with pre-school and school staff to promote whole school strategies that will identify and respond to children's developmental needs, leading to improved confidence and educational attainment. • Handwriting skills • Gross motor skills • Attention • Self esteem and social inclusion • Independence skills e.g. cutlery.

		Prevention	Diagnosis	Treatment
SHOULD DO	LOCAL AUTHORITY	**Early years and school age** Training to support universal or targeted workers through schools, Early Help[4] & Troubled Families. Training staff in other settings e.g. Children Centres. Integrated Community Equipment Service to ensure children have equipment at both home and nursery/school settings to support their therapy needs.	**Early years and school age** Early Identification and assessment of vulnerable young people with a physical, sensory or developmental need through the Early Help process.	**Early years and school age** Social care occupational therapists delivering evidence based assessments and interventions in line with NICE guidance and national best practice guidelines. • Outcome based assessments. • Person centred treatment plans. • Provision of evidence based information, training and advice. • Provision of aids and community equipment. • Support the provision of adaptations to properties to promote independence.

		Prevention	Diagnosis	Treatment
SHOULD DO	JOINT FUNDING	**Early years and school age** Advice and support to schools on low tech assistive technology solutions from the Communication and Assistive Technology Service. Integrated Community Equipment Service to ensure children have equipment at both home and nursery/school settings to support their therapy needs.	**Early years and school age**	**Early years and school age** Communication and Assistive Technology Service (jointly commissioned by NHS England and the local authority) Specialist equipment Specialist seating systems Specialist beds Powered wheelchairs (between schools and CCG) to support access to a mainstream secondary school, rather than using a teaching assistant. Support for children and young people with autism spectrum disorders.

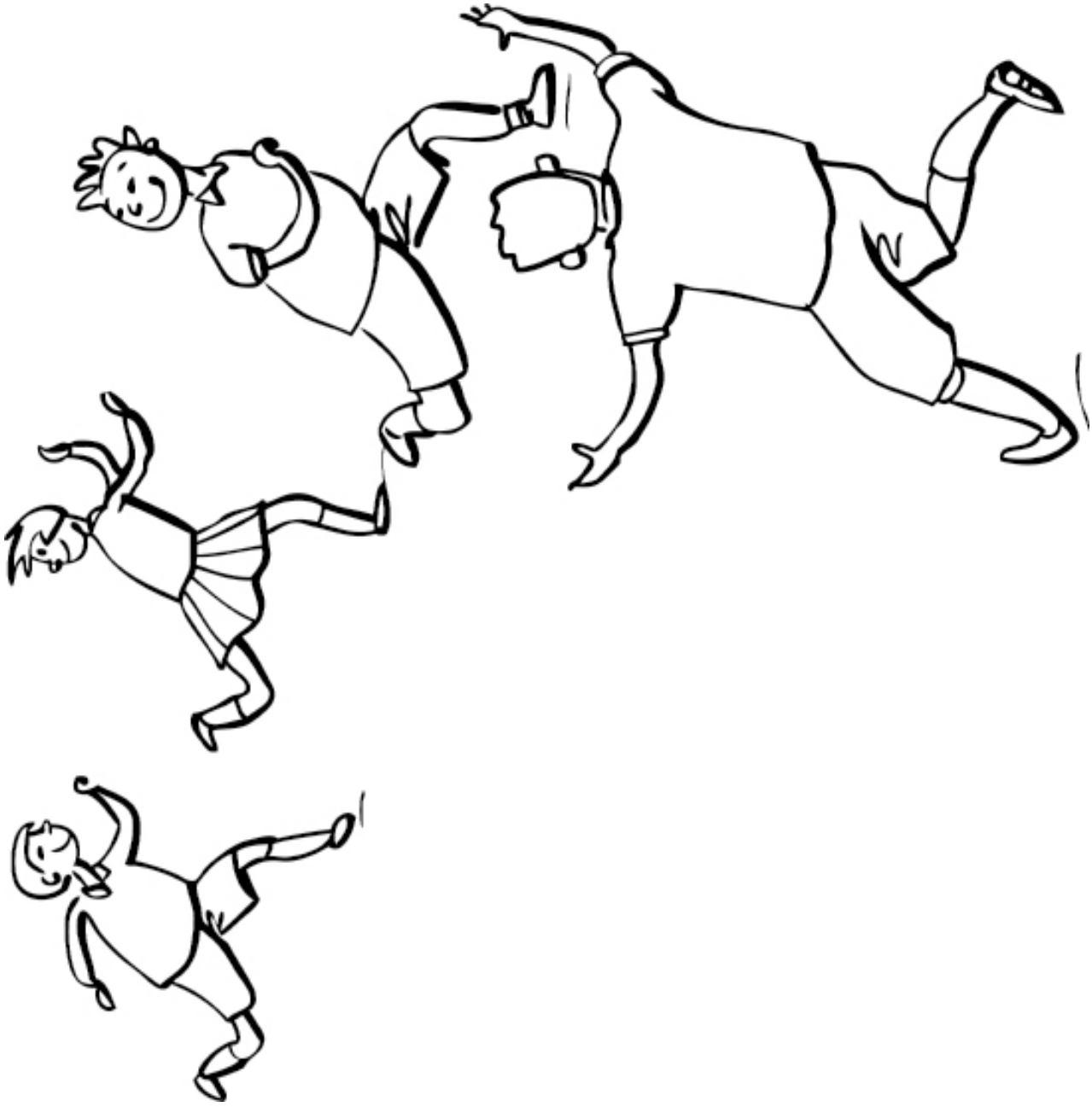
		Prevention	Diagnosis	Treatment
COULD DO	NHS	**Early years and school age** Providing training to wider family members of children with physical disability. Health promotion initiatives	**Early years and school age**	**Early years and school age** • Develop the role of generic therapy assistants underpinned by a county-wide accredited training programme. • Develop a parent information leaflet on the 24 hour approach to postural management. • Develop links with orthopaedic surgeons, children's community nurses to improve communication and planned dates for surgical procedures. • Treatment programmes for children who are obese.
		Prevention	**Diagnosis**	**Treatment**
COULD DO	EDUCATION	**Early years and school age** Health promotion initiatives Training programme for early years settings around early identification, and interventions.	**Early years and school age**	**Early years and school age** Standardised multi-agency training packages to support the needs of physically disabled children should be mandatory and delivered through specialist resource provision. Education need to develop disabled sports activities and inter – school events.
		Prevention	**Diagnosis**	**Treatment**
COULD DO	JOINT FUNDING	**Early years and school age** Multidisciplinary training and support for early years settings in supporting physical, sensory and child development.	**Early years and school age**	**Early years and school age** Targeted training and coaching in early years settings on promoting children's communication and interaction, motor development and play.

1 Health and Social Care Act 2012 – duty on health services to reduce inequalities through early intervention and prevention

2 Consultant lead clinic required to meet the 18 week statutory guidance.

3 Quality First Teaching Strategy

4 Early Help and Preventative Strategy



About the Council for Disabled Children

The Council for Disabled Children (CDC) is the umbrella body for the disabled children's sector in England, with links to the other UK nations. CDC works to influence national policy that impacts upon disabled children and children with Special Educational Needs (SEN) and their families. The CDC Council is made up of a variety of professional, voluntary and statutory organisations, including disabled young people and parent representatives. CDC's broad based membership and extensive networks of contacts provide a unique overview of current issues. It also enables us to promote collaborative and partnership working among organisations.

CDC hosts the following networks and projects:

- IASS Network
- Independent Support
- Making Ourselves Heard
- Special Educational Consortium

About NEL Healthcare Consulting

NEL Healthcare Consulting is a consultancy by and for the NHS. As committed NHS professionals, we understand our clients' needs well and we share your mission of improving patient wellbeing, increasing access to safe and effective care, and demonstrating value for money.

Our clients range from CCGs, local authorities and STPs to NHS England, specialised commissioners, voluntary sector organisations, mental health trusts and providers. Our consultants are experts in delivering, supporting and advising complex programmes with different partners and stakeholders across multiple organisations.

Our consultants' expertise includes strategic service review and service reconfiguration planning and delivery, option appraisal, business case development, activity and capacity modelling, impact assessment, management of independent review panel processes and implementation planning and delivery.

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