

Joint Commissioning Framework for Children and Young People 0 - 25 years old

with Special Educational Needs
and Disabilities (SEND) and
their Families within Norfolk



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Background

This Joint Commissioning Framework for Children and Young People 0 - 25-years-old with Special Educational Needs and Disabilities (SEND) and their Families sets out how the Norfolk and Waveney Clinical Commissioning Group, Norfolk County Council and our partners are taking forward our shared vision for improving the lives of children and families in Norfolk through the services we commission and secure. It is based on a thorough understanding of the needs of children and their families, including through the SEND Joint Strategic Needs Assessment (JSNA) and reflects the ambitions set out in the Norfolk Area Special Educational Needs and/or Disability (SEND) Strategy 2019-2022 (the Strategy).

Commissioning is the process of understanding the needs of a population or group and using available resources to meet those needs and deliver the required impact and outcomes. Joint commissioning is where this is done in partnership to increase efficiency and enable joined up services. Increasing financial pressures across education, health and care provide the catalyst to transform our services by working closely together to eliminate duplication and spend wisely, whilst striving to improve quality and outcomes for the children, young people and their families in Norfolk.

This framework is initially focused on those areas that the data and the Strategy tell us are most pressing and where a joint commissioning approach is likely to deliver improved services and outcomes. In addition, following the Ofsted/Care Quality Commission SEND local area inspection in March 2020, we know we also need to focus on three key areas of relative weakness:

- Education Health & Care Plans
- 18-25 Services
- Communication & Co-production

These are being addressed and driven by an Improvement Board, as detailed within the Written Statement of Action (WSOA) published in September 2020 on our SEND Local Offer website:

[SEND statement of action - Norfolk County Council](#)



The impact and outcomes we want to achieve through our joint commissioning

The Children and Young People's Strategic Partnership Board and the Children's Alliance Board have a shared ambition that all children and young people in Norfolk and Waveney flourish. Our flourish ambition covers:



Flourish is being developed as a high-level whole system outcomes framework for Norfolk and Waveney. In addition to informing the priorities of our strategic partnerships focused on children and young people, these impact and outcome statements provide the overarching outcomes that Norfolk's joint commissioning for children and young people with SEN and Disabilities needs to address.

Outcomes Framework – Impact and Outcomes statements

Family & Friends Children and young people are safe, connected and supported through positive relationships and networks	Learning Children and young people are achieving their full potential and developing skills which prepare them for life	Opportunity Children and young people develop as well-rounded individuals through access to a wide range of opportunities which nurture their interests and talents	Understood Children and young people feel heard, listened to, understood and part of decision-making processes	Resilience Children and young people have the confidence and skills to make their own decisions and take on life's challenges	Individual Children and young people are respected as individuals, confident in their own identity and appreciate and value their own and others' uniqueness	Safe & Secure Children and young people are supported to understand risk and make safe decisions by the actions adults and children and young people themselves take to keep them safe and secure	Healthy Children and young people have the support, knowledge and opportunity to lead their happiest and healthiest lives
<ul style="list-style-type: none"> As many CYP as possible are able to live safely with family Where CYP are not able to live with their family, they have the support they need to build a stable foundation of positive relationships CYP have positive childhood experiences in their homes, schools and communities CYP have the support they need from their parents and carers CYP have positive role models and trusted adults in their lives CYP have the skills and opportunities to develop positive friendships and relationships which support them throughout their lives 	<ul style="list-style-type: none"> CYP establish a great early years foundation for learning and see the benefit in becoming lifelong learners CYP enjoy learning and developing skills and feel positive about what they can achieve CYP have good engagement with learning in and out of school, including attendance and extra-curricular opportunities CYP make the best possible progress in learning and education CYP are supported by families, professionals and communities at all stages of their development YP are equipped with the skills and confidence to live as independently as possible 	<ul style="list-style-type: none"> CYP have improved equity of opportunity through the removal of barriers including improved economic, geographical and digital inclusion CYP have a wide range of education, employment, training, social and community activities available to them All CYP, at every age and regardless of disability or additional needs, have access to opportunities that suit their needs and ambitions CYP have the emotional, personal and practical support they need to make the most of the opportunities available 	<ul style="list-style-type: none"> CYP are active, respected and included members of their communities as individuals and collectively All CYP voices are influential in all decisions made about their lives CYP feel adults respect their views and opinions and promote CYP influence CYP know their rights; how to make their voices heard and are confident to speak up CYP are confident that all strategies and services for CYP have their needs and ambitions at their heart CYP are confident that their voice will make a difference and can see the impact they are making 	<ul style="list-style-type: none"> CYP can understand and make good decisions and are empowered to do so CYP know what independence entails and are able to transition in the best way for them CYP are supported to try new things, have a variety of experiences and be curious and aspirational CYP understand life can be complicated and know asking for help is OK CYP can recognise when they need help and have choice and control over the support they receive CYP have a range of options for support and advice 	<ul style="list-style-type: none"> CYP are understood and valued as individuals and in their social groups CYP understand and value each other CYP and others on their behalf are able to tackle prejudice and discrimination CYP have safe spaces to explore, develop and become confident in their identity as they grow CYP's self-expression is prioritised, promoted and respected CYP have a range of opportunities to influence the wider world 	<ul style="list-style-type: none"> CYP are free from exploitation, abuse and neglect Fewer CYP enter/re-enter the criminal justice system CYP are safe and secure in all settings, including where they live CYP feel that families, professionals and communities understand and carry out their role in keeping them safe CYP trust the people and systems that are there to help keep them safe, know where to go for help and feel confident and able to do so CYP know what to do to keep each other safe CYP are supported to understand and take appropriate risks 	<ul style="list-style-type: none"> CYP have the best achievable physical and mental health CYP know how to get healthy and keep healthy and are confident in their own self care CYP have choice in how they access health services, including the best possible virtual health experience CYP are supported at the earliest possible stage, reducing crises CYP know when and where to go for help with physical and mental health and have confidence and trust to do so

Our Vision for SEN and Disabilities in Norfolk

We are ambitious for children and young people with special educational needs and/or disability and uphold the national vision, as set out in the SEND Code of Practice, which aspires that all children and young people will progress well in their early years, at school and at college, and lead happy and fulfilled lives. We want them to have choice and control over decisions about their health, education, employment and relationships.

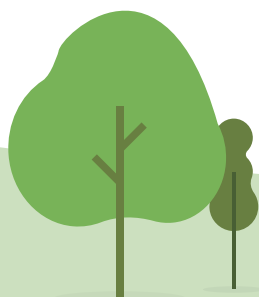
This ambition, set out in our Norfolk Area SEND Strategy (2019-2022), underpins and informs our joint commissioning. As part of reviewing and updating the Strategy each year and determining our priorities, we are committed to listening to children, young people and their families, focused on supporting inclusion, meeting needs and changing lives together. Our strategy is being co-produced by colleagues across the Council and the CCG, with parents/carers, Norfolk's education providers and voluntary organisations.

Whilst the County Council's investment of £120M for SEND and alternative provision is clear evidence of our commitment to this ambition, the outcome of the Area SEND inspection by Ofsted/Care Quality Commission has highlighted that we need to do much more to ensure all families and young people feel that we are listening.

This means our joint commissioning, as well as all of our wider work on special educational needs and alternative provision must be co-ordinated and responsive to the needs of Norfolk families, based on their feedback about what needs to change, with clear evidence about what has worked well and where have clearly made improvements.

To achieve our ambition for children and young people aged 0-25 with SEN and Disabilities we must:

- Assess and plan and deliver services that are co-produced with children and young people with SEND and their parent/carers.
- Collaborate across services to deliver personalised services centred on the young person's needs and the outcomes that they want to achieve.
- Integrate commissioning and service provision where it is needed to meet identified SEND needs.
- Enable families and professionals to be ambitious and focus on positive outcomes for disabled children, reflecting our wider ambition for all children and young people to flourish.
- Monitor and measure that our joint commissioning and interventions are having the required impact.



The legal framework

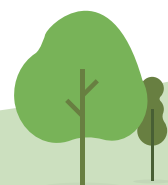
The Care Act 2014 requires local authorities to ensure co-operation between children's and adults' services to promote the integration of care and support with health services, so that young adults are not left without care and support as they make the transition from children's to adult social care. Local authorities must ensure the availability of preventative services for adults, a diverse range of high-quality local care and support services and information and advice on how adults can access this universal support.

- Section 25 of the Children and Families Act 2014 places a duty on local authorities that should ensure integration between educational provision and training provision, health and social care provision, where this would promote wellbeing and improve the quality of provision for disabled young people and those with Special Educational Needs (SEN).
- Local authorities and CCGs must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Act). The term 'partners' refers to the local authority and its partner commissioning bodies across education, health and social care provision for children and young people with SEN or disabilities, including clinicians' commissioning arrangements, and NHS England for specialist health provision.
- Joint commissioning should be informed by a clear assessment of local needs. Health and Wellbeing Boards are required to develop JSNAs and Joint Health and Wellbeing Strategies, to support prevention, identification, assessment and early intervention and a joined-up approach.
- To take forward the joint commissioning arrangements for those with SEN or disabilities, partners can build on any existing structures established under the Children Act 2004 duties to integrate services.

Under section 75 of the National Health Service Act 2006, local authorities and CCGs can pool resources and delegate certain NHS and local authority health-related functions to the other partner(s) if it would lead to an improvement in the way those functions are exercised.

The NHS Mandate, which CCGs must follow, contains a specific objective on supporting children and young people with SEN or disabilities, including through the offer of Personal Budgets.

Under the Public Sector Equality Duty (Equality Act 2010), public bodies (including CCGs, local authorities, maintained schools, maintained nursery schools, academies and free schools) must have regard to the need to eliminate discrimination, promote equality of opportunity and foster good relations between disabled and non-disabled children and young people when carrying out their functions. They must publish information to demonstrate their compliance with this general duty and must prepare and publish objectives to achieve the core aims of the general duty. Objectives must be specific and measurable.

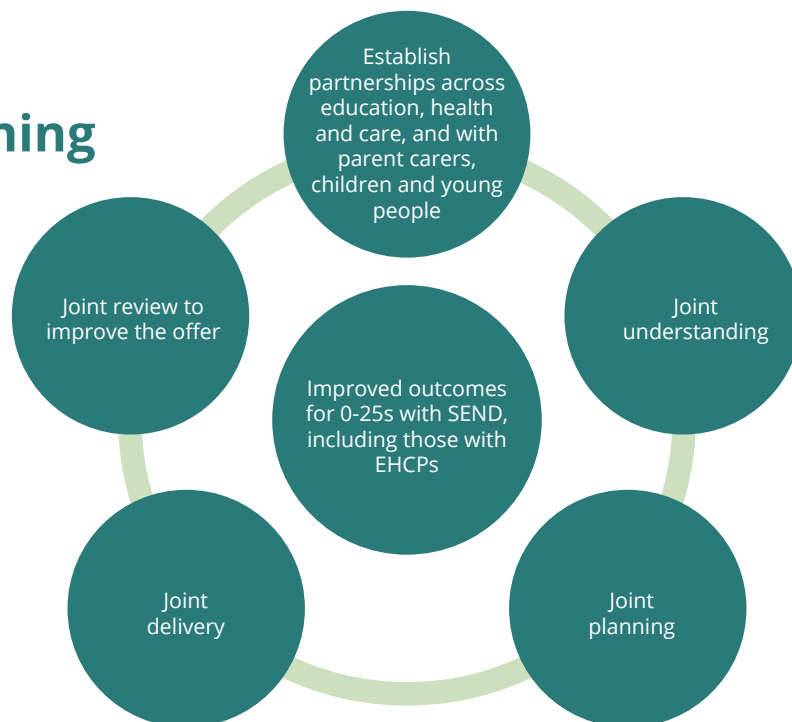


Norfolk's approach to joint commissioning

Our joint commissioning arrangements are focused on enabling partners to make best use of all the resources available in Norfolk to improve outcomes for children and young people. The aim is to provide personalised, integrated support that delivers positive outcomes for children and young people, bringing together support across education, health and social care from early childhood through to adult life, and improve planning for transition points such as between early years, school and college, between children's and adult social care services, or between paediatric and adult health services.

For the local authority and health system to be able to deliver services in a more sustainable way in the future, we recognise we need to work in a more aligned fashion between the different parts of the complex education, health and social care systems to identify, assess and meet need and work proactively to anticipate future needs emerging within the system. Our joint commissioning needs to take account of Norfolk as a context and how the system needs to adjust to work in a more preventative way for children and young people with SEN and Disabilities. Joint commissioning will be underpinned by promoting safeguarding through all areas of planning, commissioning and service delivery.

The Joint Commissioning Cycle



Norfolk's strategic governance arrangements for children and young people are being refreshed, building on the work of the Children and Young People's Strategic Partnership Board and the Children's Alliance Board, which both feed into Norfolk's Health and Wellbeing Board, alongside wider work to develop an Integrated Care System in Norfolk and Waveney. The current arrangements to enable joint commissioning are being strengthened through these developments.

This will enable us to collectively:

- understand local SEN and Disability needs
- plan and commission education, health and social care services to meet SEN and Disability needs
- measure the outcomes and impact of services to deliver the improvements described in the SEND Strategy

Currently, a multi-agency Children's Health and Integrated Commissioning Group meets on a regular basis to provide the mechanism to support joint commissioning and reports to Children's Services Leadership Team and the CCG's Executive Management Team.

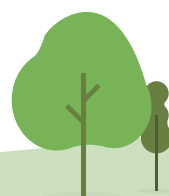
Our ambition is to extend our joint commissioning across the health, education and social care landscape. With our large geography across Norfolk and Waveney comes a challenge to ensure health, social care and education commissioning and delivery is not fragmented, but reflecting local needs, and basic principles of consistency, equitability and effectiveness.

This is echoed in our collective focus to develop system wide approaches to supporting children, young people and their families. Examples of this include the development of an Early Childhood system approach as part of commissioning the Early Childhood and Family Service, or our collective action to transform children and young people's mental health services.

Norfolk Children's Services and the Norfolk and Waveney CCG have jointly appointed an Associate Director for children, young people and maternity who is a member of both the Children's Services Leadership Team and the CCG Executive Management Team and holds a portfolio of work that currently includes securing positive outcomes for children's emotional and mental health in addition to identifying opportunities for collaboration and joint working across health, education and social care.

Whilst the emerging ICS arrangements will change requirements in how budgets are pooled, including Section 75 arrangements, we do have a number of existing Section 75 arrangements in place for:

- Children and Young People's Mental Health Service (CYPMHS) – including Compass Schools.
- Speech and Language Therapy (0-18).
- Integrated Community Equipment Service. (excluding schools currently)
- Disagreement Resolution and Mediation Service
- Integration of social work and community health teams for people with physical disabilities (and older people) aged 18+



Engagement and Co-production

Children's Services, Adult Services and the CCG co-fund Family Voice Norfolk to provide a parent carer forum. Parent Carers representatives, through Family Voice Norfolk, are members of the Children's Health and Integrated Commissioning Group, and Norfolk's SEND multi-agency Steering Group, is co-chaired by Family Voice Norfolk alongside senior level representatives from the respective services of health, education and social care.

Family Voice Norfolk are engaged to assist us with service development and gathering feedback from families in regard to services they are accessing. Family Voice Norfolk have implemented a robust engagement model with parents and use the feedback from families to identify shared or common themes which can be evidenced to the local authority or commissioning partners.

Family Voice Norfolk are involved in various forums across education, health and commissioning to assist us in co-producing services to ensure that we remain focused on what works best for families. They are very actively engaged in the ongoing development of the local offer. More recently Family Voice Norfolk also assisted with recruitment of staff for the new preparing for adult life service.

In addition to Family Voice Norfolk (Norfolk's parent carer forum for SEND) and the other main parent/carers groups (SEND Partnership, SEN Network, SENSational Families) provide forums for parent / carer involvement, providing ongoing feedback to us to inform future commissioning priorities.

As part of enabling the engagement of young people we have established a Norfolk SEND youth forum to support this work. This group is new and as it grows, we will ensure that it can help our ongoing review of SEND provision to ensure that our plans respond to the views and ideas of young people directly



In developing how the Children's Alliance Board operates, work is underway to strengthen arrangements to support young people's engagement in the Board's decision making and provide key inputs, for example in the engagement work taking place to gather young people's insight as we build on a new model for children and young people's mental health that is being co-designed through considerable engagement with different stakeholders, whilst taking into account historic feedback and best practice evidence.

As part of developing the children and young people's mental health service, children, young people and their families, as well as VCSE organisations, were part of initial scoping throughout 2018, with a wide representation of stakeholders involved in numerous engagement sessions in 2019. Youth Advisory Boards have provided key input throughout, and a new Young Person's Advisory Group has been established in 2020. Co-production and engagement in this project will be facilitated by a new research & participation workstream. The model will be iterative and flexible to support development over time.

There is an established all age Norfolk Autism Partnership Board (NAPB) and a new partnership manager has been appointed by Adult Social Care to support the development of NAPB and the Learning Disability Partnership Board. They will be focusing on increasing participation and representation, particularly of young people.

Parent carers want their needs, as parent carers, to be recognised and addressed within our joint commissioning framework.

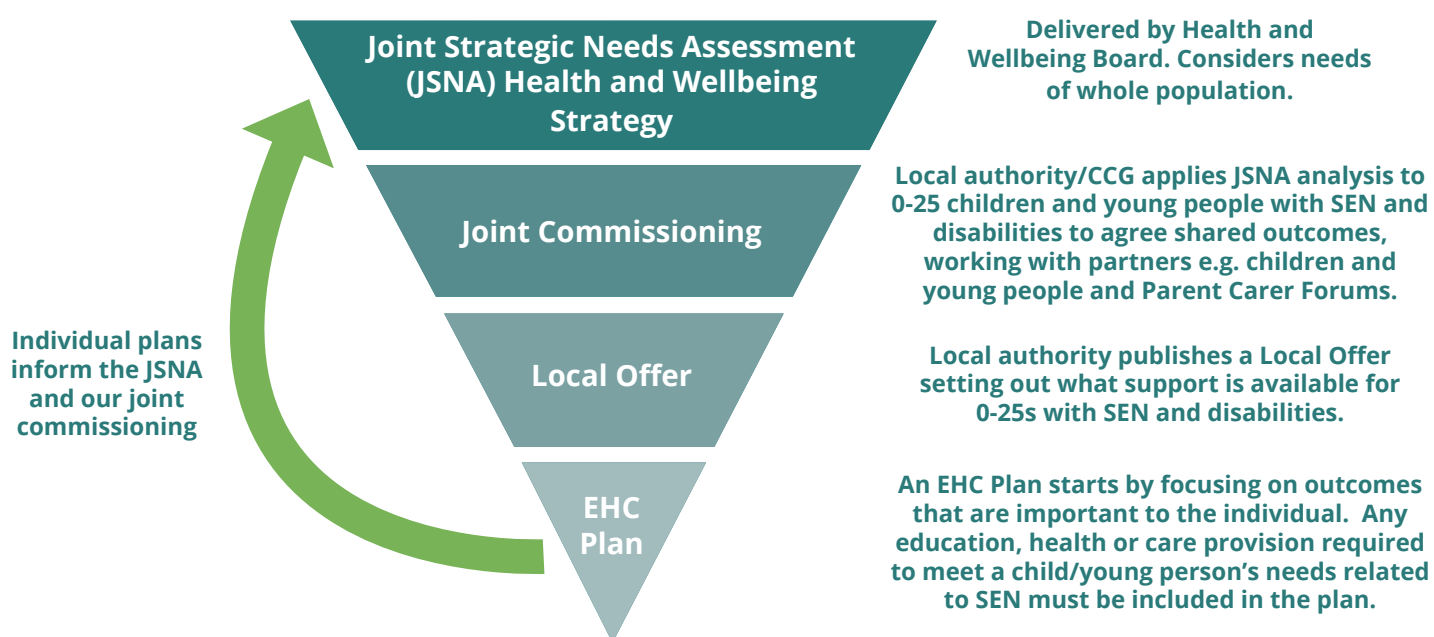
They have told us:

- They want information about support for children and families and to know where to access advice and guidance
- This support needs to be available and consistent
- Accessing services is complicated and families want 'keyworkers' to help them navigate access to support across health, education and social care
- Health, education and social care do not work together in the way they should.
- We need to share their aspirations for their children.
- Parents and Carers are experts in their own right and should be considered so by the agencies who support them



Summary of data for children and young people with SEN and Disabilities

We have analysed data within the Joint Strategic Needs Assessment in relation to children and young people aged 0-25 with SEN and disabilities, alongside data provided by the Department for Education, to inform Norfolk's Local Offer and identify areas of priority, including for our joint commissioning.



Headlines from Norfolk's Joint Strategic Needs Assessment

- More children are eligible for free school's meals than regional and national averages. At secondary level it is 14% of pupils compared to 12% nationally. (DFE 2020)
- There are significantly more emergency hospital admissions of children aged 0-1, 0-4 and 0-18 (PHE 2018/19).
- Norfolk has statistically more mothers who smoke at time of delivery (PHE 2019/20)
- Children not being absent from school in Norfolk appears positive, but persistent absence is more pronounced in Norfolk than it is in national and regional benchmarking figures (DFE 2020).



- Children from less advantaged socioeconomic backgrounds tend to be disproportionately represented amongst those with disabilities. Disabled children and their families are worse off financially and have markedly poorer standards of living than those families who do not live with disability. Expenditure is higher but opportunities for earning through paid employment are reduced, particularly for mothers. Many families are in debt and live in unsuitable housing. Children from deprived households may be more exposed to risk factors that influence their chance of experiencing disability.
- There are estimated to be around 135,000 people living in the most deprived areas of Norfolk, around 15% of the Norfolk population. These are largely centred around the urban areas such as Norwich, Great Yarmouth, and King's Lynn, as well as some market towns such as Thetford, Dereham, and Watton despite there being less deprived areas just outside the market towns.
- Key findings from the needs assessment for adults and children with autism in Norfolk (March 2019):
 - There were an estimated 9709 people of all ages with autism in 2016 of whom 2491 are aged under 18
 - An estimated 40% of people with autism may also have a mental health problem
 - An estimated 55% of people with autism may also have a learning disability
 - Gaps in services for autistic people who do not have a mental health problem or learning disability were identified
 - It recommended a need to increase awareness of autism, through focused training, to support services to make reasonable adjustments to improve access

Key data from the Department for Education Statistics: special educational needs (SEN) 2020 and 2021

Each year local authorities are required to submit information to the DfE for special educational needs; taken at a point in time each January this return is known as SEN2 and each May the DfE publish national data to enable comparison between all LAs. Therefore, the information below is a mixture taken from the January 2020 and January 2021 SEN2, with new national comparisons not available until May 2021:

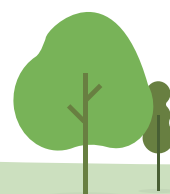
- 16% of Norfolk school aged children and young people (5-18) have special educational needs (SEN), which is around 1 in 6 or 20,000 children and young people.
- Norfolk has previously had a higher percentage of children and young people with SEN than the national and regional averages. Where in Norfolk 16.4% of children have SEN, nationally this is 15.4% and regionally 14.7%. However, we are aware that nationally rates of SEN have been rising and we anticipate that when the May 2021 national tables are updated Norfolk will possibly not be above national average.
- Overall, the SEN trend has remained broadly consistent over the last four years and Norfolk has remained around one percentage point above the national average (14.6%).

- Previously there has been an upward trend at primary level but a reduction at secondary level – the most recent data (2019/20) shows an increase again at secondary, almost back to the same levels as 2015/16.
- It is estimated that 7.3% of children and young people (age 0-18) have a disability, which equates to 13,200 individuals in Norfolk (of the 180,975 children and young people in Norfolk).
- Both disability and SEN are more commonly identified in boys than girls – two thirds (or 66%) of children and young people with SEN are male.
- Educational attainment of children and young people with SEN in Norfolk is broadly in line with national averages.
- Special Educational Needs and Disabilities (SEND) can be both a cause and consequence of deprivation. Children and young people with SEND are more likely to be a young carer and more likely to report adverse childhood experiences such as bullying and witnessing verbal and physical violence amongst adults in the home. They display lower levels of mental wellbeing and are more likely to report self-harm.
- Compared to the national average Norfolk has a higher proportion of children and young people with identified Social, Emotional and Mental Health (SEMH) and a lower proportion with Speech Language and Communication needs (SLC). For example, at a primary level 26% in Norfolk have SLA compared to 31% nationally, and 20% have SEMH issues compared to 17% nationally.
- In terms of children and young people's primary special educational need (2019), overall (primary and secondary age children combined) Social, Emotional and Mental Health (3,649 pupils) is most common, followed by Speech Language and Communication Needs (3,149) and Moderate Learning Difficulty (3,014).
- The types of special educational needs most commonly seen in primary schools is different to those most commonly seen in secondary schools. In primary schools 'Speech, Language and Communication Needs' are the most prevalent need (26% of SEN primary pupils), dropping to just 7% of Secondary pupils. For secondary schools 'Social, Emotional and Mental Health' is the most common primary need, cited by one quarter of Secondary school pupils with a SEN (25%) (this is just 20% of Primary School pupils).

Local Data

We are currently developing a Norfolk EHCP 'dashboard' to ensure that the range of available data for SEND and EHCP can be brought together in a single data set and published on the SEND Local Offer web site. This will be available later in the year and will also set out how Norfolk compares to other LAs when the DfE publishes 2021 data in May.

In 2020 Norfolk had a total of 6,689 Education Health & Care Plans and this has now increased in 2021 to a total of 7,753.



The table below show's the change across the age ranges:

Age	SEN2 data set Jan 2020	SEN2 data set Jan 2021
Under age 5	159	259
Aged 5 to 10	1746	2107
Aged 11 to 15	2236	2448
Aged 16 to 19	1775	1896
Aged 20 to 25	773	1043

- There are 2,763 children and young people (aged 1-24) on the Norfolk Register of Disabled Children and Young People (registration is voluntary and therefore not the total number of children and young people with disabilities in Norfolk). Two thirds of the children and young people on the register are male (70%). Children and young people are not registered equally across age bands with registration increasing with age (as might be expected given the time taken to diagnose issues). 2% of children on the register are aged under 5, 16% aged 5-9, 22% aged 10-14, 33% aged 15-19, 28% aged 20-24.
- A 'primary condition' is recorded for each child and the most common are Autism (41% of children and young people on the register), Attention Deficit Disorder (ADD) or Attention Deficit and Hyperactivity Disorder (ADHD) (16%) and Global Developmental Delay (GDD) (16%).
 - Key findings from Adults with Learning Disabilities Briefing Document (May 2018)
 - Almost 9 out of 10 of the 2,700 adults with learning disabilities that are known to Norfolk County Council's Adult Social Services Department are aged between 18 and 64.
 - In 2020 there will be 258 children with learning disabilities aged between 14 and 24
 - The percentage of people with a learning disability in employment in Norfolk is lower than average
 - Residential care represents the largest category of spend for adult social care, with significantly more people being supported in residential care in Norfolk than the England average
 - Norfolk has one of the highest rates of people with a learning disability known to adult social care in its group of comparator authorities
- Based on data held by Adult Services for young people aged 18-25 and who are eligible for adult social care:
 - 110 are living in supported living and a further 77 in residential care (reducing the % in residential care is a priority)
 - 293 use a day opportunity
 - 20 are in paid work (3%) and a further 18 people in unpaid work (this is a priority for increasing)

What we have done so far

Area SEND Strategy and SEND & Alternative Provision transformation.

Alongside the Strategy is also a major County Council led transformation programme based on a county-wide sufficiency strategy for Norfolk. The transformation programme is operating over a 5-year period (2019 to 2023). Taken together these SEND improvement programmes aim to have an equal focus on mainstream inclusion and increasing specialist provision.

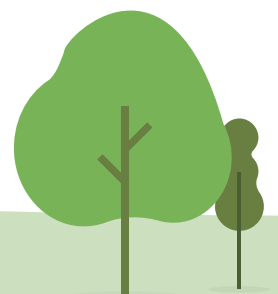
There are 4 main priorities for our improvement work:

- Supporting children and young people with SEND
- Improving what is in place for families and professionals to support children and young people with SEND
- Communicating the support and services for SEND in Norfolk
- Preparing young people for adult life

The County Council's investment of £120M capital funding will enable us to build 3 new special schools, expand current special school places and significantly increase the number of specialist resources bases hosted by mainstream schools.

Norfolk has a number of current challenges that are being addressed as part of the Strategy and through the transformation programme. This includes the timeliness and quality of education, health and care plans. At the time of the Area SEND inspection the published figures for Norfolk's completion of EHCPs was 8%. 12 months on this has increased to 20%; within the agreed action plan with Ofsted the target is 60% by the end of 2021 and 90% by the end of 2022 (to move Norfolk to the national average and then onward to be one of the highest performing local authorities).

Clarifying who has lead responsibility in a complex landscape will be important. This will help to ensure there is an integrated health and local authority offer for children with SEND. This requires an understanding of the sufficiency of CAMHS support, Speech Language Therapists, Educational Psychology, Clinical Psychology, Occupational Therapy and School Nursing specifically. Developing sufficiency needs to take account of the context of a diminishing financial envelope across education, health and social care, alongside continuing demand. Consideration needs to be given to what preventative programmes can be put in place to help manage future demand.



Schools are telling us, although they know some element of funding is delegated, that we need to find better ways of supporting children and young people with SEND through the whole system, especially those at risk of permanent exclusion from school.

Children and Young People's Mental Health Transformation

In response to the Local Transformation Plan (LTP) aspirations, the NHS Long Term Plan for Norfolk and Waveney, local needs, and stakeholder feedback, an innovative and transformational model and way of working is being developed using the iTHRIVE framework, building on the commitments identified by system partners. Instead of a tiered system that creates gaps and exacerbates long waiting times, the model focuses on the needs of individual children, young people and young adults. Our new approach will build on the system's experience of working 0-25 years, and will embrace some core principles:

- **0—25 years:** any child, young person or young adult up to their 26th birthday will be served by this approach in all settings and in all areas of Thrive methodology.
- **A focus on Thriving:** investing in early prevention and aiming to return those with difficulties to a Thriving state.
- **Working as a single system,** with shared case management, agreed goals, performance management and assessments across providers. This will enable families and young people to tell their story once.
- **Clear access routes** for children, young people, young adults and professionals working across systems removing the need to re-refer (so children and young people are not moved to the end of another waiting list), if a system partner is better placed to meet the need.
- **Community Based:** serving local communities and building community capacity. We are mindful that children and young people's communities may not reflect a geographical location.
- **Relationship focused:** reducing 'hand-offs' and reducing the amount of times children and young people need to tell their story.
- **Multi-agency multi-disciplinary teams** that provide support to families, professionals, and universal settings (especially schools).
- **Goal-focused and episodic interventions:** involving children, young people and young adults in setting goals and making choices.

The focus of the first phase of transformation (January – October 2020) was on delivering the first iteration of a different way of accessing support and advice, and a different way of working together for existing mental health providers (shared assessment, outcomes and processes / procedures) at pace.



It was initially unclear what the impact of COVID was going to be on programme delivery, but despite certain challenges some key transformation goals are already starting to be delivered:

- Children, Young People and Families (CYPF) have a much simpler and clearer means of accessing advice, support and help, including a single web page with coordinated system-wide information <https://www.justonenorfolk.nhs.uk/mentalhealth>.
- There is no need for a referral, CYPF can access the first iteration of our Advice Service now.
- System partners are liaising together, sharing processes and procedures, and working to manage the complexity of pathways and referral routes, e.g. daily joint triaging and a shared assessment.
- Kooth www.kooth.com was always regarded as an aspirational addition to system capacity at some point in the future, but due to COVID 19 this online counselling and peer support service was prioritised and commissioned from the beginning of May for 11 – 25 year olds in Norfolk & Waveney. It is now regarded as a key part of our ongoing system offer.

Early Childhood transformation

Building on Norfolk's engagement with the national Early Years Transformation Academy in 2019, led by the Early Intervention Foundation, work is progressing with partners including Norfolk's Healthy Child Programme, early years and midwifery services, to strengthen our early childhood system approach, improving early help for families with children aged under 5, including those with additional needs. Our new commissioned Early Childhood and Family Service was successfully mobilised in October 2019.

Speech and Language services

Work is underway to jointly commission a new integrated speech and language therapy service for Norfolk and Waveney from August 2021. This significant piece of joint commissioning is bringing together previously separate commissioning activity within the local authority and the CCG, with the ambition to secure a balanced model of speech and language. It is being led by a project board with leads from learning and inclusion, CCG and Children's Services commissioning.

A multi-agency early years' strategy is in place, with a clear narrative on SLCN and the local authority and CCG are working towards joint early years commissioning. There is a strategy for building early years' workforce capacity and capability including promoting skills for SLCN development. Shared early years' pathways have been developed and work continues to develop an Early Years outcomes framework that includes SLCN.

Neuro Development Disorder Pathways

In 2019, system partners commissioned Rethink Partners to review our all age Neuro Development Disorder (NDD) pathways. The review identified the fragmented commissioning and funding across health and care as a challenge and concluded that this was reflected in people's experience of uncoordinated provision. It also identified that there are significant waits for assessment and diagnosis.

Whilst the report concluded there are skilled and committed clinicians and practitioners working in services across Norfolk and Waveney, provision is fragmented and disconnected. It identified gaps in provision of specialist care and support and said more could be done in mainstream services to make reasonable adaptation, particularly to support people with their mental health and wellbeing. The experience of people living with NDD conditions is variable and often challenging. The key messages were:

- Waits for assessment are too long
- Pre and post diagnostic support do not meet the expectations of people using the service
- The NDD workforce is fragmented across multiple providers and delivers in isolation
- Pathways are too complex for people and professionals to navigate
- There are gaps in provisions
- Commissioning is too fragmented

Work has started on the children and young people NDD transformation programme. Parent and professional information packs have been co-designed with stakeholders during 2020 and health providers have agreed to sharing consistent information regarding support for parents in relation to NDD. Health and education have also worked together to include a school checklist where assessments and referrals to NDD teams are being considered. This will mean that the right support is in place to meet the educational needs of children regardless of a diagnostic outcome. Work continues to look at family support.

Additionally, two-year funding has been identified for a commissioning lead to coordinate the development and delivery of a whole system NDD improvement plan. The post will be hosted within the Clinical Commissioning Group and will work with existing commissioning and delivery leads across the system to achieve system improvements and redesign.



Joint Commissioning Forward Plan in Norfolk (2020 – 2022)

We have a number of priorities for our joint commissioning over the next 2 years. These include both strengthening our approach to joint commissioning as well as jointly commissioning a number of services for children and young people. This activity will be alongside our continuing work to transform and improve services for children, young people and families including:

- Continuing to transform our mental health services for children and young people in Norfolk and Waveney
- Continuing to transform our SEND provision in Norfolk
- Providing a more integrated experience of our commissioned specialist 18+ learning disability health services and improving transition
- Increasing the number of young people with SEN and Disabilities who take part in paid work and volunteering

In terms of strengthening our approach to joint commissioning:

- Improving our use of data and analysis of needs including from EHCPs, JSNA and insight from service users, to inform our joint commissioning
- Establishing clearer and effective governance arrangements to enable effective joint commissioning
- Strengthening opportunities for co-production with parent carers and young people within our joint commissioning
- Developing clear arrangements across education, health, social care and adults to jointly fund complex cases
- Improving our joint commissioning arrangements for young people aged 18-25

In terms of jointly commissioning specific services for children and young people:

- An integrated speech and language therapy service for Norfolk and Waveney
- An integrated Occupational Therapy offer for Norfolk and Waveney
- Support for parent carers, including information, advice and guidance, short breaks and wider support
- Domiciliary care and home-based support, including for Continuing Health Care cohorts
- Developing a joint approach to person centred commissioning including use of personal budgets
- Improving and developing NDD assessment & support for children and young people aged 0-25
- Developing a 'Housing with support' offer for 16+ young people with additional and complex needs

