

Special Educational Needs & Disabilities

Joint Commissioning Strategy
2020 - 2024



Background

This document sets out our approach to commissioning services for children and young people with Special Educational Needs and Disabilities (SEN/D) and providing support to their families and carers. It underpins and should be read in conjunction with our SEN/D Strategy 2019/21.

Our local area vision and strategy for Dudley

Our vision is to support children and young people with special educational needs and disabilities in Dudley to have high aspirations and to reach their full potential. We will achieve our ambitions in partnership with children, young people, their parents, carers, professionals and our local community.

Our strategy has three priorities:-

TO WORK IN PARTNERSHIP WITH FAMILIES

Embedding a culture of collaboration and partnership with parents, carers, children and young people to inform and influence how we plan, deliver and review local provision; ensuring that we are commissioning for better outcomes.

TO PLAN AND WORK TOGETHER TO MAKE THE BEST USE OF ALL OUR RESOURCES

We will work in close partnership across the whole system of SEN/D support to align our resources and commissioning arrangements and achieve our joint vision for increased aspirational achievement.

TO SIMPLIFY HELP AND SUPPORT SO THAT IT IS MORE ACCESSIBLE

With the child and young person at the centre of our decision-making, we will build on the strengths of our local provision and focusing at point of delivery, create a more straightforward and integrated experience.

Commissioning approach

This commissioning strategy is designed to support the delivery of these priorities, in particular priority two, by commissioning services that meet the identified needs of children and young people with SEN/D and providing effective support for their families and carers.

It sets out those services we commission separately as statutory bodies and those where we work in partnership. In both cases the services commissioned support the delivery of education, health and care for all children and young people with a special educational need and/or a disability.

In discharging our collective responsibilities we follow a cycle of activities, usually referred to as the commissioning cycle. This is designed to:

- Identify need
- Agree what services and interventions need to be in place to respond to that need
- Agree the necessary arrangements to enable services to be provided - what we call the Local Offer
- Monitor and review the impact and outcomes and make any necessary changes

Figure 1: Commissioning Cycle



This is both a strategic process (at the level of our respective organizations and the Dudley population) and an operational process (conducted by practitioners) in assessing and responding to the needs of individual children and young people.

Joint commissioning is the output of a process we conduct in partnership.

In this respect we view joint commissioning as a continuum of activities consisting of five stages:

- What is the service we wish to examine and what is the issue we are attempting to address? (Joint assessment and agreement of the problem)
- How might we achieve our desired outcome? A single service specification? An agreed pathway? (Joint desired outcome)
- What resource are we committing to the service collectively? (What's our joint funding? What's the associated activity?)
- Is there a contractual means of bringing the resource together to achieve the desired outcome (Joint procurement and contracting)
- Do we need a commissioning management infrastructure to support all or any of the above by bringing people together and if so what would it look like? (Joint commissioning)

Depending on the nature of the issue to be addressed, any one of these approaches may be taken to meet the requirements of priority two of the SEN/D Strategy.

Governance and decision-making

Responsibility for developing and implementing the SEN/D Joint Commissioning Strategy resides with the SEN/D Joint Commissioning Group.

This consists of managers of both the Council and the CCG, acting under powers delegated to them by their respective organizations. The Group reports to the SEN/D Oversight Group.

Ultimate statutory responsibility rests with the Cabinet of the Council (which includes the children's portfolio holder among its membership) and the governing body of the CCG.

In developing its strategy and conducting the commissioning cycle, we have regard to:

- The Dudley SEN/D Strategy 2019/21
- National and local planning requirements for both local government and the NHS
- The Joint Strategic Needs Assessment (JSNA)
- The Joint Health and Wellbeing Strategy (JHWS)
- Intelligence gained through engaging with children, young people, their families and carers, as well as our local partners
- The requirements of the Children and Families Act 2014
- The SEN/D Code of Practice

Understanding education, health and care needs

The CCG and the Council have a joint statutory duty to produce a Joint Strategic Needs Assessment setting out the key strategic needs of the people and communities of Dudley.

Our assessment tells us that:-

- Currently there are 2,020 peoples aged between 0 and 25 in Dudley with an Educational Health and Care Plan (EHCP). (April 2019).
- The numbers are increasing, between April 2018 and April 2019 they increased by 249
- Currently a further 301 children and young people are under assessment (April 2019).
- In school age children with an EHCP, 72% are boys and 28% are girls, in the general population the divide is 52% boys to 48% girls.
- Non-white ethnicities are slightly over represented in the school aged EHCP population (25.6%) compared to children and young people without EHCPs (23.9%).

Figure 1: EHCPs by year of age, February to April 2019

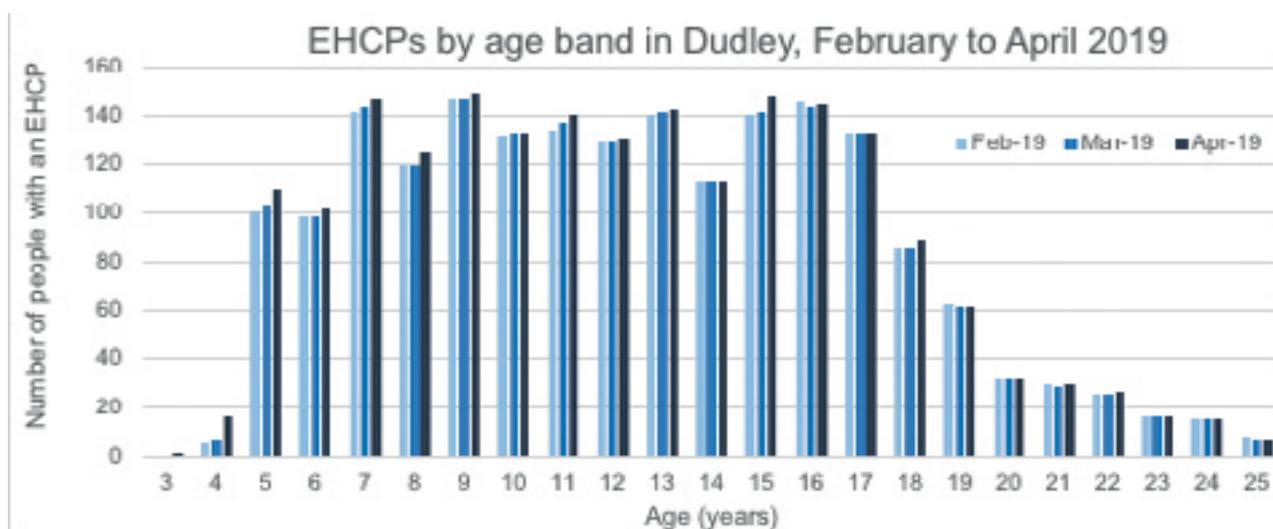


Figure 1 demonstrates the distribution of EHCPs issued by age. Before the age of five there are only very small numbers of children with an EHCP. There is a sharp increase in five-year olds which is reflective of the start of school, this is followed by a further rise in seven year-olds. Although there is some year to year variation numbers are fairly stable from age seven to age 17. From age 18 there is a tailing off with each subsequent year having fewer people with an EHCP.

The monthly data shows that the increase in new EHCPs is spread throughout the cohort although there is a larger increase in the children aged eight years and younger.

Figure 2: Number of EHCPs by year group

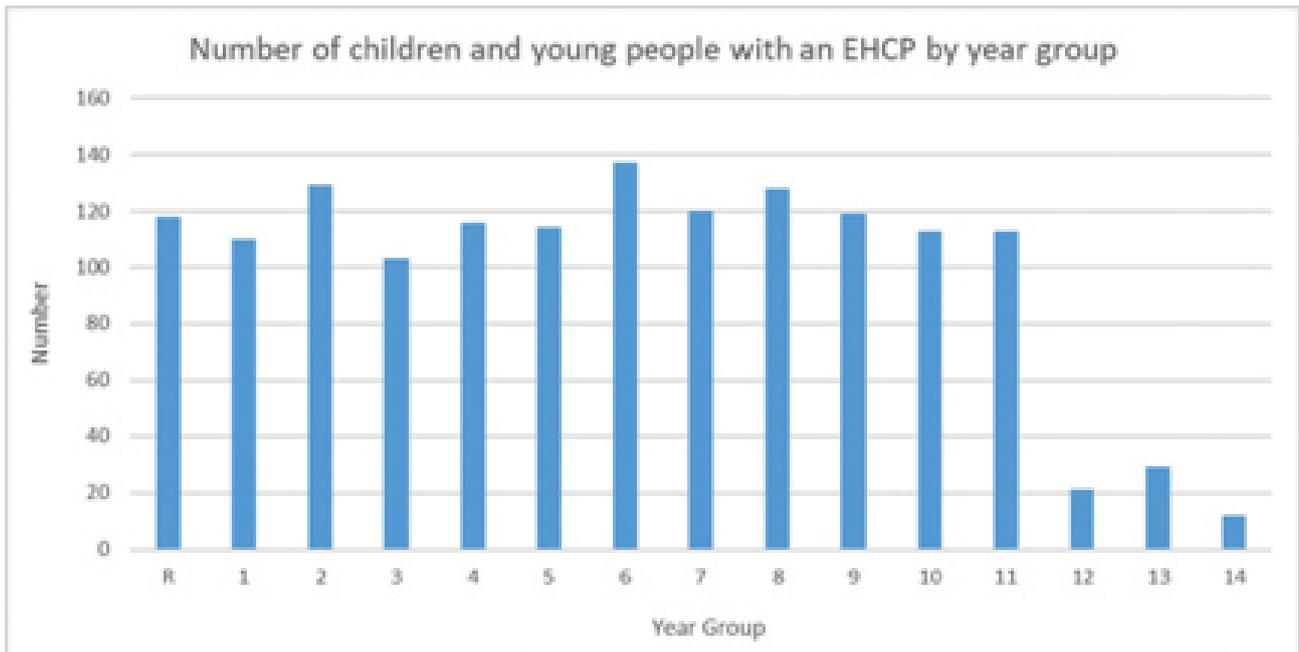
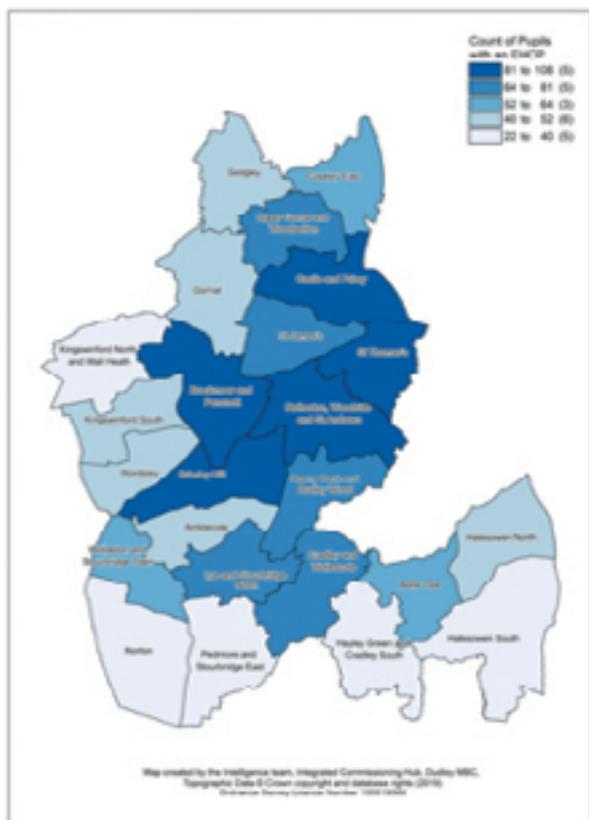


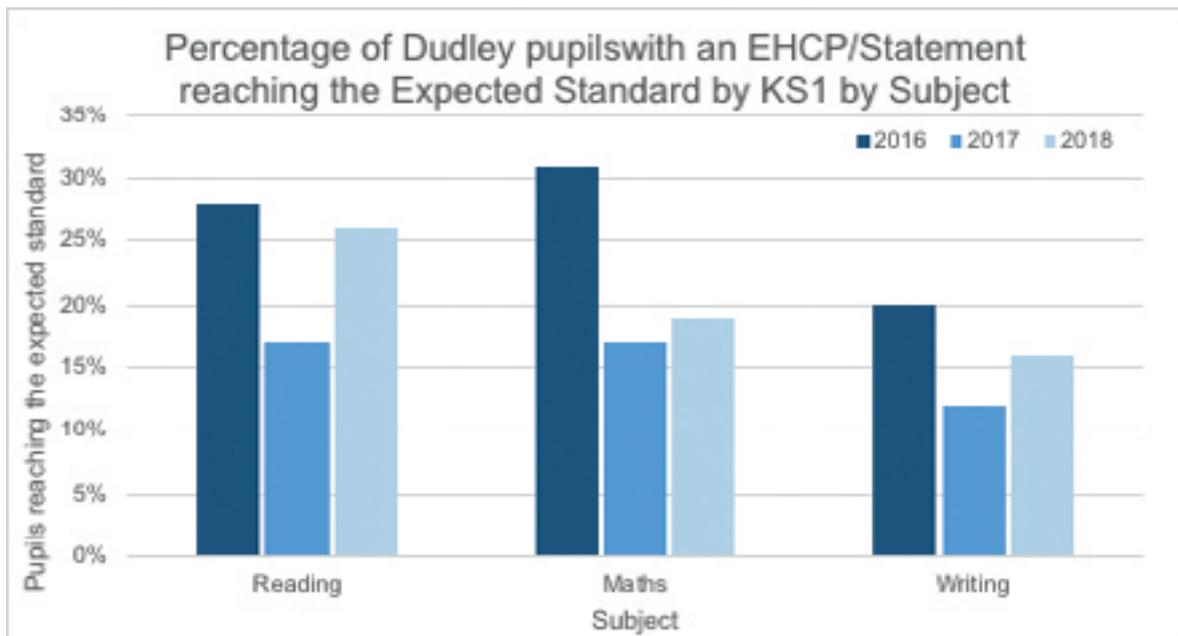
Figure 2 shows that numbers of children with an EHCP are fairly evenly distributed between Reception and Year 11.

Figure 3: EHCPs by Ward (Darker colours = more EHCPs)



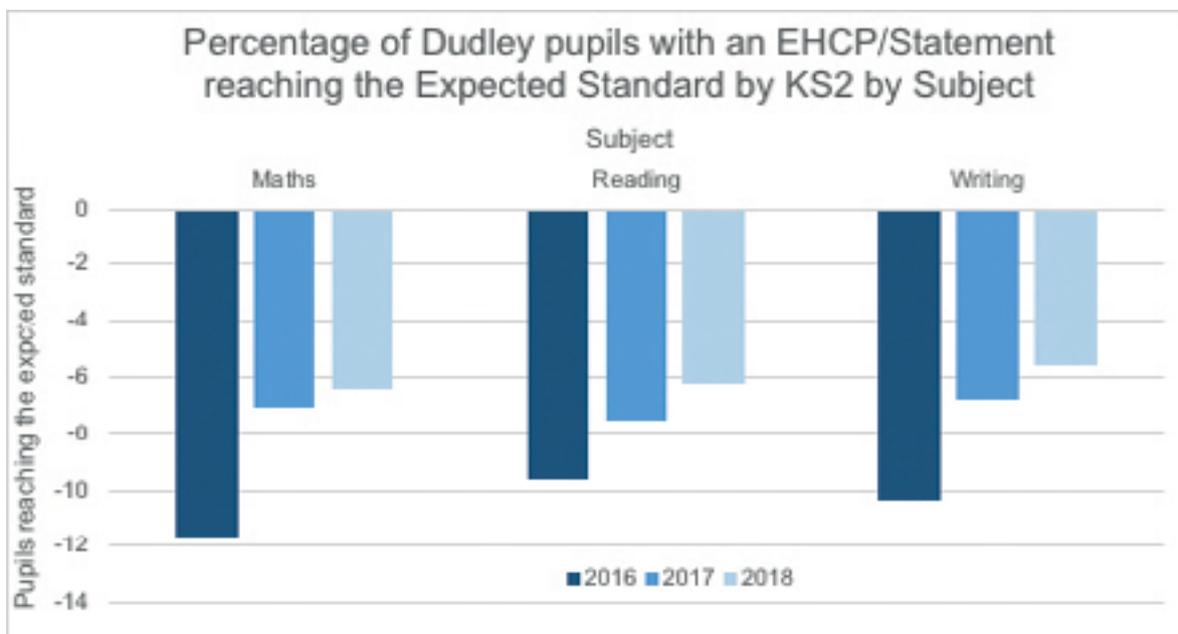
Residents with EHCPs are concentrated in the more deprived areas of the Borough, specifically in the vicinity of Dudley town and Brierley Hill.

Figure 4: Percentage of pupils reaching the Expected Standard by Key Stage 1 by Subject, Dudley Pupils with an EHCP/Statement



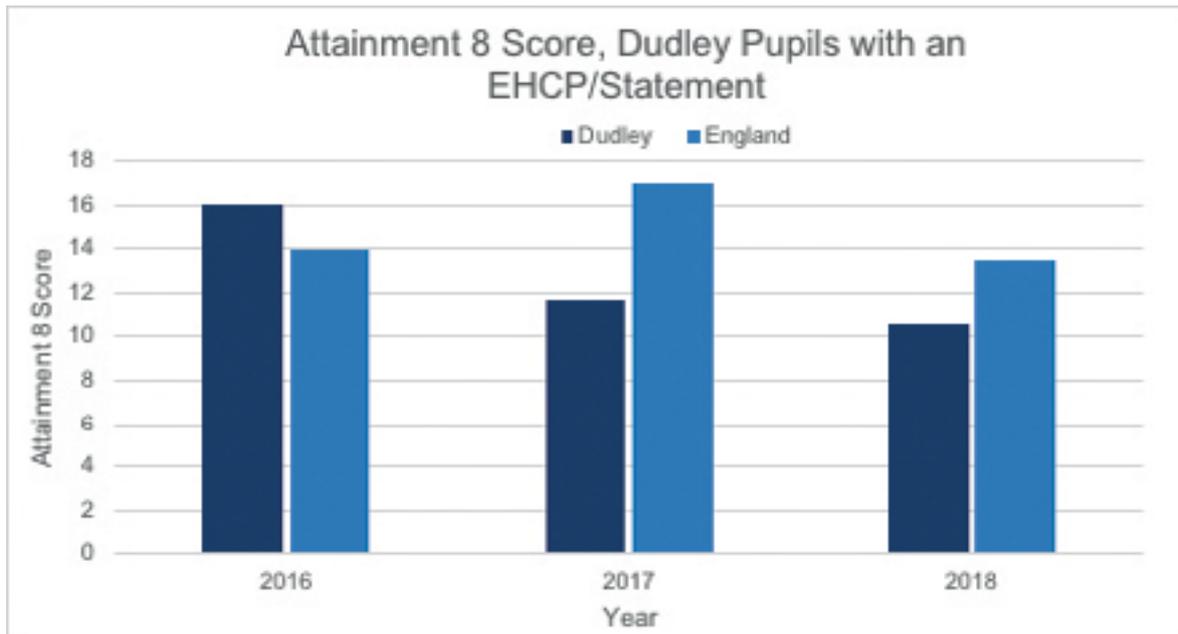
Performance at Key Stage 1 has fallen since 2016 however there has been an increase in 2018 compared with 2017. Overall the percentage of pupils with an EHCP achieving the expected standard is very low.

Figure 5: Percentage of pupils reaching the Expected Standard by Key Stage 2 by Subject, Dudley Pupils with an EHCP/Statement



Performance at Key Stage 2 is improving, the closer the value is to 0 the better the performance.

Figure 6: Attainment 8 Score, Dudley 2016 to 2018

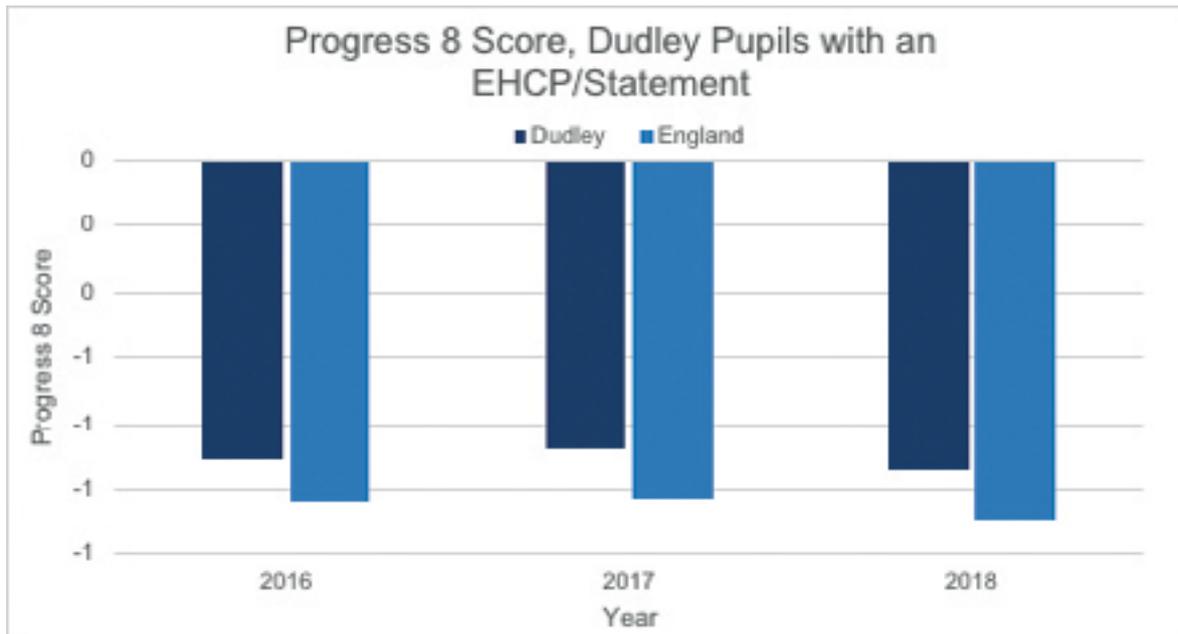


Over the last three years children with EHCPs Attainment 8 score has fallen from being higher than the England average to being lower than the England average and has decreased in each year.

The Attainment 8 score is the average measure of an individual student's progress across their eight best performing subjects which fall into three buckets; if these eight best subjects do not fall into the three designated buckets for 'English & Maths', 'Ebacc' or 'Other' subjects, the score will not be counted.

For more details on the Attainment 8 please follow [this link](#)

Figure 7: Progress 8 Score, Dudley 2016 to 2018

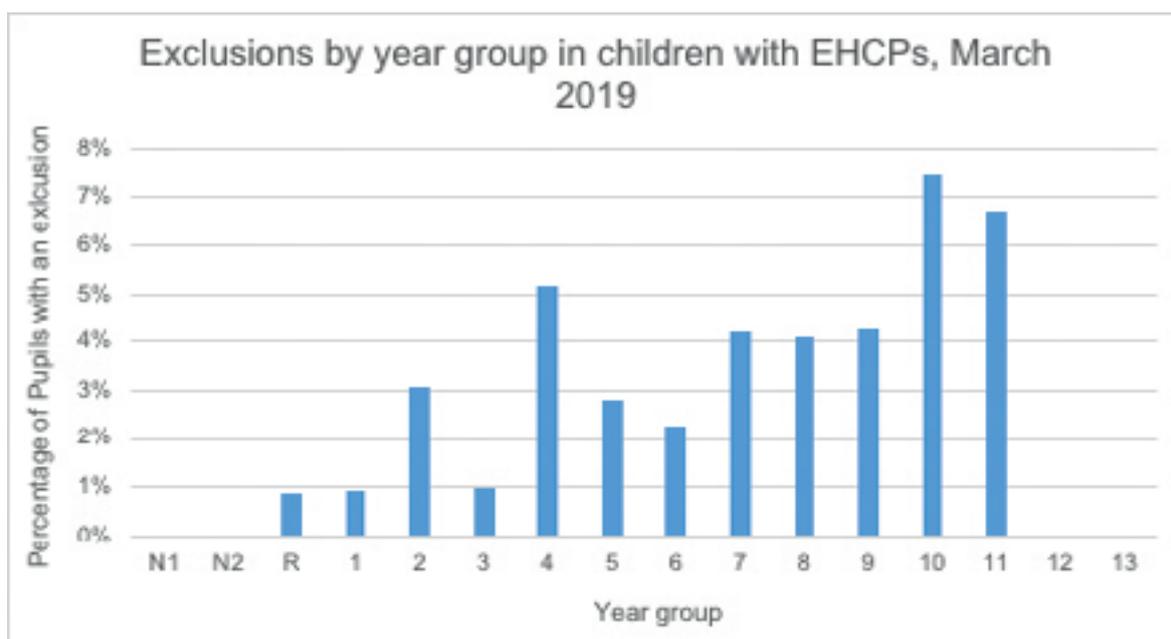


Children with EHCPs in Dudley have a better Progress 8 score than the England average. This demonstrates that although they may be starting from a lower point at KS2 their rate of educational progress is better than the average for the Country

This is a value added measure whereby students' results will be compared to students who had the same prior attainment score at KS2. The end results will be used to determine the success of secondary schools based on students' academic achievement relevant to each pupil's ability.

For more details on the Progress 8 please follow [this link](#)

Figure 8: Exclusions by Year group in children and young people with and EHCP in Dudley, March 2019



Exclusions in children with EHCPs are more common in the older year groups however there is a significant blip in Year 4.

Public Health England provides national and local data on child and maternal health. This indicates to us the health needs of children and young people in our population. Dudley performs worse than the national benchmark regarding:

- Life expectancy and healthy life expectancy at birth
- Low birth weight of term babies and of all babies, mothers smoking at time of delivery, babies' first feed being breastmilk, prevalence of breastfeeding at 6-8 weeks and coverage of newborn hearing screening
- Prevalence of overweight (including obesity) in Reception Year and obesity (including severe obesity) in Year 6
- Children in low income families, children in care, and children looked-after
- Children not in education, employment or training at ages 16-17
- Uptake of free school meals
- Rates of school pupils with Special Education Needs
- Young people providing unpaid care and providing more than 20 hours per week of unpaid care at ages 16-24

- School readiness - children attaining a good level of development by the end of Reception year, including reaching the expected level in communication, language and literacy skills; the rate of children with free school meals achieving a good level of development by the end of Reception year; and children in Year 1 reaching the expected level in the phonics screening
- Key Stage 1 pupils meeting the expected standards in reading, writing, maths and science; and Key Stage 2 pupils meeting the expected standards in reading, writing and maths
- Achievement of Average Attainment 8 score at school
- Persistent absenteeism and fixed-period exclusions from school
- Children aged 15 with unhealthy behaviours: consumption of less than 5 portions of fruit or veg per day, high daily sedentary time and regular drinking
- Detection of chlamydia at ages 15-24
- Hospital admissions for poisoning from medicines at ages 0-4, for self-harm at ages 10-14, and emergency admissions for car occupants at all ages up to age 24 years

This means that our services need to:

- Be **preventative**, taking an early intervention approach to tackle the root causes of inequality
- Be more **inclusive** and support children in mainstream settings
- Be **flexible and personalized** to react to different situations. Understand that children, young people and their families have specific needs and be designed to address those needs holistically
- Promote **independence** and encourage **resilience** in the community
- Focus resources to maintain **local solutions to meet needs**
- **Join up** to provide seamless support for individuals
- Offer **value for money**

Engaging parents, carers, children and young people

We are committed to ensuring that parents, carers, children and young people have a voice in influencing the services we commission. We will do this in a number of ways using mechanisms we have developed.

We jointly commission the Young Health Champions (YHCs) Programme. This is aimed at young people between the ages of 11 and 25 years.

YHCs are involved in a number of activities based on their interest and preference and are supported by a co-ordinator and other health and care professionals including school nurses and voluntary sector organizations.

There are over 100 YHCs and the programme recognises that traditional engagement platforms are not best placed to give a voice to young people. So far projects have included period poverty, mental health awareness and issues around confidence.

We jointly produce the annual #mefestival for primary school children in years 5 and 6. This day is focused around the five ways to wellbeing and students are able to participate in a huge range of interactive activities and sessions which support emotional health and wellbeing. The event is well supported by partners across the system who are able to gather information on the day to inform their work.

The Dudley Parent Carer Forum - Working Together for Change - work with partners across the borough to ensure that activities and services for children with SEND are fit for purpose and of good quality.

The forum currently have 16 parent members on their steering group and circulate a partnership newsletter three times a year, distributed primarily to families via post, schools and other services and to staff online.

Each year the forum conduct a confidence survey that incorporates questions about health, education and social care. The forum reach approx. 3500 people via social media each year, enabling parents to ask questions, raise concerns and have these answered. The forum have built strong relationships with senior decision makers and officers across the borough.

A parent representative attends the SEND Oversight Group, parent representatives are involved in all aspects of the SEND improvement journey and have representation at all task and finish groups. Parents and Carers have also fed into the development of this strategy with key sessions with the group.

Parents and Carers informed the key areas for development in Dudley in line with those services commissioned across the LA and CCG and will continue to provide ongoing feedback as we develop services for children and young people in Dudley.

Specific feedback included:

- Consistency of access to services and support
- Services that are accessible pre-crisis (preventative)
- Developing comprehensive mainstream offers
- Increased Speech and Language support
- Organisational change (including providers and schools)

Our existing services

The health and wellbeing of children and young people is determined by far more than access to services but by wider social and economic influences.

Both Dudley Council and the CCG manage a range of budgets and services that are commissioned to improve the health and care of children and young people with special educational needs and/or a disability.

There are services that are directly commissioned by either the Council or the CCG and there are services that are a jointly commissioned.

The Council's direct funding for SEN/D formulates a key strand, for the overall Schools Budget (Dedicated Schools Grant), called the High Needs Block (HNB).

Key services provided/supported within this funding include:

- The borough's seven Special Schools that provide a mixed economy in terms of their intake linked to age, gender, complexity of need and particular areas of specialism
- All Independent education placements for pre and post 16 provision both in and out of borough
- Hearing, Visual and Physical Impairment provision
- Autism Outreach
- Alternative Provision for excluded children, children at risk of exclusion or children with medical needs who are unable to attend a mainstream school
- Specialist Resource Bases within mainstream schools as part of a graduated model of provision
- Specialist Early Years Provision

In addition to this, both the CCG and Council contribute funding from other budget areas in respect of individual residential/educational placements where there is an identified health or social care need.

The CCG commissions services to meet identified physical or mental health needs in accordance with its duties under the NHS Act 2006 and set out in its annual Commissioning Plan, prepared in the light of the JSNA and the JHWS. These services are designed to deliver achievable personalised outcomes by improving access in the community, coordination of care through improved communication and management and continuity of care through appropriate transition.

Such services include (but are not limited to):

- Physiotherapy
- Occupational Therapy
- Speech and Language Therapy
- Special School Nurses
- Emotional Health and Well Being Services
- Children and Young People Continuing Care/Adults Continuing Health Care

Jointly commissioned services across include:

- SEND Information Advice and Support Service (SENDIASS)
- Speech and Language Therapy input to Speech, Language and Communication Needs Resource Bases
- Nurse Educator
- Youth Offending Service
- Positive Steps Emotional Health and Wellbeing Service
- Dudley Lighthouse Links -Emotional Health and Wellbeing Service for children who are looked after
- KOOTH online counselling service
- Short Breaks for children with a disability
- Young Carers support service
- Independent placements for children with complex needs

These services are set out in the SEND Local Offer. The purpose of the Local Offer is to provide information in a single place to enable children, young people and their parents/ carers to understand what services and support is available to them, including any statutory entitlements.

Dudley's Local Offer includes information and services for children and young people with an Education, Health and Care Plan (EHCP), as well as those with less complex needs but who may require Special Educational Needs (SEN) support.

Dudley's Local Offer can be accessed [here](#). The nature of the Local Offer means that it is a dynamic process that is closely linked to the Joint Commissioning Strategy in terms of a continuous cycle of review with a strong emphasis on co-production to respond effectively to local need.

Emotional Health and Wellbeing Needs Assessment

Chapter 6 of the statutory SEND 0-25 years Code of Practice 2015 highlights the need for schools to be alert to how mental health problems can underpin behaviour issues in order to support pupils effectively, working with external support where needed. It also highlights the need to be aware of duties under the Equality Act 2010, recognising that some mental health issues will meet the definition of disability.

The CCG and the Council agreed to review the existing provision of emotional health and wellbeing services and conducted a needs assessment. The headlines are described below.

It is known that 50% of lifetime mental illness (except dementia) begins by the age of 14 and 75% by age 18.

In Dudley the children facing the highest risks of poor mental health include:

- Children whose mothers have mental health difficulties during and after pregnancy (approximately 564 children born each year in Dudley)
- Children whose mothers smoke during pregnancy (590 a year)
- Children exposed to maltreatment and violence (circa 10,000 children aged 0-16 at any one time)
- Children with lone parents or in households where no adult is in employment or at least one parent has a long-term disability
- Children with poor school readiness (7,743)
- Children who are bullied (5,279 in primary schools and 3,887 in secondary schools) and those who bully
- Children with learning disabilities (2,895) or speech and language difficulties (1,550)
- Young carers (380 aged under 16 and 1,700 aged 16-24)
- Young people in the youth justice system (of whom 135 a year enter the system for the first time in Dudley)

Children Looked After have an especially high risk of poor mental health. Although Dudley has experienced a reduction in the total number of Children Looked After, the rate is still higher than the regional average and those of our statistical neighbours, As at 31 March 2020 Dudley had 623 Children Looked After of whom at least an estimated 249 (40%) are likely to have a diagnosable mental health difficulty (this rate is much higher for those c. 40 children and young people from Dudley in residential care).

Furthermore, in an average class of 30 15-year-old pupils:

- three could have a mental disorder
- ten are likely to have witnessed their parents separate
- one could have experienced the death of a parent
- seven are likely to have been bullied
- six may be self-harming

Many children will face several of these risk factors. Those with the most risks and the most prolonged exposure are at greatest risk of poor mental health. However most young people, who experience mental health problems, recover fully or are able to live with and manage them, especially if they get early help.

Gaps in Service Provision

As a result of the needs assessment we identified a number of gaps between the services already commissioned and what was required to respond to the needs identified. Primarily, we needed to reduce health inequalities and promote equality and invest in prevention and early intervention as well as commissioning the following targeted and specialised services.

- Expansion of the existing school based Emotional Health and Wellbeing Team.
- Joined the NHSE and DfE Mental Health Support Teams initiative which provides early intervention and support to develop/embed a 'whole school approach' to mental health and wellbeing .
- Developed a new "Tier 2" service called Positive Steps to provide assessment and targeted treatment of mild to moderate mental health presentations, therapeutic interventions and consultation.
- Increase the age range of our voluntary sector counselling provider so that children aged 9-12 can access the service.
- Invested in therapeutic support from the voluntary sector for children and young people exhibiting harmful sexual behaviour.
- Invested in a 0-18 early years intervention resilience worker.
- Launched Dudley Lighthouse Links Service to support the emotional health and wellbeing of children who are looked after using a holistic model that incorporates support to and within education settings.
- Increase access by developing a CAMHS Tier 3+ service as part of our home treatment service.
- Increase access by commissioning a 0-18 year old Children and Young People's Community Eating Disorder Service.
- Increase access by expanding our service offer for children with ASD and or/ADHD.

Governance and Engagement

The commissioning of the above services was agreed by the Emotional Health and Well Being Steering Group reporting to the Children and Young People's Alliance Board and ultimately the Health and Wellbeing Board and is advised by our Service User Reference Group. This group has specific responsibility for the development of the outcomes against which we will measure the effectiveness of our services and provide systematic feedback and intelligence on service performance to inform the commissioning cycle. A continual process of engagement with service users to shape and develop services is an intrinsic feature of our transformation programme.

Outcomes

The CCG and the Council have commissioned a single provider for a range of health service that are the responsibility of the CCG and the Council.

This new Integrated Care Provider – Dudley Integrated Health and Care NHS Trust – will hold a contract that includes an outcomes framework that we have developed jointly. In summary, the main outcomes relate to:

- Improved access to psychological therapies
- Improved rates of breastfeeding initiation, breastfeeding prevalence and childhood vaccination coverage
- Reduced rate of term babies born with low birth weight, self-harm, substance misuse, mental health admissions, childhood obesity and injuries
- Reduced maximum wait times from referral to community based audiology diagnostic/ treatments
- For looked-after children - increased rates of initial health checks being offered; of initial health assessments being held within four weeks of placement; of six-monthly health assessment reviews being completed for children under 5 years old; and improved emotional health of looked-after children

In addition to the ICP outcomes the key outcomes in relation to Education are described as:

- Local support for local children and adults
- Maximized independence to increase life opportunities
- Work opportunities for all of our children where possible
- Improved levels of integration across the system to support children with SEN

Our commissioning priorities

Based upon our analysis of population need we have identified the following commissioning priorities:

a) To help our population remain in good health, we will:

- Ensure services tackle health inequalities by focusing on early intervention and prevention strategies
- Encourage self-management for those with long-term conditions , enabling people to feel empowered in managing their own health and wellbeing and remain safe within their community
- Promote the early use of maternity services for those women in vulnerable and disadvantaged groups
- Target services at those engaged in risky behaviours such as smoking during pregnancy whilst actively promoting breastfeeding
- Develop services that promote resilience in the early years; encouraging a strong parent-child attachment and positive parenting approach
- Work together to boost school readiness and narrow the gap in educational attainment and learning outcomes between children looked-after, children from low income families and their peers
- Transform and integrate physical and mental health services for children and young people
- Work to increase access and uptake of preventative interventions such as health checks, screening, immunisations and well-being support services
- Co-design and deliver actions that promote healthy weight within the context of a whole system approach to obesity

b) To reduce the reliance on residential care and support greater independence, we will:

- Develop the understanding and knowledge of SEN Case Officers/SENDIASS and other stakeholders to work with parents/carers to challenge a 'dependence' culture on special schools
- Review services funded and commissioned via the High Needs Block o ensure that spend is targeted to promote independence
- Strengthening graduated provision to support schools (special and mainstream) to retain children in most inclusive settings
- Adopt a commissioning approach to the Education sector

- Ensure that the ethos and principles of both the Local Authority Provision and the Integrated Community Provider (ICP) are embedded within the SEN/D arena
- Ensure all professionals working with children/young people with SEN/D are highly skilled and able to meet identified needs

c) To reduce the reliance on out of borough support and ensure care can be provided for people closer to their homes, communities and families, we will:

- Work with Dudley special schools to support a change of pupil mix and complexities to ensure that the most complex children and young people are supported in-borough
- Adopt a principle of ‘No child goes out of borough’ within the educational arena (whilst appreciating that children and young people with highly complex needs will require support in out of borough specialist settings)
- Work with mainstream schools (both academies and Council maintained) to ensure there is the necessary resource to enable them to support more complex children within their settings
- Develop a range of jointly commissioned services to further support Dudley’s mainstream schools to retain and support children
- Develop a consistent approach to the commissioning of resource bases across the Borough to support children within mainstream settings
- Develop targeted provision for post 16 pupils to access non-independent facilities, working with a range of partners including our special schools, mainstream schools, local Further Education settings and Connexions service
- Ensure that new commissioning initiatives in the voluntary sector have tangible links to community resilience and engagement with school support embedded where possible
- Ensure appropriate and accessible mental health support for children and young people is embedded in all schools and colleges with effective pathways to mitigate risk at key transition points

d) To reduce unwarranted variation in care, eliminate inequality and deliver better outcomes, we will:

- Increase the SEN Case Officer capacity to apply a more robust and consistent approach to EHCPs
- Embed outcomes within the EHCP process and review these annually
- Quality assure SEN/D schools/independent placements in line with the Council’s QA policy with further development to adopt a joint approach (as per the joint work currently in development across DMBC and Dudley CCG on Quality Assurance)
- Commission high quality SEN/D legal and EHCP training for all professionals working within the SEN/D arena

- Deliver an integrated approach across health, social care, education and the voluntary sector to support transition into adulthood
- Reduce any unwarranted variations or restrictions in service, ensuring that all children, young people and their parents/carers are able to access the right provision when they need to.

e) To address the needs of those with learning disabilities, autism and emotional health needs, we will:

- Develop a new funding methodology which appropriately funds the most complex children within educational settings
- Work with the borough's special schools to support children with complex needs
- Explore options to enhance the Autism Outreach Service to ensure children and schools are supported in Dudley
- Work with Residential and Supported Living providers, where adults are attending College/Post 16 provision, to ensure settings are supported to promote learning and development as they reach post education stage of life
- Provide timely intervention for those children and young people experiencing a mental health crisis
- Explore a joint approach to developing / commissioning post 16 provision in Borough to reduce reliance on out of area placements

f) To support in the avoidance of unnecessary hospital admission, we will:

- Review the short breaks offer for parents of children with a disability to ensure that parents/carers are supported to maintain their caring/parenting role
- Ensure that early interventions (e.g. Early Help/Early Years/Emotional Health and Wellbeing Services) are available for parent/carers and schools to access
- Work with alternative education providers and schools providing SEMH resource bases to support children with anxiety/emotional issues and illnesses to return to mainstream school/maintain their school curriculum
- Ensure there are close professional working relationships across the education, health and social care sectors to enable effective information sharing and appropriate interventions
- Expand our children/young people's autism service and embed the keyworker initiative ensuring timely support and intervention is given to those facing a period of instability such as transition or at risk of being admitted to hospital.
- Develop our Children's Community Nurse Team and integrate services to promote the health and well-being of children and young people whilst providing advice and guidance to the parents/carers, encouraging confidence and resilience within the community.

g) To promote personalisation and self-care, we will:

- Use personal health and care budgets for pupils/parents to increase choice and control and explore areas for their expansion
- Focus on growing a network of health coaches to support and promote self-health management
- Use social prescribing to empower people and reduce social isolation
- Ensure children and young people with SEN/D alongside their parents/carers are directly involved in decision making processes regarding their education, health and care and plans for the future.

h) To align service provision with need and manage demand appropriately, we will:

- Further develop the 5 year 'demand' plan to ensure that appropriate services and interventions are in place across education, health and social care
- Produce a Joint SEND Sufficiency Strategy to complement this strategy and identify specific market needs and opportunities
- Work with the Health Visiting service to identify and further support children in their early years
- Ensure effective use of resources is embedded into the SEN/D arena to manage within the funding available , whilst recognising the need to change practice and support
- Support mainstream schools to support more complex children
- Develop joint panel/funding processes to provide rigour and challenge to practice/provision
- Commission to deliver a shared set of outcomes across the health and care system so services take a shared responsibility for meeting them. The ICP Outcomes Framework will be a key vehicle for achieving this.

i) To actively engage with service users, families and carers, we will:

- Engage the Parent/Carer Forum and other support organisations as part of key decision making
- Work with the newly aligned SEN/D Partnership Forum to disseminate information to families and carers
- Ensure that any quality assurance processes include pupils/parents and carers as part of the feedback
- Continue to develop the Local Offer and associated service provision in conjunction with parent/carers and pupils

- Through coordinating care and becoming more proactively engaged with children and young people via a personalisation and keyworker initiative, offer more personalised and differentiated service delivery.
- Continue to actively engage with children and young people and their families regarding any change to future services.

j) To integrate services so they are responsive to individual needs, we will:

- Explore individually funded provision across the LA and CCG to identify any joint commissioning opportunities and / or integration within the ICP (for example Speech and Language provision / specialist nurses within schools and equipment)
- Review current contracts / service level agreements to ensure that they are
 - a) relevant
 - b) value for money
 - c) delivering services that meet identified needs
- Explore and develop the concept of All Age Commissioning models to support people across the life course
- Promote transition across the life course including access to education, employment and housing