



Department
of Health

Children with special educational and complex needs

Guidance for Health and Wellbeing Boards

September 2014

<p>Title: Children with special educational and complex need. Guidance for Health and Wellbeing Boards</p>
<p>Author: SCLGCP/CMHI/IDC/14100</p>
<p>Document Purpose: Guidance</p>
<p>Publication date: September 2014</p>
<p>Target audience: Health and Wellbeing boards</p>
<p>Contact details: Gareth James Disabled and Ill Child Services Team Children and Young People's Health & Wellbeing Social Care, Local Government and Care Partnerships Directorate 2E60, Department of Health, Quarry House, Quarry Hill, Leeds LS2 7UE gareth.james@dh.gsi.gov.uk</p>

You may re-use the text of this document (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence/

© Crown copyright

Published to gov.uk, in PDF format only.

www.gov.uk/dh

Children with special educational and complex needs

Guidance for Health and Wellbeing boards

Prepared by Disabled and Ill Child Services Team, Department of Health

Contents

Introduction	5
Special Educational Needs and Disabilities (SEND)	5
Defining SEND	6
Speech, language and communication needs	7
SEND Pathfinders	7
Children's charter	8
Health and wellbeing board strategy	8
Joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWS)	10
How parent carer forums can help HWBs	10
Children and Young People's Health Benchmarking Tool	11
Child and Maternity Public Health Observatory	11
Information on specific conditions	13
The local offer and commissioning plans	16
The statutory role of Health and Wellbeing Boards in relation to CCGs	16
Useful links	19
Endnotes	19

Introduction

The Health and Wellbeing Board (HWB) has a pivotal role to play supporting how the local NHS, social services and schools and colleges support the needs of children with complex and special educational needs including those with acute illness or injury. In particular, the HWB has responsibility for:

- overseeing the assessment of local needs in a Joint Strategic Needs Assessment (JSNA), and agreeing with its members a Joint Health and Wellbeing Strategy (JHWS); and
- giving its views on how well that strategy is supported by CCG commissioning, e.g. when consulted on draft commissioning plans or as part of the annual performance assessment of the CCG.

Each HWB will want to support the ambitions of the Pledge *Better health outcomes for children and young people*, signed by the leading bodies which support children and young people's health in England, and, guided by its principles, ensure there is appropriate consideration given to children and young people's health and wellbeing in all the Board's activities.ⁱ The HWB will want in particular to consider the effectiveness of support available at transition points between primary and secondary education, and between secondary and further or higher education, and the transition to adulthood and independent living.

Many HWBs are tackling this challenge. The Local Government Association has issued a useful interactive map showing the priorities which have been identified by HWBs across England, which can be found at:

www.local.gov.uk/health-and-wellbeing-boards/-/journal_content/56/10180/6111055/ARTICLE

This guidance aims to help support all HWBs in supporting the needs of children and young people with complex and special needs, by providing some hints and sources of further information which a Board can draw on with its partners. The guidance includes questions which an HWB may wish to consider in managing its organisation, building up a picture of local need and looking at local commissioning. This guidance may be read in conjunction with *Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies* (Department of Health, 2013).ⁱⁱ

Special educational needs and disabilities (SEND)

Children and young people with complex health needs, and in particular, special educational needs, have not always been well served by the NHS and social services in the past,ⁱⁱⁱ not least due to the complexity of a disjointed system. The new arrangements for joint commissioning for children and young people with special educational needs and disabilities (SEND) are intended to greatly improve the way in which the needs of the individual child are assessed, and a plan of services agreed. They also intend to strengthen the effectiveness of commissioning, by supporting collaborative approaches between health, education and social care.

Defining SEND

The Children and Families Act 2014 defines a child or young person as having special educational needs, if they have a learning difficulty or disability, which requires special educational provision to be made for them.

A child or young person is defined as having a learning difficulty or disability if they have a significantly greater difficulty in learning than the majority of others of the same age, or if they have a disability which prevents or hinders them from making use of facilities provided for other children of the same age in mainstream schools or post-16 institutions.

A child under compulsory school age may have learning difficulties or disability if they are likely to fall into the categories above when at compulsory school age.

From September 2014, new arrangements will come into effect for children and young people with SEND. The Children and Families Act 2014 introduces a new statutory framework for local authorities and clinical commissioning groups to work together to secure services for children and young people – up to the age of 25 – who have SEN or disability, including a new statutory code of practice which captures key actions and behaviours (*Special educational needs and disability code of practice: 0 to 25 years* <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>)

Each CCG will have a statutory duty to co-operate with the relevant local authority, in a co-ordinated assessment of the needs of the individual child or young person assessed as having special educational needs and agree an individual, outcomes-focused Education, Health and Care (EHC) plan. This will replace the current Statutory Statement of Special Educational Needs. From September 2014, new entrants to the SEND system will receive an EHC plan, whilst children with existing statements will move to EHC plans in a managed process of transition over three years.

CCGs and local authorities must also co-operate in joint arrangements more generally to support children and young people with a disability who might not qualify for special educational needs. It is important that HWBs recognise that local services must seek to meet a wide range of disabilities and complex needs, far wider than the cohort of children who would qualify for an EHC plan.

In brief, the new approach requires CCGs and local authorities to have joint arrangements in place (either directly or via the services they commission from their provider Trusts), for considering and agreeing the following:

- the education, health and care provision reasonably required by the learning difficulties and disabilities which result in the children and young people concerned having special educational needs,
- by whom education, health and care provision is to be secured;
- what advice and information is to be provided about education, health and care provision;
- by whom, to whom and how such advice and information is to be provided;

- how complaints about education, health and care provision may be made and are to be dealt with; and
- procedures for ensuring that disputes between the parties to the joint commissioning arrangements are resolved as quickly as possible.

The arrangements must include arrangements for securing EHC needs assessments; securing the education, health and care provision specified in the EHC plan, and agreeing personal budgets for the child or young person.

Services for children with special educational needs could include a wide range of support, including speech and language therapy, assistive technology, children's mental health services, occupational therapy, habilitation training, physiotherapy, specialist equipment, wheelchairs and continence supplies.

Speech, language and communication needs

Speech, language and communication needs are particularly common amongst children and young people. Some estimates suggest as many as 10% of all children have such a need; HWBs will want to assure themselves that there is appropriate provision across education and health in their area, to meet the SLCN needs of all young people (the Child and Maternal Health Intelligence Network Knowledge Hub includes information on likely speech and language impairment for each local authority area – see p. 12 below).

The Communication Council has produced a briefing on SLCN for health audiences, which HWBs will find useful.

www.thecommunicationtrust.org.uk/sendreforms

The Royal College of Speech and Language Therapists has a range of information resources on speech and language therapy to support effective commissioning.

http://www.rcslt.org/speech_and_language_therapy/commissioning/intro

HWBs may also find useful the following *Guidance on quality standards for local authorities and schools as commissioners of speech and language therapy services in the UK*.

http://www.rcslt.org/speech_and_language_therapy/commissioning/qual_standards_schools

These new requirements for joint working give the HWB the opportunity to act as a forum for strategic discussions between local authorities and CCGs. Some areas may also have existing multi-agency groups which lead or co-ordinate on issues relating to children and young people, which the HWB can link with as appropriate. Where there are existing formal joint commissioning arrangements between a local authority and CCG or CCGs (for example, under a section 75 agreement), the HWB can again act as system driver.

SEND Pathfinders

Local authority Pathfinders have been piloting new approaches to joint commissioning for SEND for several years, generating a considerable body of learning for all local authorities on the

workforce development and the cultural and organisational change needed to implement the reforms of the Children and Families Act.

The Department for Education and Department of Health have published an implementation pack which outlines the vision for the reforms and contains useful information for strategic leaders. Further information and case studies, together with details of the pathfinder champions available in every region, can be found at www.sendpathfinder.co.uk

Children and young people with special educational needs constitute only a proportion of those with complex needs in a local authority or CCG area. In 2011, it was estimated that 14% of children aged 0-15 had a long-standing illness and 6% of children in the same age-group had a limiting long-standing illness.^{iv} The HWB will want to consider also how locally health services are meeting the needs of children and young people with acute, life-limiting conditions, such as cancer and leukaemia, and long-term conditions, such as diabetes, asthma, epilepsy and cerebral palsy.

Children's charter

Every Disabled Child Matters and the Children's Trust, Tadworth have developed the Disabled Children's Charter for all Health and Wellbeing Boards, setting out 7 commitments and a vision statement for each Board. Each HWB is encouraged to sign the Charter as a sign of its commitment to meeting the needs of disabled children and young people.

The Charter can be found at:

www.edcm.org.uk/media/140960/disabled-childrens-charter-for-hwb.pdf

The accompanying guidance includes valuable links to resources on children's disability. *Why sign the Disabled Children's Charter for Health and Wellbeing Boards?*

www.edcm.org.uk/media/140961/why-sign-the-disabled-childrens-charter-for-health-and-wellbeing-boards.pdf

Health and wellbeing board strategy

The HWB – and its individual members – will want to ask themselves the following questions in considering how the work of the HWB supports children and young people with special educational needs and disabilities locally. Some of these are questions about the way the HWB organises its work, some are about its relationship-building. A number of these reflect the statutory requirements on HWBs under section 193 of the Health and Social Care Act 2012 (to involve local people in preparing joint strategic needs assessments), and together they might provide a useful framework for how the Board organises its approach.

Does the HWB have a designated children's lead, with agreed responsibilities in relation to the health and wellbeing of local children and young people?

Has the HWB considered or adopted the Pledge or the Disabled Children's Charter?

Does the HWB have a specific policy or position statement in relation to how it intends to support the needs of local children and young people (other than the JHWS), e.g. through influencing commissioning plans?

How does the HWB ensure the views of young people are considered in drawing up its JSNA, or JHWS?

How does the HWB ensure the views of children or young people are considered?

Does the HWB have an agreed process for consulting children, young people and parents and carers on its Joint Health and Wellbeing Strategy?

How does the HWB engage with local children and young people with a range of experiences and conditions, to inform its role?

Does the Joint Health and Wellbeing Strategy specifically refer to children and young people with complex health needs or special educational needs?

To what extent are the needs of CYP with complex health needs or special educational needs already addressed in existing multiagency strategies and plans?

What existing arrangements are there locally for consulting CYP, their families and carers and what can the HWB learn from existing information?

Joint strategic needs assessments (JNSAs) and joint health and wellbeing strategies (JHWS)

HWBs will need to ensure that they are aware of the complexity of local children and young people's needs, and have a good understanding of the key implications for children and their families of complex and special educational needs. HWBs will want in particular to consider how integrated approaches to meeting local need can provide better outcomes for the child and their family, and remove avoidable use of resources.

The HWB will want to agree how detailed it makes its assessment of the needs of local children with special educational and complex needs, and how this is reflected in the local JHWS. This should be done with regard to their role in influencing CCGs in making commissioning plans, and their role in providing a benchmark against which CCG commissioning can be measured (see below).

The biggest challenge the HWB will face in building up a picture of local needs is obtaining the right information. There are several different possible sources, which can be accessed in different ways. HWBs, with limited resources to devote to fact-finding, will need to prioritise their lines of enquiry and oversee the work of the local authority Directors of Public Health and Children's Services in building up a picture of need. Speaking to those with direct experience of service delivery, either as providers or recipients, is crucial to prioritising actions to build up the JSNA – indeed, some local organisations, such as the Parent Carer Forum, may have already undertaken extensive local research and assessment of SEN and other complex needs in the local community, on which the HWB can draw (see below).

CCG members of the HWB should play a significant part in the identification of local needs, drawing on previous commissioning plans and strategies. Their commissioning support units and local providers delivering paediatric services will also be key contacts. Hospital Episode Statistics will indicate levels of paediatric admissions (outpatient data is far less useful, as the majority of outpatient attendances are coded as "Unknown and unspecified causes of morbidity"). There is however a significant absence of key data on outcomes for children with complex needs, and the HWB may wish to highlight this as a barrier to effective local commissioning, which the members of the Board can together seek to address.

How parent carer forums can help HWBs

In most local authority areas there is a parent carer forum, whose membership is made up of parents of children with a range of disabilities and conditions.

The primary aims of parent carer forums are to work in partnership with strategic leads, service providers and commissioners to improve the services across health, education and social care that their children access.

Parent carer forums can help HWB collect both quantitative and qualitative evidence to feed into the JSNA and JHWS. They can provide specialist knowledge of the wide range of services disabled children access and can provide insight into how services can be better integrated across health, education and social care.

Some of their members take on a more active role, working directly as a representative of parents in the local area on strategic decision-making boards and ensuring that parent carers are full partners in decision making at all levels.

Parent carer forums can also work with commissioners to make sure services are commissioned that meet their children's needs and help commissioners monitor how well these services are being provided.

Parent carer forums can also help HWB reach disabled children and young people to make sure their views are heard.

Parent carer forums began to develop in 2008 across England funded by the Department for Education. Involving parent carer forums in commissioning local services was shown to be key to developing services to meet the needs of families and make best use of resources. The evidence of this was so strong that in 2011 the Department for Education agreed to continue supporting and funding parent carer forums for a further four years. This included funding the National Network of Parent Carer Forums (NNPCF), which brings together information from forums across England and works closely with the Department for Education, the Department of Health, and other partner organisations to improve outcomes for children and young people with disabilities or additional needs and their families.

Further information

Contact a Family: for examples of how parent carer forums have helped improve services and resources on parent participation, see www.cafamily.org.uk/parentcarerparticipation

National Network of Parent Carer Forums: for more information about the NNPCF and useful resources see www.nnpcf.org.uk

Contact details for all local parent carer forums can be found on both websites.

Children and Young People's Health Benchmarking Tool

The Children and Young People's Health Benchmarking Tool is being developed in response to the recommendations of the Children and Young People's Health Outcomes Forum. It brings together and builds upon health outcome data from the Public Health Outcomes Framework (<http://www.phoutcomes.info/>) and the NHS Outcomes Framework (<https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015>).

The tool can be found at:
<http://fingertips.phe.org.uk/profile/cyphof>

Child and Maternity Public Health Observatory

By far the most useful resource for HWBs is the Child and Maternal Health Intelligence Network (part of Public Health England) which provides access to a wealth of data and advice on children's health. HWBs may find of particular value:

1. The NHS Atlas

<http://atlas.chimat.org.uk/IAS/>

The Data Atlas collates data and statistics on child and maternal health and allows interactive maps to be created to benchmark the outcomes in an area, against regional and national comparators. The data includes a wide range of health and wellbeing indicators, including data on admissions, surgery etc.

2. The Knowledge hub – disability

<http://www.chimat.org.uk/disability>

This resource comprises the following tools.

Service Snapshot - Disability provides a summary of demand, provision and outcomes for services in a particular area. It combines data from ChiMat and the Children's Services Mapping programme.

Needs Assessment Report - Children and young people with disabilities provides evidence-based information on prevalence, incidence and risk factors affecting children's health and the provision of healthcare services. These support HWBs in undertaking needs assessments as part of children's and young people's planning and joint strategic needs assessments.

Needs Assessment Reports can be generated for the following topics:

- Child and adolescent mental health (CAMHS) for local authorities and CCGs updated
- Children and young people with disabilities for local authorities
- Continence in children for local authorities updated
- Demographic profile for local authorities updated
- Maternity for primary care trusts
- Speech and language impairment for local authorities

Self Assessment Tool - Disability helps commissioners, clinical and managerial leads for services supporting disabled children to assess progress against standards.

The Data Atlas brings together a range of data and statistics on child and maternal health into one easily accessible hub. It has been recently redeveloped to make it easier to use and interpret and includes updated data for maternity.

Learning disabilities and CAMHS knowledge hub where HWBs can find key resources, sign up to the monthly LD CAMHS e-Bulletin and join the e-Discussion forum to exchange questions and ideas with peers.

Support and training. If HWB members need help or advice in using the tools or interpreting the information they provide, details are available of a Local Specialist working in each area.

HWBs may also wish to explore the hubs relating to the health and wellbeing of young people (<http://www.chimat.org.uk/youngpeople>), and mental health and psychological well-being in children and young people (<http://www.chimat.org.uk/camhs>).

3. NHS Atlas of Variation in healthcare for children and young adults

<http://www.chimat.org.uk/variation>

The NHS Atlas of Variation in Healthcare for Children and Young People identifies unwarranted variation in children's services, highlighting opportunities for commissioners and clinicians to improve health outcomes and minimise inequalities.

The 25 indicators mapped at primary care trust (PCT) level include:

- perinatal mortality
 - early screening such as new-born hearing and retinopathy of prematurity
 - immunisation
 - emergency admission rates for long term conditions such as epilepsy and asthma.
- Overall levels of expenditure on children's community health services are also shown.

Right Care has published the Atlas in collaboration with clinical specialists and ChiMat. For more information and access to the full data.

4. The JSNA Navigator – Children and Young People

<http://www.chimat.org.uk/jsnavigators>

This tool allows HWBs to access the key data needed for conducting a Joint Strategic Needs Assessment for children and young people.

5. Child Health Profiles

<http://www.chimat.org.uk/profiles>

These profiles provide a snapshot of child health and wellbeing for each local authority in England, and allows comparisons locally and nationally, including a snapshot of performance against 32 selected indicators.

Information on specific conditions

Useful information on prevalence and commissioning for specific conditions can be found in the following resources, developed by the NHS, NICE and voluntary sector organisations. Some of these go into greater detail than an HWB is likely to need, but all provide a valuable insight into how providers might meet the needs of children with a range of complex conditions.

ADHD	CG 72 Attention deficit hyperactivity disorder (ADHD) (CG72) http://publications.nice.org.uk/nice-quality-standard-for-autism-ifpqs51 Antisocial behaviour and conduct disorder in children and young people http://publications.nice.org.uk/antisocial-behaviour-and-conduct-disorders-in-children-and-young-people-recognition-intervention-cg158
Asthma	Q25 Quality standard for asthma (covering 12 years+) http://publications.nice.org.uk/quality-standard-for-asthma-qs25
Autism	CG 128 Autism in children and young people. http://guidance.nice.org.uk/CG128/Guidance CG170 Autism - management of autism in children and young people: full

	<p>guideline. http://guidance.nice.org.uk/CG170/Guidance</p> <p>QS51 Nice quality standard for autism http://guidance.nice.org.uk/QS51</p>
Cerebral palsy / spasticity	<p>CG 145 Spasticity in children and young people with non-progressive brain disorders: management of spasticity and co-existing motor disorders and their early musculoskeletal complications. www.nice.org.uk/nicemedia/live/13803/60023/60023.pdf</p>
Mental health	<p>Mind Ed e-Portal https://www.minded.org.uk/</p> <p>This is a free, online educational and advice programme designed to support those working with young people to identify signs of mental health needs in children and young people.</p> <p>The Youth Well-Being Directory http://www.youthwellbeingdirectory.co.uk/find-a-service/</p> <p>This directory was developed to provide clearer information about what services are available in local areas for children and young people with mental health needs, the types of services offered and referral routes. Services are also compared against ACE-V Quality Standards. The site provides:</p> <ul style="list-style-type: none"> - information on standards of practice and commissioning; - networking space for providers and commissioners; - an opportunity for services to increase their recognition; - an opportunity for service providers to self-assess against standards, to increase chances of securing funding
Paediatric continence	<p>NICE guidance on commissioning a paediatric continence service. http://www.nice.org.uk/usingguidance/commissioningguides/paediatriccontinenceservice/CommissioningPaediatricContinenceService.jsp</p> <p>ERIC – Education and Resources for Improving Childhood Continence http://www.eric.org.uk/</p> <p>The ChiMat Needs Assessments Reports include one for continence in children for each local authority area. http://atlas.chimat.org.uk/IAS/profiles/needsassessments</p>
Diabetes	<p>NICE are currently developing guidance on Diabetes in children and young people.</p> <p>The National Paediatric Diabetes Audit (NPDA) collects data from 178 Paediatric Diabetes Units across England and Wales. In 2010-11, audit data was collected from 23,516 infants, children and young people under the age of 25 years with diabetes. www.diabetes.org.uk/Professionals/Service-improvement/National-Diabetes-Audit/</p> <p>The Diabetes UK website (www.diabetes.org.uk) and the former NHS Diabetes website. (http://webarchive.nationalarchives.gov.uk/20130316063827/http://www.diabetes.nhs.uk/) have valuable information on Diabetes.</p>

Epilepsy	<p>CG137 The epilepsies: the diagnosis and management of the epilepsies in adults and children in primary and secondary care (NICE, 2012). http://publications.nice.org.uk/the-epilepsies-the-diagnosis-and-management-of-the-epilepsies-in-adults-and-children-in-primary-and-cg137/about-this-guideline</p>
Palliative care	<p>Together for Short Lives has:</p> <ul style="list-style-type: none"> - an invaluable library of research abstracts http://www.togetherforshortlives.org.uk/professionals/service_planning/research_abstracts - contact details for local palliative care networks http://www.togetherforshortlives.org.uk/professionals/service_planning/networks - a commissioning guide for CCGs which will be useful for HWBs http://www.togetherforshortlives.org.uk/about/our_policy_work/186_commissioning_children_s_palliative_care_in_the_new_nhs
Sensory impairment / communication needs.	<p>The ChiMat Needs Assessments Reports include one developed in conjunction with the Royal College of Speech and Language Therapists for speech and language impairment needs for children in each local authority area. http://atlas.chimat.org.uk/IAS/profiles/needsassessments</p> <p>Information about multi-sensory impairment http://www.ncb.org.uk/media/875200/earlysupportmulti-sensoryimpairmentsfinal2.pdf</p>
Habilitation	<p>Quality standards. Delivery of Habilitation Training (Mobility and Independent Living Skills)for Children and Young People with Visual Impairment http://www.ssc.education.ed.ac.uk/resources/vi&multi/habilitation.pdf</p>
Special educational needs	<p>The ChiMat Needs Assessments Reports include one developed for children and young people with disabilities for each local authority area. http://atlas.chimat.org.uk/IAS/profiles/needsassessments</p> <p>Ann Hagell, John Coleman, Fiona Brooks, <i>Key Data on Adolescence 2013</i> (Association for Young People’s Health, 2013). www.ayph.org.uk/publications/480_KeyData2013_WebVersion.pdf See in particular chapter 7, Long term conditions and disability, pp. 93-102.</p>

The local offer and commissioning plans

Each HWB has an important role in considering and commenting on the commissioning plans of the CCG as they are developed, and when published (see the box below for the statutory elements of this role). Similarly, the HWB will be consulted by the CCG, and NHS England, when undertaking their annual report, and performance assessment respectively. In each case, the HWB's role is to assess the extent to which the CCG is contributing to the delivery of the agreed health and wellbeing strategy for the local area, and by extension, meeting the needs of the local population.

The statutory role of Health and Wellbeing Boards in relation to CCGs

The CCG must involve each relevant HWB in preparing or revising its commissioning plan ('relevant Health and Wellbeing Board', in relation to a CCG means a Health and Wellbeing Board established by a local authority whose area coincides with, or includes the whole or any part of, the area of the CCG). The CCG must give each relevant HWB a draft of the plan, and consult each HWB on whether or not the draft takes proper account of each joint health and wellbeing strategy. The HWB must give the CCG its opinion on this, and may give NHS England its opinion as well (ensuring it gives the CCG copy of this). The CCG must include in its published plan, a statement of the final opinion of each relevant HWB on the plan.*

A CCG must give a copy of its final commissioning plan to its relevant HWBs.**

If the CCG revises the plan in a way it considers significant, it must give a copy of the new plan to its relevant HWBs.*** If it revises the plan in any other way, it must publish a document setting out the changes it has made to the plan, and give a copy to each relevant HWB.†

In each financial year, a CCG must prepare an annual report on how it has discharged its functions in the previous financial year. This must include a review of the extent to which the group has contributed to the delivery of any joint health and wellbeing strategy to which the CCG was required to have regard, on which the CCG must consult each relevant HWB.‡

In conducting its annual performance assessment of a CCG, NHS England must consult each relevant HWB as to its views on the CCG's contribution to the delivery of any joint health and wellbeing strategy to which the CCG was required to have regard.§

* NHS Act 2006, section 14Z13.

** NHS Act 2006, section 14Z11(6).

*** NHS Act 2006, section 14Z12 (2)(b).† NHS Act 2006, section 14Z12 (3).

‡ NHS Act 2006, section 14Z15.

§ NHS Act 2006, section 14Z16.

Although the health and wellbeing strategy will have been informed by the HWB's assessment of local children's needs, any assessment of plans or CCG contribution to strategy delivery, should be informed by the views of HWB members, and their constituents. The role of local Healthwatch, as representative of local people, and the elected representatives who sit on the

HWB, will in particular have a key role to play in ensuring the Board's scrutiny function is effective in representing the views of the local population.

The HWB will need to ensure that the CCG is participating in the development of the statutory local offer of service to meet the needs of children and young people with SEND, and that services are being commissioned to deliver this, meeting the full range of children's complex needs, which could include the following health provision:

- autism teams;
- speech and language therapy and other communication support;
- therapies;
- children's wheelchairs;
- CAMHS/ mental health services for children and young people
- orthotics and prosthetics;
- acute services for children, including for long-term conditions;
- palliative and hospice care (including hospice at home services);
- paediatric continence;
- community and specialist nurses;
- educational and clinical psychologists to support schools and parents in supporting their child's learning and behaviour.

The HWB will need to take a view on what level of detail is appropriate for commissioning plans, but will need to satisfy itself that the CCG is commissioning appropriate services:

- to satisfy its statutory duty under section 3 of the NHS Act 2006: to commission services to meet the needs of the population for which they are responsible, to a reasonable extent, and
- meeting its statutory duties under the Children and Families Act 2014 to participate in joint commissioning arrangements for children with SEND, and in particular, to ensure that the health services specified in the child or young person's Education, Health and Care plan are secured.

Scrutiny of the CCG performance will certainly require the HWB to satisfy itself that those needs they identified in their JSNA and JHWS are fully met locally.

The HWB may wish to consider not only the range of clinical and other services, but the nature of the provision: is there sufficient consideration given to the provision of flexible and community-based services? Does the commissioning plan provide evidence of integrated pathways, or effective support for transition into adulthood? The HWB may find the following suggestions useful in considering CCG commissioning plans and the CCG contribution to the JHWS.

Do plans refer to special educational needs, or learning disability?

Do plans refer to specific children's complex conditions – either in general, or specific conditions? If not, how is the CCG intending to meet the needs of children with a complex condition?

Do plans include provision for community-based services for children, or integrated pathways?

Is it clear from the plans that assessments for SEND, as well as provision of services, will be commissioned?

Is it apparent how the plans have been quality assured? Or how young people and their families have been consulted or otherwise involved in their development?

Do plans include make specific reference to the JSNA, and the priorities of the JHWS? If not, do plans attempt to quantify local demand, or the volume of services to be commissioned?

Do plans indicate the rationale for commissioning decisions? Do they indicate the outcomes to be delivered for children and young people?

How has the CCG engaged with children and young people with SEND or complex conditions?

Does the CCG measure its performance against specific outcome measures for children? Does it publish local metrics on outcomes for children?

How has the CCG planned for, and delivered, a comprehensive local offer for children with SEN?

Useful links

Why sign the Disabled Children's Charter for Health and Wellbeing Boards?

www.edcm.org.uk/media/140961/why-sign-the-disabled-childrens-charter-for-health-and-wellbeing-boards.pdf

The Disabled Children's Charter for Health and Wellbeing Boards

www.edcm.org.uk/media/140960/disabled-childrens-charter-for-hwb.pdf

Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies (Department of Health, 2013).

www.gov.uk/government/uploads/system/uploads/attachment_data/file/223842/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf

Not just a phase. A Guide to the Participation of Children and Young People in Health Services (Royal College of Paediatrics and Child Health, 2010)

www.rcpch.ac.uk/system/files/protected/page/RCPCH_Not_Just_a_Phase_0.pdf

Children with special educational needs: an analysis – 2012 (Department for Education).

<https://www.gov.uk/government/publications/children-with-special-educational-needs-an-analysis-2012>

Growing up with Diabetes: children and young people with diabetes in England (Royal College of Paediatrics and Child Health, 2009)

http://www.diabetes.org.uk/Documents/Reports/CYP_Diabetes_Survey_Report.pdf

You're Welcome. Quality Criteria for Young Persons Friendly Services (Department of Health, 2011)

<https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services>

Endnotes

ⁱ *Better health outcomes for children and young people. Our pledge* (February 2013),

www.gov.uk/government/publications/national-pledge-to-improve-children-s-health-and-reduce-child-deaths

ⁱⁱ www.gov.uk/government/uploads/system/uploads/attachment_data/file/223842/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf

ⁱⁱⁱ See for example the Care Quality Commission report *Healthcare for disabled children and young people* (March, 2012), which demonstrated the lack of knowledge in PCTs of children's disability locally, with five PCTs claiming that they had no disabled children resident in their area. <http://www.cqc.org.uk/media/support-families-disabled-children>

^{iv} *Health Survey for England, 2011* – Health and Social care Information Centre. <http://www.hscic.gov.uk/catalogue/PUB09300>