

Joint Commissioning

Speech and language therapy must be treated as special educational provision where it 'educates or trains' a child unless there are exceptional reasons for not doing so.¹



What does the Code say²?

A major element of the reforms in the new Children & Families Act (2014) is the requirement that Education, Health and Social Care work together effectively to improve outcomes for children and young people with Special Educational Needs and/or Disabilities (SEND). The Code of Practice gives flexibility to agencies to decide how to make this system work at a local level, and to design local services to fit the needs of the population. However, there are some key requirements:

- In every Local Authority there must be Joint Commissioning Arrangements (JCA) between the Local Authority (LA) and the relevant Clinical Commissioning Groups (CCGs).
- The Local Authority must also make arrangements with NHS England to agree joint commissioning arrangements for disabled children and young people with Special Educational Needs (SEN) who require specialist services commissioned directly by NHS England. This would include securing equipment for augmentive and alternative communication (AAC).

The Joint Commissioning Arrangements must set out the following:

- The Education, Health and Social Care provision reasonably required by local children and young people with SEND aged 0-25 years, both with and without EHC plans. This should draw upon local information and data.
- How this provision will be secured and by whom.
- What advice and information about Education, Health and Social Care provision is available, and who is responsible for providing this advice.
- How children and young people with SEND are identified.

A little more about...

Clinical commissioning groups (CCGs) are NHS organisations set up under the Health and Social Care Act (2012) to organise the delivery of NHS services in England. They include all of the GP groups in their geographical area. The aim of this is to give GPs and other clinicians the power to influence commissioning decisions for their patients.

A little more about...

Reasonably required is a legal definition defined in case law as what an average person would ask or do (what a reasonable man would do). This principle contained within the code has not yet been tested in a court of law therefore it is difficult to know how the definition of a reasonable request will be tested.

The JCA must also include arrangements and responsibilities for securing outcomes and personalised services for children and young people aged 0-25 with SEND, specifically:

- Securing Education, Health and Care assessments;
- Securing the Education, Health and Care provision specified in EHC plans; and
- Agreeing personal budgets.

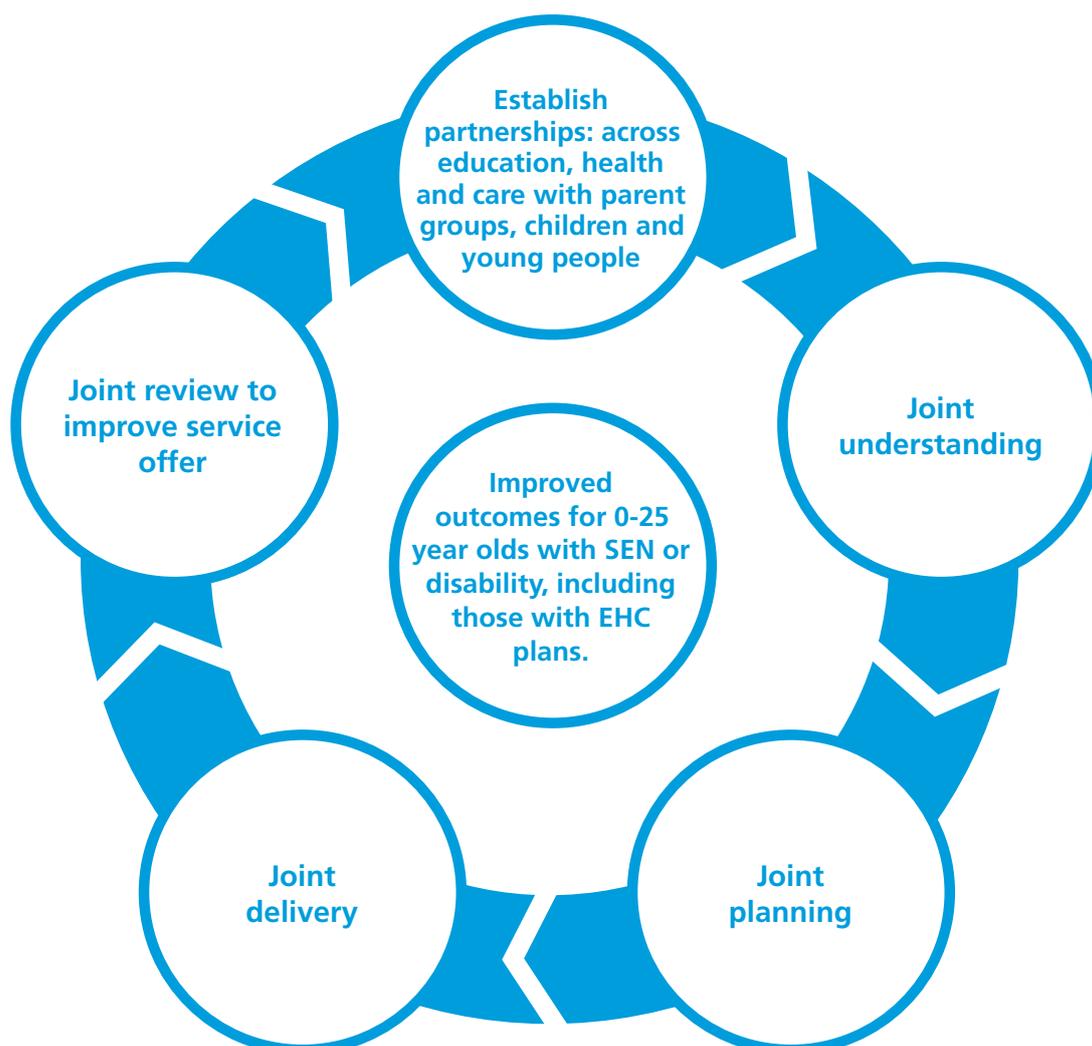
The joint commissioning processes must underpin the Local Offer- the Local Offer will present the outputs of joint commissioning publicly. See the section on the [Local Offer](#) for more information.

There is also a requirement that children, young people and their families are engaged at a strategic level in commissioning decisions. Local Authorities, CCGs and NHS England must develop effective ways of engaging with their communities including children, young people and their families so that commissioning decisions on services for those with SEND are shaped by users' experiences, ambitions and expectations.

To do this, local partners need to develop a shared vision together for children and young people with SEND and their families, and to formulate a clear plan for how to achieve this. This will require a thorough understanding of needs and how they are currently met by Education, Health and Social Care provision, and the identification of current gaps in the provision.

Commissioning also requires flexibility to monitor the changing needs of the local population. There needs to be clear mechanisms to assess if the available provision is improving children and young people's outcomes.

The Code of Practice follows a joint commissioning cycle based around the principles of joint understanding, planning, delivery and review.





What are the Key Issues for SLCN?

- The commissioning of Speech and Language Therapy has been largely determined by local arrangements between the health service, local authorities and also individual schools in some instances. This has led to different levels of service available according to who is locally responsible for providing the service.
- Children and young people with Speech, Language and Communication Needs (SLCN) can easily fall through the gaps in provision. There is strong evidence that children with SLCN are under identified or misidentified. In some areas local policy and practice isn't enabling consistent identification of all children with SLCN; children and young people are being missed.
- Another issue is that, as Speech and Language Therapy (SLT) is deemed part of special educational needs provision, rather than a health provision, this places a duty on local authorities to take a lead in providing SLT. However Speech and Language Therapists are more generally employed by the NHS, so there is a need for the NHS to support this provision as part of the Joint Commissioning Arrangements.

Research snapshot...

A key finding from the Better Communication Research Programme (BCRP) is that many children and young people with SLCN will not be eligible for EHC plans despite difficulties with accessing the curriculum. Health and education need to work together to design and commission needs-led local services that consider universal as well as targeted and specialist approaches to improving children and young people's communication skills.⁴

Research snapshot...

Research shows that early years practitioners may only accurately identify 50% of children with SLCN. Parent reports and practitioner views are not enough, and children are often missed.⁵



What are the Key Strategies for SLCN?

- Commissioners need to look at the best use of **Speech and Language Therapy expertise in supporting the children's workforce**. Good practice under this model would be to enable appropriate Speech and Language Therapy commissioning at universal and targeted levels, as well as at the specialist level.
- Schools need to consider and understand models that enable **effective and cost efficient allocation of resources to support SLCN**, including use of specialists within the classroom, through effective training and professional development, targeted interventions and direct specialist support.
- **Speech and Language Therapy should be a major focus of the JCA**. This is because most children and young people in receipt of an EHC plan are likely to have some level of SLCN, because of the role of speech, language and communication across a wide range of SEND. Speech and language specialist input will be vital in assessing need and formulating a plan to address those needs.
- There is clear evidence available around the prevalence of SLCN and where geographically there are highest levels of need. By checking identified need against the estimated prevalence, **local authorities can gauge levels of under-identification presently, and put in place systems to address this. Services can then be commissioned based on a more accurate view of need**. It is important that Commissioners look at a needs-led model rather than an impairment based model.

What does success look like?



From a practitioner's point of view:

- Our Local Authority has forged good connections across health, education and social care.
- We feel that our Commissioners know our local population and its needs.
- Commissioners respond to changes in provision required.
- We have effective models of service provision commissioned.
- Targeted and universal services are commissioned alongside specialist SLT provision.



References



1. SEND code of practice 4.40 and 9.74
2. SEND Code of Practice chapter 3; 3.3, 3.9, 3.10 - 3.13,3.18,3.36, 3.38, 3.45, 3.59
3. SEND Code of Practice 3.10 P41
4. Law J, Lee W, Roulstone S, Wren Y, Zeng B & Lindsay G (2012), *“What works” – interventions for children and young people with speech, language and communication difficulties*, Better Communication Research Programme
5. The Communication Trust *A Generation Adrift*, (Jan 2013) P14



There is a wide range of other guidance available to help practitioners deliver the Reforms which Communicating the Code seeks to add to rather than duplicate. Follow [this link](#) to find additional resources and support and [this link](#) to see examples of good practice and case studies relating to the Code of Practice.

This document can also be downloaded from our website at www.thecommunicationtrust.org.uk
