

Joint commissioning

The (0-25) Special Educational Needs Code of Practice is statutory guidance from the Department for Education on duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 and associated regulations, including the introduction of 'joint commissioning'.

Who must local authorities work with in planning and arranging joint commissioning?

From September 2014, local authorities in England and its partner clinical commissioning groups must make arrangements to deliver the education, health and social care provision for 0-25 year old children and young people that the local authority is responsible for who have SEN. To do that, the local authority must work with:

- Children and young people with SEN, and the parents of children with SEN, in its area;
- The governing bodies of maintained schools and maintained nursery schools in its area;
- The proprietors of Academies in its area;
- The governing bodies, proprietors or principals of post-16 institutions in its area;
- The governing bodies of non-maintained special schools in its area;
- The advisory boards of children's centres in its area;
- The providers of relevant early years education in its area;
- The governing bodies, proprietors or principals of other schools and post-16 institutions in England and Wales that the authority thinks are or are likely to be attended by children or young people for whom it is responsible;
- A youth offending team that the authority thinks has functions in relation to children or young people for whom it is responsible;
- Such other persons as the authority thinks appropriate.

What are the NHS mandate objectives relevant to joint commissioning?

The NHS mandate objectives relevant to joint commissioning include:

- Improving partnership across different services for children and young people with SEN or disabilities. The Board has a responsibility to ensure that they have access to the services identified in their agreed care plan;
- Giving parents of children who could benefit from it the option of a personal budget based on a single assessment across health, social care and education;
- Improving integration across health services, including the transition between children and adults services;

- Health services working with wider stakeholders, such as schools, to improve health outcomes;
- Mental health having the same importance as physical health throughout the NHS, and an emphasis on increasing young people's access to mental health services.

What is the Designated Medical Officer?

The (0-25) Special Educational Needs Code of Practice defines the Designated Medical Officer as:

The designated medical officer for SEN (who might be an employee of an organisation such as a CCG or NHS Trust), has responsibility for co-ordinating the role of the health body in statutory assessment. The officer must work strategically across health, social care and local government, and have good relations with local commissioners who are partners in the joint arrangements for SEN, working to ensure effectiveness in co-operation, and encouraging and supporting the optimum use of flexibilities for joint working (e.g. through partnership arrangements and pooled budgets).

They must provide a means for the local authority to access expert medical advice – for example, on whether or not a child can attend school, or on medical evidence provided in support of a school application - but may also be required to provide or facilitate access to, advice or support for the health community on SEN, particularly when health services are preparing reports on children. Whilst the advice and support may be provided by a number of health and care professionals as appropriate, the designated medical officer must be an identified, qualified and registered medical practitioner, with the appropriate training and/or experience to exercise this role in relation to children and young people with SEN.

The designated medical officer should ensure all early years providers, schools and colleges in the local authority have a contact for seeking medical advice on children who may have SEN, and should ensure other agencies are fully engaged with arrangements for ensuring appropriate statutory notifications are made. For example, the designated medical officer must ensure that there are arrangements in place to ensure local health services (including primary medical services and secondary care) are able to inform the local authority of children who they think may have SEN.

Sources:

Department for Education Children and Families Act factsheets, memoranda, and technical notes. All are available at: <http://www.education.gov.uk/a00221161/children-families-bill>