

Peterborough City Council Sufficiency Strategy

Children & Young People with Special
Educational Needs and Disabilities

2021 - 2024

Children & Young People with Special Educational Needs and Disabilities - Sufficiency Statement

Peterborough City Council

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FOREWORD

Draft



The Children’s Commissioning Team at Cambridgeshire County Council and Peterborough City Council are pleased to introduce you to our first Children’s Commissioning Sufficiency Strategy for Children & Young People with Special Education Needs in Peterborough City Council. The strategy is one of four strategies within an overall Joint Sufficiency Strategy, recognising that children and young people with SEND often need to be supported by a range of services, including statutory services, community-based services and services for children and young people with disabilities and complex needs. The strategy is specifically developed for Peterborough City Council; however, it is developed by a shared service across both Councils and on occasion will reference services commissioned across and/or on behalf of both Councils.

The development of this document represents the start of a dialogue between the Councils, providers of care and support for children, young people and their families and stakeholders and parent representatives, to ensure we are offering the best education and support for those living within Peterborough; and those living out of Peterborough.

Due to an increasing population; changes in the complexity of need for children and young people and the increasing demand on resources to provide critical care and support, we need to work differently with providers and build capacity in our communities to meet the needs of our families.

Co-Production is central to all our work and information from projects and strategies, including the Cambridgeshire and Peterborough SEND Strategy and SEND Pledge, that involved children, young people and their families, parent carer forums, governance groups schools/settings were all considered in the drafting of this strategy. However due to Covid-19 consultation and engagement was limited. Parent Carer Forums and stakeholders specifically requested a formal consultation be avoided during the pandemic, as parents were managing resilience and conflicting priorities, however a formal consultation was conducted before final publication to ensure engagement.



1

Executive Summary

There is an increase in population growth within Peterborough that is faster than national averages, as well as a growth in neighbouring local areas such as Cambridgeshire, which continue to increase a reliance on cross border access to provision, coupled with a joint clinical commissioning group that spans both local areas.

Peterborough City Council already and will continue to see rises in Education Health and Care Plans in Peterborough, as well as children and young people requiring SEN support, in line with that seen both regionally and nationally.

Peterborough have been successful in maintaining relatively comparable rates of growth in relation to both SEN Support and EHCPs; and have seen a lesser increase in demand for EHCP's post 16 and post 20 years.

We know that both Covid and increasing rates of deprivation in Peterborough is likely to further increase the need for specialist provision across the local area, as well as the increasing in complexity of the needs of children and young people, the rise in children and young people with learning and/or complex physical disabilities and health needs; and the development of neighbouring health services that are likely to attract families with more complex system needs into the local areas.

This statement sets out the provision available within Peterborough's local area, the extent to which it is meeting need and the future demand and potential gaps. This, couple with a range of policy factors identified within the statement brings about a range of commissioning gaps and actions required to ensure the needs of children and young people are met, within the local area, at the time it is needed.

This statement has identified a need for us to continue to strengthen our strategic relationships with the independent sector to support our local offer, support schools through the provision of robust forecasting information so that they can design and develop services to meet need, as well as to respond to commissioning gaps identified through local area inspection and through feedback and engagement with children, young people, families, providers and stakeholders.

The statement looks to explore how to grow and develop post 16 provision, co-producing our offer with children, young people and their families, including improving the voice of those seldom heard or not heard at all. In addition, there needs to be an improved offer of maintained special school provision in response to rising numbers of EHCP's and the over subscription of existing provision.

Commissioners from across the local area will work together to continuously review, improve, and close gaps within services. This includes services such as therapies, equipment, and mental health services, as well as jointly commissioned education and social care provision for children and young people.

2

Introduction

Peterborough City Council has a statutory duty to ensure there are enough, high-quality education, health and social care provision across the county to meet the diverse educational needs of Peterborough children and young people and help them achieve the best possible outcomes. To do this we must work with children, young people, and their parents/carers to co – produce the design of our future service provision, as well as collaborate with education provision to provide a range of schools, settings and specialist provision for children and young people with Education Health and Care Plans

This sufficiency statement describes the current sufficiency and market position within Peterborough and the main challenges we face in meeting the need and demand for specialist educational provision for children and young people.

We have listened to what children and young people with Special Educational Needs and Disabilities (SEND) and their families and carers have told us about their experiences and views within the SEND Strategy 2019-2024.

The strategy is a key delivery mechanism for achieving our vision and priorities for SEND provision as set out within the SEND strategy, to deliver the right services in the right place, at the right time.

Peterborough City works in partnership with Cambridgeshire and Peterborough Integrated Care Board¹ to ensure the needs of children and young people with special education needs, disabilities, complex health needs are met and work with Parent Carer Forums and Stakeholders in the design of services.

This statement provides an overview of need, future demand, and current provision; and outlines how the Council intend to offer education in the future within the resources available, to help children and young people achieve their aspirations and ambitions as independently as possible.

A range of datasets have been drawn on to formulate this strategy, including the SEN2 return, Public Health Autism Needs Assessment, LG Inform, Local Data, National Data and Census.



We have high aspirations for all our children and young people and want to ensure they have the right support, that is provided in the right place and at



the right time so that they can thrive and be the best they can be.

SEND Strategy 2019-2024

¹ This will be superseded by the Integrated Care System and will therefore be known as such

Covid-19

The full impact of Covid-19 has yet to emerge. We know, parent carer and family resilience has been impacted and this has led, and may continue to lead, to an increased need for support at home, in the community and in Schools. Children and young people's mental and emotional health will also have been impacted upon, and as such demand for specialist support such as catch up on education provision, specialist interventions and therapies and creative education solutions to promote inclusion and encourage children and young people back into schools.



Vision

This Sufficiency Strategy is underpinned and informed by a co-produced SEND Strategy which outlines that Peterborough have a vision, which is for children and young people to:

- lead happy, healthy, and fulfilled lives, having choice and control over decisions about their health, education, employment, friendships and relationships
- achieve in line with, or better than, expectation in their early years, school, further education and training
- successfully participate in the community and access meaningful occupation, employment and life-long learning opportunities

Families, support services and educational settings have agreed on the attitudes, values and practices expected when working with or caring for children and young people with SEND. We have a number of commitments that underpin how we work together and provide support. These describe an agreed culture that is crucial to the success of the delivery of our SEND Strategy. Our commitments form a pledge to our way of working and are based on seven important outcomes.



In summary this means children and young people will be able to:

Dream big - Achieve well - Have choice - Control - Lead happy and fulfilled lives

The Strategy has three primary themes, including Theme Three “Right Place, Right Time” which requires Commissioners to develop this strategy, the Children’s Commissioning Sufficiency Strategy. Commissioners brought together feedback from the SEND Strategy and Action Plan, as well as three further Sufficiency Strategies that together recognise that Children and Young People with SEND may also have a disability, complex needs, be a Child in Care and/or access wider Children and Family Services.

4

Legislative Context

In 2014 legislation and guidance came into effect overseeing the provision of support for children and young people with SEND, defined by the SEND Code of Practice as having ‘*a learning difficulty or disability which calls for special educational provision*’. These set out clear expectations for local areas on the participation of children and young people and their families in decision-making at individual and strategic levels; the provision of a range of high-quality services that meet individual needs and are focused on improving outcomes; and preparing young people with SEND effectively for adulthood.

Other changes included:

- the introduction of SEN Support, replacing School Action and School Action Plus;
- a co-ordinated assessment processes and 0-25 Education, Health and Care Plans, replacing Statements of Special Educational Needs and Learning Difficulty Assessments;
- guidance on joint planning and commissioning of services;
- duties to publish a Local Offer of services and
- guidance on supporting children and young people with SEND who are in youth custody.

Local Authorities have duties under section 14 of the Education Act 1996 to ensure there is a sufficiency of school places available to meet the needs of all children and young people living within the authority area, or for whom they have responsibilities. This includes having regard to the need to secure provision for children and young people with SEND, and to keep these arrangements under review in line with section 315 of the 1996 Act.

The local area of Peterborough includes Peterborough City Council (PCC) along with Cambridgeshire & Peterborough Clinical Commissioning Group (C&PCCG), Public Health and NHS England for specialist services, Early Year's settings, schools and further education providers. The Children's Commissioning Team operates across CCC and PCC as a shared Council function with shared governance (for more information on our governance arrangements see the SEND Children's Commissioning pages ([Joint Commissioning - Children's Services](#)) in relation to SEND across both Councils and the C&PCCG.

The local area has arrangements in place that encompass the strategic functions of the Health and Wellbeing Board¹, operational provision of services and arrangements to meet the individual education, health and social care needs of children, young people and young adults within Cambridgeshire and Peterborough. Additionally, a programme to support a cycle of continuous improvement within the local area has resulted in a SEND Strategy, Action Plan, Pledge, and a SEND Quality Assurance Framework, all of which have been co-produced with the Parent Carer Forums (PCFs).

5

Local Authority Policy & Strategy & Inspection

The SEND Strategy 2019 – 2024

Peterborough has a shared vision, which is for children and young people to:

- lead happy, healthy and fulfilled lives, having choice and control over decisions about their health, education, employment, friendships and relationships
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Families, support services health and educational settings have agreed on the attitudes, values and practices expected when working with or caring for children and young people with SEND. We have a number of commitments that underpin how we work together and provide support. These describe an agreed culture that is crucial to the success of the delivery of our SEND Strategy. Our commitments form a pledge to our way of working and are based on seven important outcomes.

In line with national legislation, PCC have developed relevant policies and procedures for children and young people with SEND and disabilities.

[The SEND Strategy](#)

[The SEND Pledge](#)

The Local Offer

[PCC Local Offer](#)

Disabled Children's Social Care

[PCC 0-25 Disability Service](#)

SEND Local Area Inspection and Written Statement of Action

[Local Area SEND Report Peterborough](#)

[Written Statement of Action](#)

In June 2019 Ofsted and the Care Quality Commission (CQC) carried out a joint inspection in Peterborough². Under the Children and Families Act 2014, the government placed new duties on the local health, social and education services providing for children and young people with Special Educational Needs and Disabilities (SEND). The inspection evaluated how effectively the local area identified the needs of children and young people with SEND and met the needs of these children and young people so that their outcomes and chances of participating fully in society improve.

Areas of strength were identified as:

- Well established ethos of co-production and participation with young people and their families.
- Early commitment to funding the post-16 out-of-area school placements leading to stability for the families as well as the children and young people.
- Good support for families and children with complex health conditions, with training identified for schools and health services working together.
- Supported Internships well developed and is a growing provision.

The local area has been required to produce and submit a Written Statement of Action to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- Joint planning, including commissioning and intervention are not sufficiently well established to make sure that all agencies and services play an active role in meeting the requirements of 2014 disability and special educational needs reforms.

- There is no quality assurance framework for the local area’s work for children and young people with SEND. Intended outcomes for children and young people are not targeted, measured or evaluated well enough to inform leaders about the impact of the work to implement the reforms effectively.
- The current arrangements for the DCO in relation to the implementation of the reforms do not allow the postholder to fulfil the obligations of the role sufficiently.
- Early support is well embedded for children in early years but does not follow through in all areas of the lives of children and young people as they get older. It takes too long for children, young people and families to get the support they need.
- The provision for young people aged 18 to 25 is not sufficiently developed to make sure that young adults have the full range of opportunities and support that they need as they move through into adulthood.

This Sufficiency Statement will demonstrate how we are beginning to address some of these key areas of improvement in relation to the Commissioning of services for children and young people with SEND, in line with the inspection findings.



Participation, Engagement & Co-Production

In preparation for this sufficiency statement, Children’s Commissioners liaised with the Parent Carer Forum, Family Voice regarding how to best represent the views of parents, carers and young people. Due to the time of writing, Parent Carer Forums advised that families would most likely be focused on the direct impact of COVID-19 on their current provision alongside the pressures of coping in such unprecedented times. It was therefore agreed to progress the sufficiency statement based on previous engagement; including SEND Strategy and previous commissioning consultations. Therefore, feedback from parent, carers and young people will be paramount following publication in further shaping services on a continual basis and informing the strategic direction for provision.

Existing engagement measures include Parent, Carer and Young People’s Forums, Provider contractual arrangements, as well as the Local Offer website and operational staff. Parent, Carer and Young People’s Forums also support appropriate commissioning activity including supporting evaluation of tenders and collating specifications, for example Short Breaks.

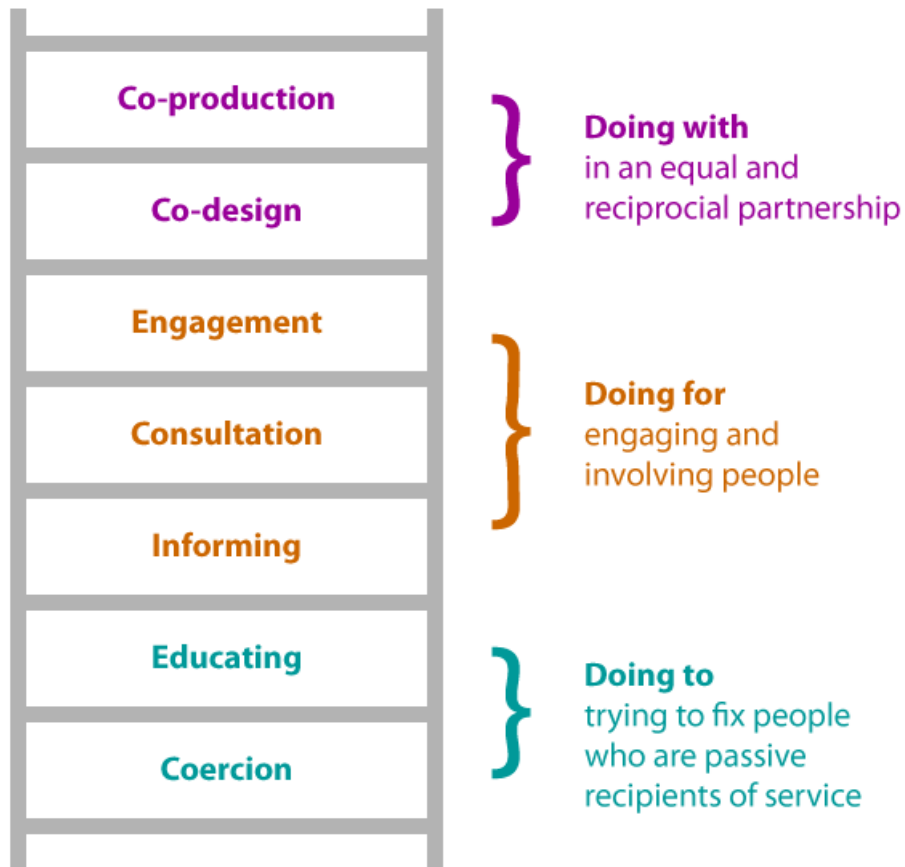
Commissioners work together with Parent Carer Forum Family Voice via the “Planning Together” meetings, where commissioning priorities are discussed and progress and action for commissioned services and activity are progressed and co-production opportunities are identified.

Our Co-Production Strategy is currently being developed in consultation with our partners, children, young people, their families and stakeholder.

However, Co-Production is currently embedded in all of our commissioning and is about involving people who use services, Carers, Families and Communities throughout the commissioning process and the lifetime of the resulting service. These groups will help to:

- Explain about their local needs, their aspirations and any resources already existing within their area.

- Make **important decisions** about what they need to ensure people have better lives and how to make these things happen.
- Be involved in decisions about what services are put in place
- Be involved in determine how well providers are doing and what they could do better



The Children’s Commissioning world is a dynamic and evolving one. We work in an ecosystem of families, communities, networks, infrastructures, services, institutions, politics and more where everything is interconnected to everything else. To address some of some of our more complex issues, Commissioners start with purposeful conversations and collaborations, bringing networks of people, diverse partners, local influencers and the community voice together to learn, adapt and improve practices. These are just a few of the agencies we work with.

Children’s Cross Regional Arrangements Group [CCRAG]

[CCRAG](#) is a partnership of Local Authorities from the East, South East and South West regions of England, including both Cambridgeshire County Council and Peterborough City Council, who are committed to working together to support the sourcing, contracting, monitoring and annual fee negotiations for children’s placement in independent and non-maintained special schools and children’s residential care homes.



Healthwatch

Healthwatch is the independent champion for people who use Health and Social Care services in Cambridgeshire and Peterborough. Their job is to make sure that those who run Local Health and Care services understand and act on what really matters to people. Healthwatch listen to what people like, or what could be improved, and then share these views with those with the power to make change happen.

healthwatch
Cambridgeshire

healthwatch
Peterborough

Parent Carer Forums

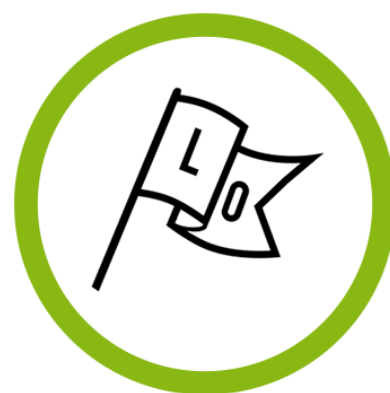
Parent Carer Forums are groups of parents and carers of children and young people with disabilities who work with local authorities, education, health and other providers to make sure the services they plan and deliver meet the needs of disabled children and families. They actively seek to improve services in all areas of the lives of children and young people with disabilities or additional needs. The elements of work they undertake include:

- Helping parents engage with professionals across Health, Education and Social Care.
- Facilitating participation in service delivery.
- Providing a voice for parents at strategic level meetings
- Holding informative events
- Helping parents and carers have access to the information about what services are available to them.

pinpoint
for parents by parents

Local Offer

The Local offer gives Children and Young People with Special Educational Needs or Disabilities (SEND) and their families information about support and services within their local area.



Recent examples of service user engagement conducted by the Children's Commissioning Team include:

[Developing overnight support for children with disabilities](#)

[SEND Strategy – Final Nov 19](#)

[SEND Strategy appendices – Nov19](#)

[Cambridgeshire and Peterborough SEND Pledge – March 2020](#)

[Our SEND Pledge](#)

Section 19 Principles

Section 19 of the Children and Families Act 2014 makes clear that local authorities, in carrying out their functions under the Act in relation to disabled children and young people and those with special educational needs (SEN), must have regard to:

- the views, wishes and feelings of the child or young person, and the child's parents
- the importance of the child or young person, and the child's parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions
- the need to support the child or young person, and the child's parents, to facilitate the development of the child or young person and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood

7

Context

The data and analysis of current service provision was collated to understand the current and projected needs of children and young people with SEN and disabilities across Peterborough [October 2021]. Most of the data presented in this section comes from the [Explore Education Statistics](#) government website and/or the Peterborough [Local area SEND report Peterborough | LG Inform](#) unless otherwise stated or footnoted. The methodology behind the data sets can be found [here](#).

The national and local population forecasts for Peterborough can be found in the overall introduction to the Children’s Commissioning Strategy [insert hyperlink]. The data provided in this section is within the context of Children and Young People in Peterborough with Special Educational Needs.

7.1 National EHCP Population Context

In England, the number of EHCP/Statements of SEN has risen significantly, from 236,806 in 2015/16 to 325,617 in 2020/21

		2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
England	EHC plans/Statements of SEN	236,806	242,184	253,679	271,165	294,758	325,618
	EHC plans/Statements of SEN (percent)	2.8	2.8	2.9	3.1	3.3	3.7

There are around 1 million children and young people [12%] of children and young people who are identified as having SEN Support in England, however this is a relatively steady increase of around 1% since 2015/16

		2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
England	SEN support	991,981	1,002,069	1,022,537	1,047,163	1,079,000	1,083,083
	SEN support (percent)	11.6	11.6	11.7	11.9	12.1	12.2

7.2 Local Population Context

In Peterborough, numbers of EHCPs are broadly in line with the rest of the East of England and slightly lower than the National average.

2020/21

England	EHC plans/Statements of SEN	325,618
	EHC plans/Statements of SEN (percent)	3.7%
East of England	EHC plans/Statements of SEN	34,866
	EHC plans/Statements of SEN (percent)	3.5%
Peterborough	EHC plans/Statements of SEN	1,382
	EHC plans/Statements of SEN (percent)	3.5%

However, for SEN Support, Peterborough has lower average numbers of children and young people identified as having an SEN need than the East of England and lower still compared to national average

		2020/21
England	SEN support	1,083,083
	SEN support (percent)	12.2
East of England	SEN support	115,648
	SEN support (percent)	11.5
Peterborough	SEN support	4,057
	SEN support (percent)	10.2

7.3 EHCP and SEN Trends

Peterborough have seen a steady rise in EHCP's over the last 5 years, with an increase of around 180 [0.2%] plans since 2015, an increase of 15%. Conversely, there has been a reduction in the number of children and young people identified as needing SEN Support, a decrease of 7%. It is possible the two figures are connected but this has not been analysed.

		2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Peterborough	EHC plans/Statements of SEN	1,204	1,231	1,236	1,281	1,323	1,382
	EHC plans/Statements of SEN (percent)	3.3	3.3	3.3	3.3	3.4	3.5

Education Health and Care Plans

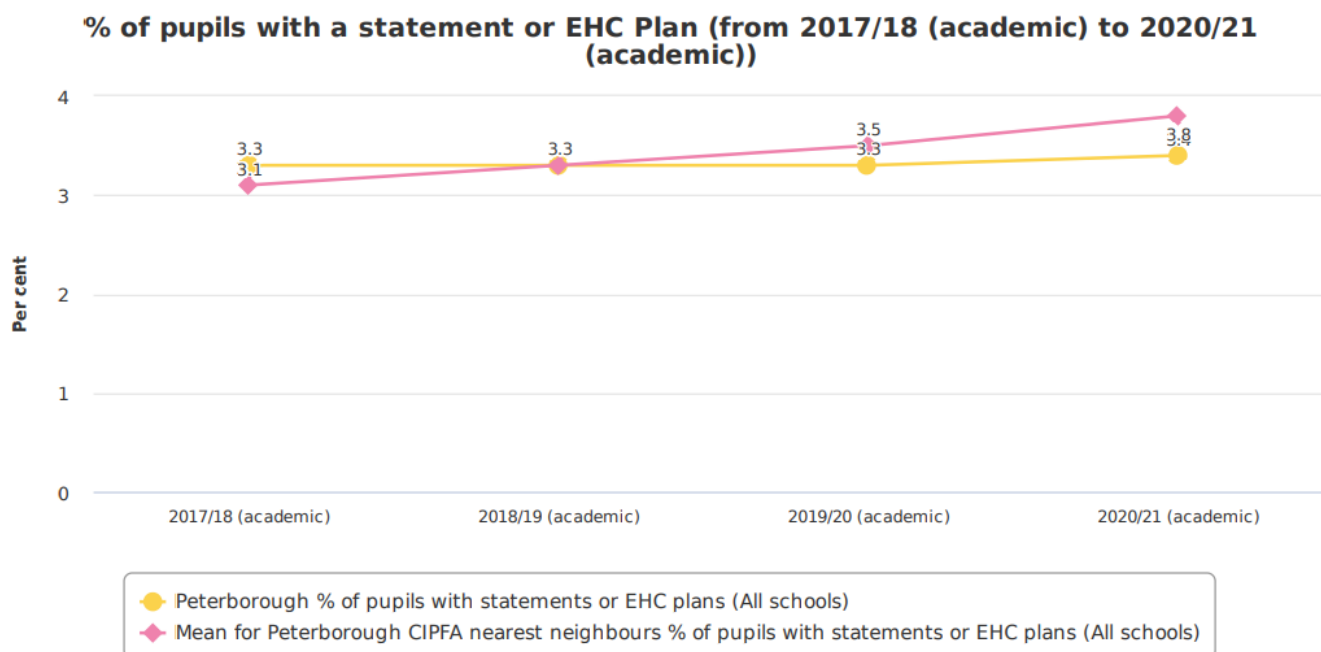
		2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Peterborough	SEN support	4,385	4,551	4,205	4,225	4,337	4,057

SEN support (percent)	12.2	12.3	11.1	10.9	11	10.2
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SEN Support

The following two tables represent information over time compared to nearest neighbours. This table shows a growing trend of EHCPs; however, the growth is not at the rate experienced by nearest neighbours.

Across Peterborough nearest neighbours, the proportion of pupils with education, health and care (EHC) plans ranges from 3.1% to 4.4%. Peterborough has a value of 3.4%, compared to an average of 3.8% in Peterborough CIPFA nearest neighbours.



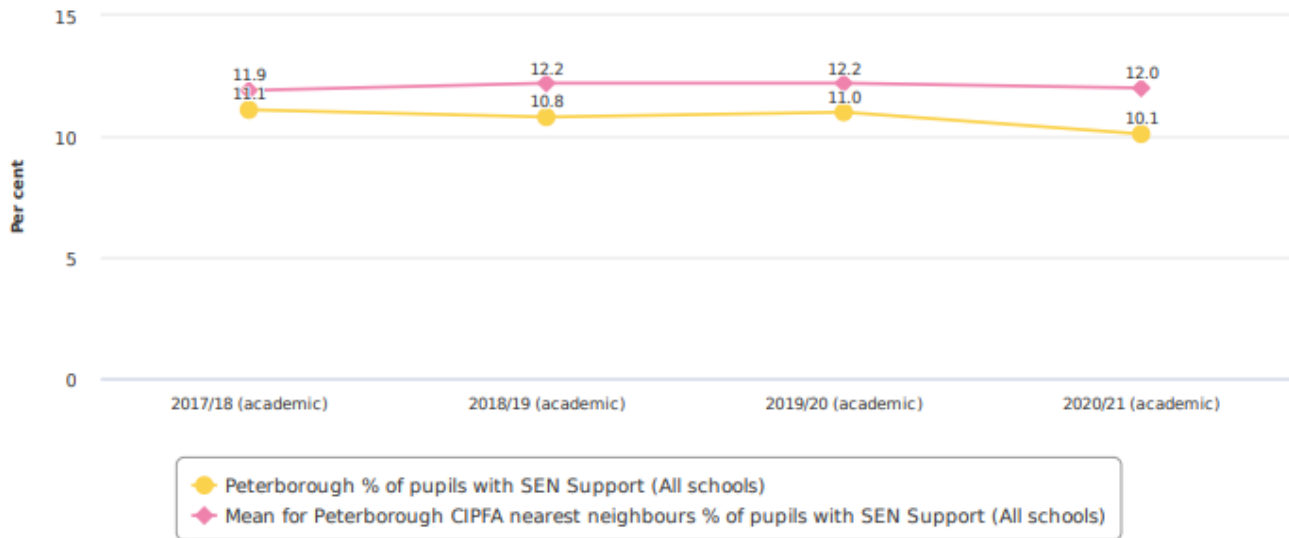
Source:

Metric ID: 2213, Department for Education, Special Educational Needs in England, **Data updated:** 06 Jul 2021

SEN support has remained steady in Peterborough, with below averages to that of statistical neighbours and a notable dip in 2020/21

For SEN support the proportion for Peterborough CIPFA nearest neighbours ranges from 9.7% to 15.2%. Peterborough has a value of 10.1%, compared to an average of 12.0% in Peterborough CIPFA nearest neighbours.

% of pupils with SEN Support in all schools (from 2017/18 (academic) to 2020/21 (academic))



Source: Metric ID: 2214, Department for Education, Special Educational Needs in England, Data updated: 06 Jul 2021

7.4 Gender

Peterborough typically has higher numbers of Girls with EHCPs that both the national and regional averages and lower numbers of Boys with EHCPs. However, for SEN Support, Peterborough has below average numbers Girls and higher than average for Boys.

The number of boys with EHCPs has steadily grown over the last 5 years but has declined at SEN Support, whereas Girls with EHCPs has remained steady over the last 5 years and number at SEN support have risen.

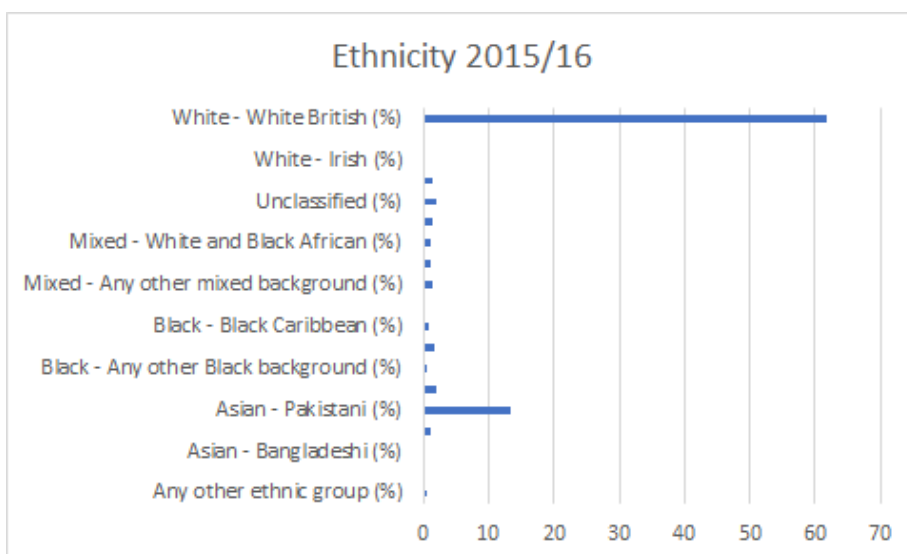
In summary, there has been a general upward trend for EHCPs for boys and downward from at SEN, this is the opposite picture for girls, with EHCPs remaining steady but SE dropping slightly.

		2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
SEN Support	Boys (%)	65.2	65.3	65.2	64.9	64.6	64.2
	Girls (%)	34.8	34.7	34.8	35.1	35.4	35.8
Statement or EHC	Boys (%)	72.9	72.9	72.9	73	73.1	73.1
	Girls (%)	27.1	27.1	27.1	27	26.9	26.9

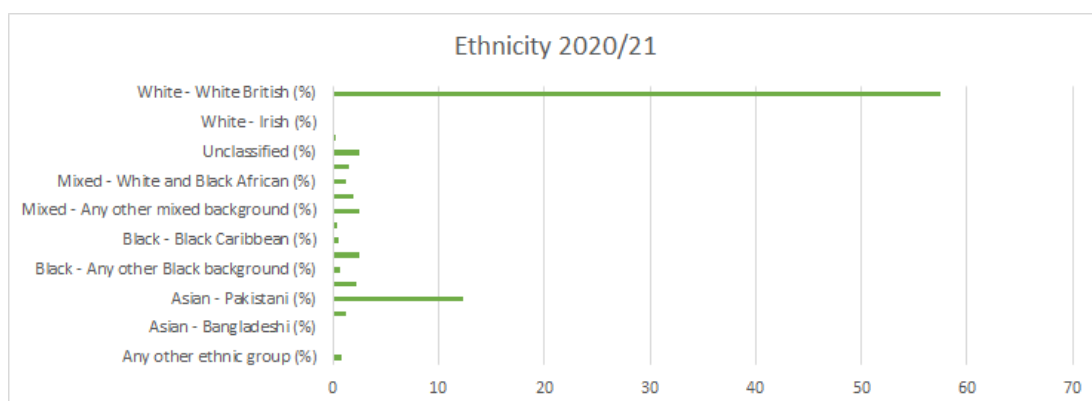
7.5 Ethnicity

Peterborough is a remarkably diverse community with around 80 different first languages spoken by its community. This is consistently reported across a range of datasets, including the 2011 census and this is reflected in the diversity of the ethnicities of children and young people with EHCPs.

The predominant ethnicity of children and young people with EHCPs in 2015/16 was White British [62%], followed by Asian Pakistani [13%].



This trend has followed through into 2020/21 with the predominant ethnicity of children and young people with EHCPs being White British [56%] followed by Asian Pakistani [12%], however there have been moderate increases in other ethnicities including Other Asian Backgrounds [2.2%], Black African [2.5%], other Mixed Background [2.5%] and unclassified ethnicities [2.5%]. This shows that Peterborough continues to be an ever-growing diverse city and a need for services to continue to respond to the needs for differing cultures, ethnicity and diversity of heritage.



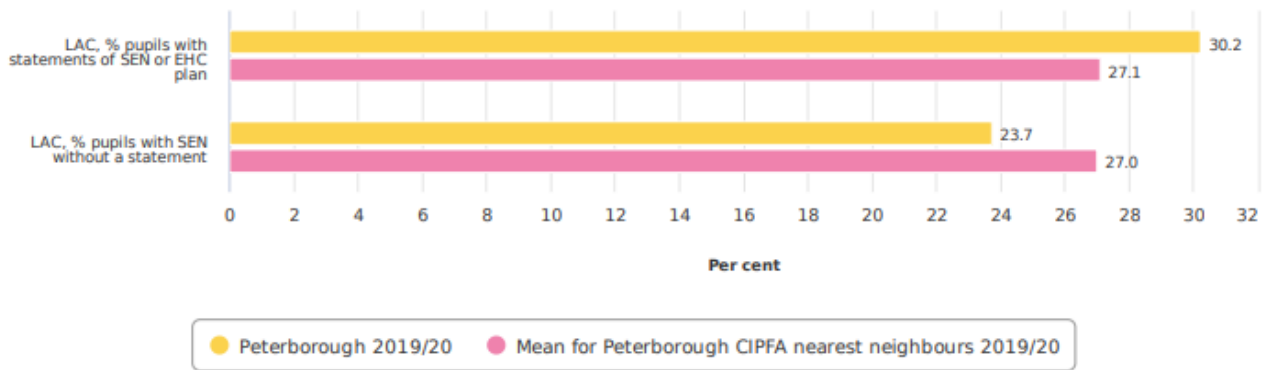
There is a notable decline in the number of children and young people from Gypsy Roma backgrounds, declining from 1.9% in 2015/16 to 0.2% in 2020/21. Numerically, this represents around 15 children and young people in 2015/16 to 3 in 2020/21, with only 1 in the previous year. This could be down to a range of factors, including the moving on of families by nature of their culture, or that PCC are not doing enough to engage children and young people, and their families into Schools and therefore not identifying or engaging families into the SEN support system.

7.6 Vulnerable Groups

7.6.1 Children in Care

For the purposes of this section, national data sets have been used for comparison, which use the term 'Looked After Children'. However, in Peterborough, children and young people prefer to be referred to as Children in Care and therefore all references to the term Looked After Children should be understood to be the term Children in Care

% of looked after children with statements of SEN and % looked after children with SEN without a statement (2019/20)



Source:

Metric ID: 2133, Department for Education, Outcomes for Children Looked After by Local Authorities in England, **Data updated:** 13 Apr 2021

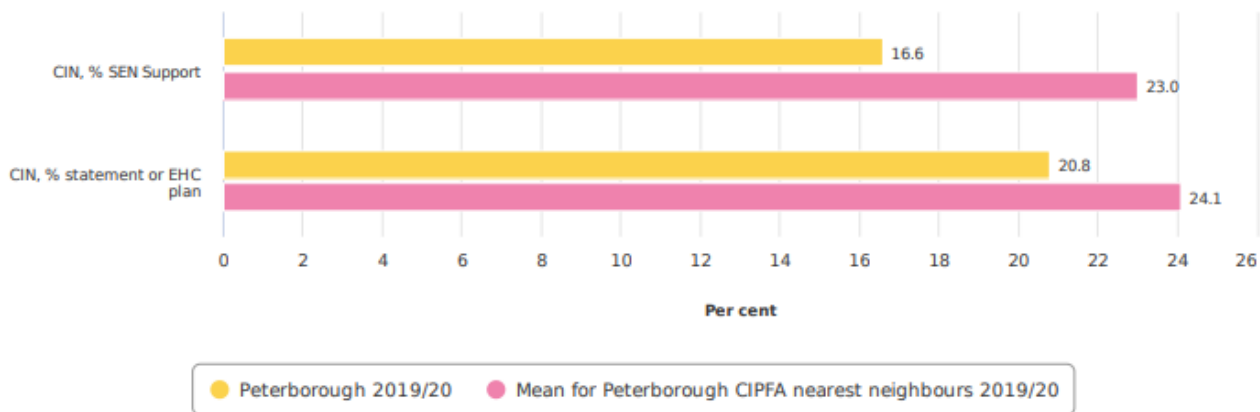
Metric ID: 2134, Department for Education, Outcomes for Children Looked After by Local Authorities in England, **Data updated:** 13 Apr 2021

7.6.2 Children in need

Children in need are defined in law as children who need local authority services to achieve or maintain a reasonable standard of health or development, need local authority services to prevent significant or further harm to health or development, or are disabled.

In Peterborough's nearest neighbours, 23.0% of Children in Need are on SEN support and 24.1% have a statement of SEN or EHC plan. In Peterborough, 16.6% of children in need are on SEN support and 20.8% of children in need have a statement of SEN or EHC plan.

% of children in need with SEN support and % of children in need with statements or EHC plans (2019/20)



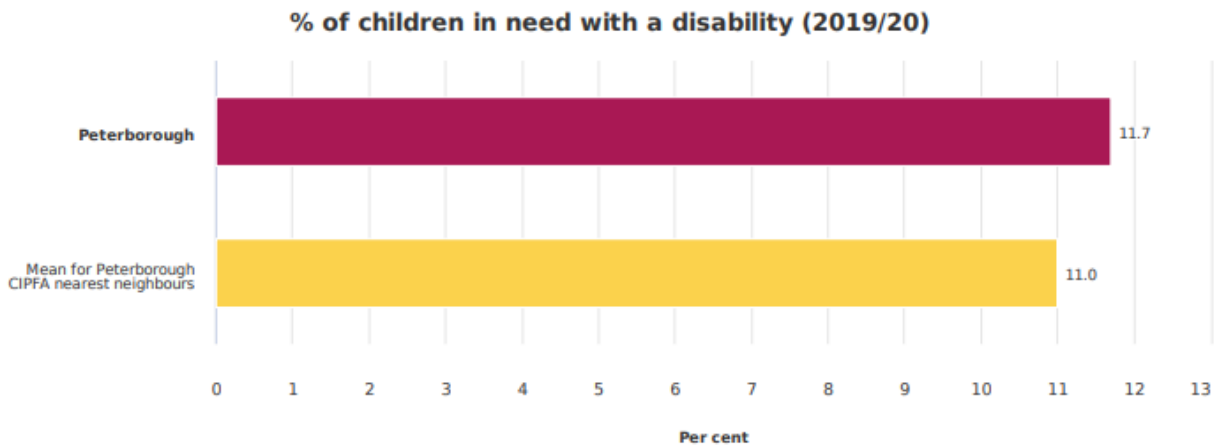
Source:

Metric ID: 4852, Department for Education, Outcomes for children in need, **Data updated:** 13 Apr 2021

Metric ID: 4855, Department for Education, Outcomes for children in need, **Data updated:** 13 Apr 2021

7.6.3 Children in need with a Disability

The number of children and young people who are considered a Child in Need with a Disability is broadly in line but slightly higher than with our neighbours



Source:

Metric ID: 2246, Department for Education, Characteristics of Children in Need in England, **Data updated:** 02 Dec 2020

7.7 Where children and young people live

As of the 20th of June 2022, we had 2263 Education, Health and Care Plans (EHCP) maintained by the local authority. This encompasses all plan holders on our records aged 0-25 (at 31/08/2022.)

There were 2020 EHCP holders placed within the Peterborough LA district area (as per establishment postcode), for 14 placement detail is yet to be entered / between placements. Remaining 229 were located outside of the Peterborough LA district area – with majority of these still nearby in South Kesteven (150), Rutland (20), Fenland (12) South Cambridgeshire (10) and Huntingdonshire (8.)

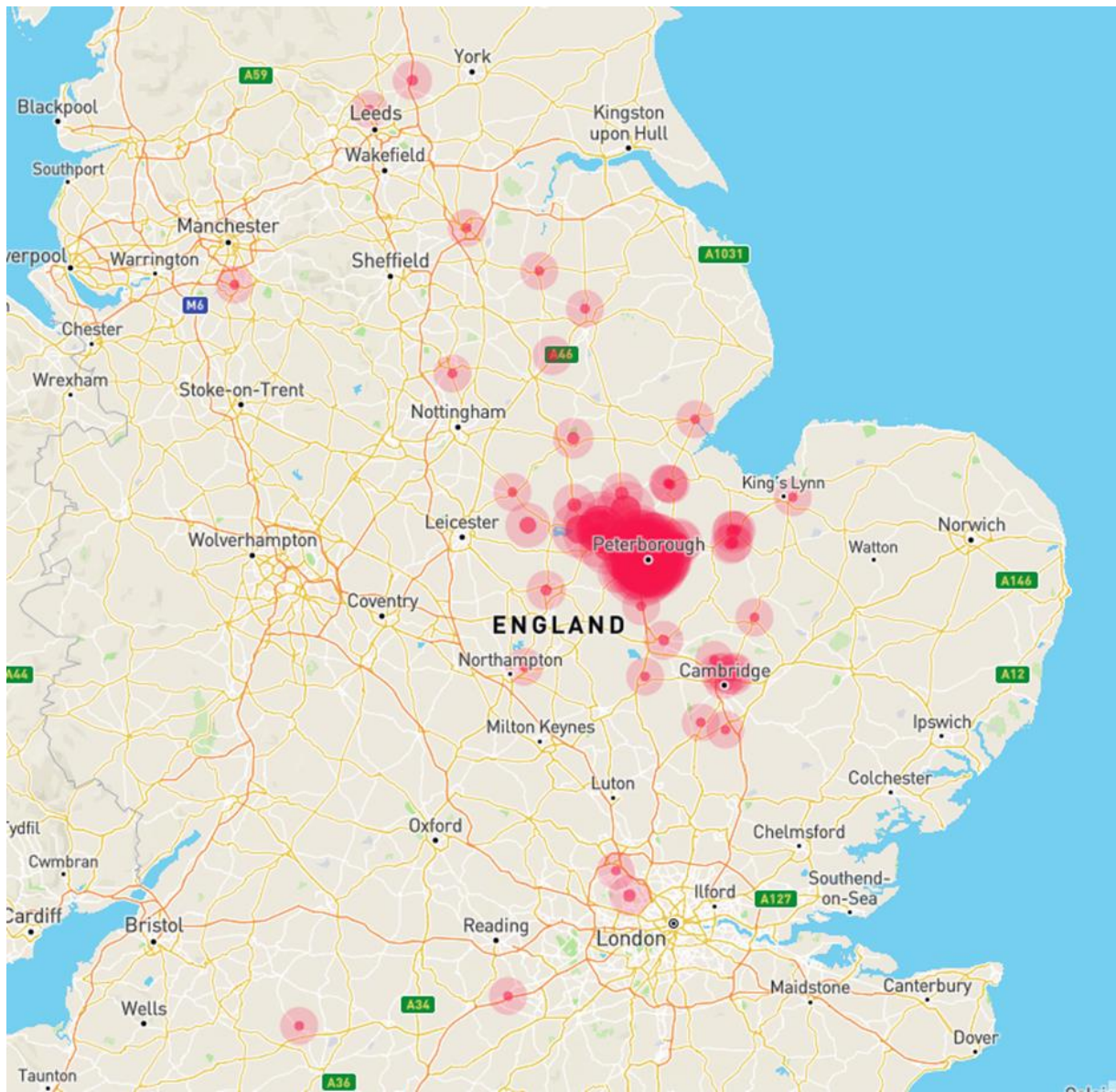
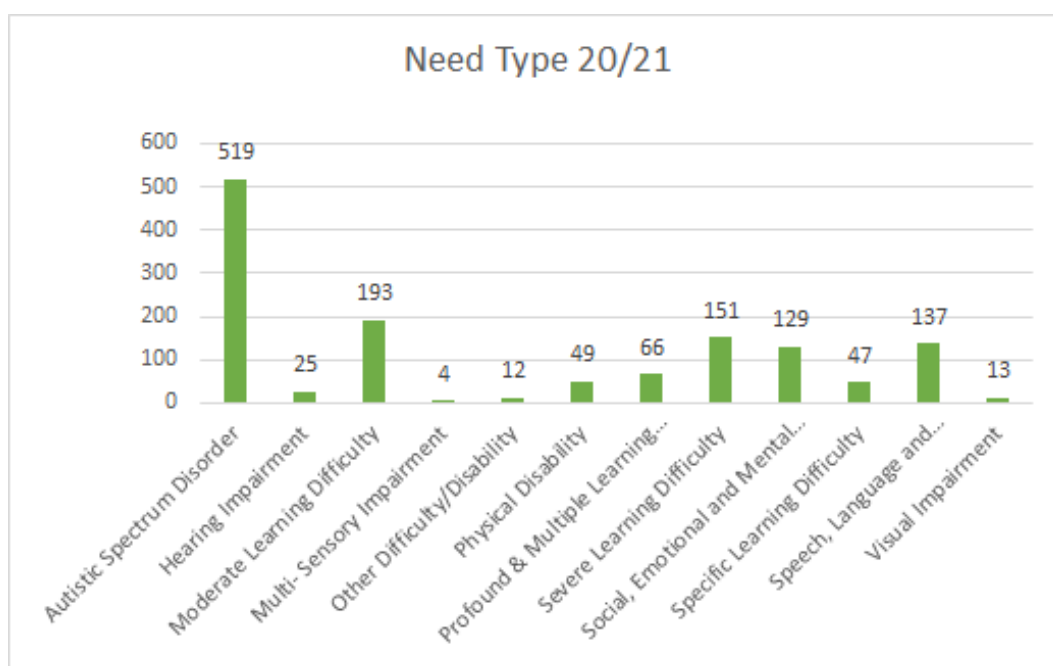


Figure 1 Distribution of 0-25 EHC plan holders across the country by provider postcode

7.8 Type of Need

Categories of Need are defined within the in 2020/21, most children and young people have a primary need of Autism Spectrum Disorder, followed by Moderate Learning Difficulty, with Severe Learning Disability, Social Emotional and Mental Health and Speech Language and Communication Difficulties the third largest categories of need.



7.7 Financial Context

7.7.1 Dedicated Schools Grant (DSG) – England

Since 2019-20 the government has delivered the biggest increase in education funding in a decade with total additional funding of £2.6 billion in 2020-21, £4.8 billion in 2021-22 and £7.1 billion in 2022-23, in total, over £14 billion across the three years. During this period the introduction of minimum per pupil level (MPPL) funding has provided a guaranteed level of per pupil funding for primary and secondary schools. For 2022-23 school funding is increasing by 3.2% overall, and by 2.8% per pupil, compared with 2021 to 2022, with the funding floor allocating at least 2% more in pupil-led funding per pupil, and a 2% increase in minimum per pupil funding levels directing further increases to the lowest funded schools.

High needs funding increased by £780m in 2020-21, a further £730m in 2021-22 and is increasing by £780m, or 9.6%, in 2022 to 2023. This brings the total national high needs budget to £8.9bn. The high needs national funding formula (NFF) will ensure that every local authority receives at least an 8% increase per head of population. The DfE have also made a technical change to the historic spend factor within the high needs NFF, following the consultation earlier in 2021. The factor has been updated to use 50% of local authorities' actual spend data in 2017 to 2018 rather than their planned spend.

7.7.2 Spend

The government recognises that, over recent years, significant pressures on high needs budgets have resulted in many local authorities accruing deficits on their DSG. This isn't the case for Peterborough who are maintaining their DSG budget without substantial deficits. The right response to tackling this is a multi-faceted approach which looks at the heart of the issues: significant increases in high needs funding nationally; targeted intervention for the local authorities which have struggled the most; and reform from the upcoming cross government SEND review. The SEND review is considering improvements to make sure the SEND system is consistent, high quality, integrated and financially sustainable for the future. As of October 2021, there is no definitive published list of DSG deficits, but

several recent independent surveys suggest the scale of deficits in several local authorities is growing at an alarming rate.

The DSG: conditions of this grant set out that any local authority with an overall deficit on its DSG account at the end of the financial year, or whose DSG surplus has substantially reduced during the year, must be able to present a plan to the Department for Education and cooperate in handling the situation by:

- providing information, as and when requested by the department about its plans for managing its DSG account
- providing information, as and when requested by the department about pressures and potential savings on its high needs budget
- meeting with department officials, as and when they request to discuss the local authority’s plans and financial situation
- keeping the school’s forum updated regularly about the local authority’s DSG account and plans for handling it, including high needs pressures and potential savings

We know there are a growing number of LA’s with in-year shortfalls in High Needs Block funding which is resulting in significant cumulative DSG deficits. However, despite several independent surveys there isn’t currently a definitive list of the deficits for each LA. We are aware that the DfE is planning to publish details at some point in the near future.



Current Service Provision

8.1 Provision Mapping

Special Educational Provision in Peterborough includes universal provision available in mainstream settings, and as part of the SEND Local Offer; targeted provision for those students identified as needing SEN Support; and specialist provision as outlined within Education, Health and Care Plans. The range of provision encompasses provision within differing settings and is outlined below:

Age	Curriculum	Broad Range of Provision
Age 0-5	Early Years Foundation Stage	Universal Nursery Provision
Age 5-11	Key Stage 1 and Key Stage 2 [KS1 and KS2]	Universal Primary School, Targeted SEN Support and Specialist Maintained Special School and ISEP’s
Age 11-16	KS3 and KS4	Universal Secondary School, Targeted SEN Support, Out of School Tuition and Alternative Education Provision, Specialist Maintained Special Schools, Independent Education Provisions [ISEP’s] and Enhanced Resource Bases, Pupil Referral Units

Age 16-18	KS5	Universal Post 16 provisions including Further Education [FE] provision, targeted SEN support, specialist bespoke packages
Age 18 -25		Universal Further Education and Higher Education provision, targeted SEN support, specialist bespoke packages

This range of provision supports the broad areas of SEND need as described within the Code of Practice, including:

- Communication and Interaction;
- Cognition and Learning;
- Social, Emotional and Mental Health Difficulties; and
- Sensory or Physical Needs.

In addition to this, many settings offer specialisms or certain approaches which are recognised to be effective in supporting students with particular needs. For the purposes of this strategy, we have considered the broad areas of needs, as well as the specific areas of need where this information is available.

8.1.1 Early Years

In terms of Independent Specialist Education Provision that we currently use both in and out of county there are 8 schools whose intake includes Early Years. More detail around the composition of independent school placements can be found in section 8.4.1.

8.1.2 SEN Support

Service Offer

Birth to 5yrs- Early Identification Officer providing support into an early years setting or reception class. Very complex needs and EHCP's. SENCO surgeries. A Hub model – early years SEN hub providing additional support and training. Less staff covering more training needs. An Early Years SEND Toolkit has been produced by the service to assist settings with support. Signposting to other services such as health, social care and education is also a core part of the work.

The Local Offer for Peterborough also reflects the range and scope of service offer

[portage leaflet 2020.pdf \(openobjects.com\)](#)

[23287_early_support_pathway_llet_v2.pdf \(openobjects.com\)](#)

SEN Inclusion Fund (SENI)

As of 31st July 2020 there were 184 children whose settings received additional funding

Boundary issues – e.g., a Peterborough child in a Cambridgeshire setting. EHCP issued where the child resides, but the setting could be across county boundary.

Presenting Needs and Trends

The highest percentage of referrals reflect global development delay at 38%, closely followed by Language and Social Communication at 34%. 1% each for Visual impairment, Hearing impairment and Cognition and Learning

Geographical Spread

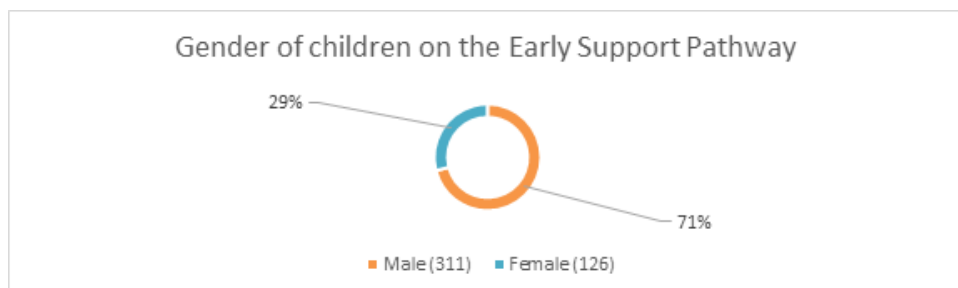
The spread of children on the Early Support Pathway is fairly consistent across the area with it being marginally higher in the North West and Rural Areas

Data

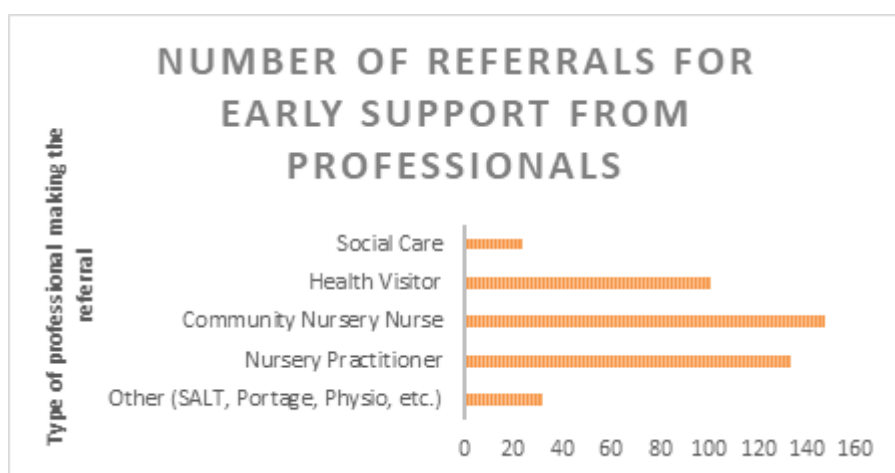
Data is collected to ensure a good understanding of the children accessing Early Support; age, ethnicity, post code; presenting needs, diagnosis, referred to and by whom. There has been a steady increase of referrals to Early Support since 2015, almost doubling in numbers in 2020.

From 1st Aug 2019 to 31st August 2020, 28 Early Support Multi-agency meetings have been held. As of 31st July 2020, there were 437 children on the Early Support pathway with 200 of those due to transfer to primary school in September 2020.

Prevalence for Early Support is higher in boys



Referrals in the main are received by Community Nursery Nurses, Nursery Practitioners and Health Visitors



Provision

Lime Academy has intake from 2yrs but there are very limited numbers accessing this provision this early and Medeshamstede has intake from 4yrs.

Current Challenges

- 2020 has realised a number of challenges related to COVID 19, with reduced face to face delivery, an increase in referrals and the increased growth of the 0-4yrs population in Peterborough
- Ability to use both current and forecast data to be able to inform future service delivery
- Dealing with the ongoing challenges of COVID is affecting our ability to forward plan.

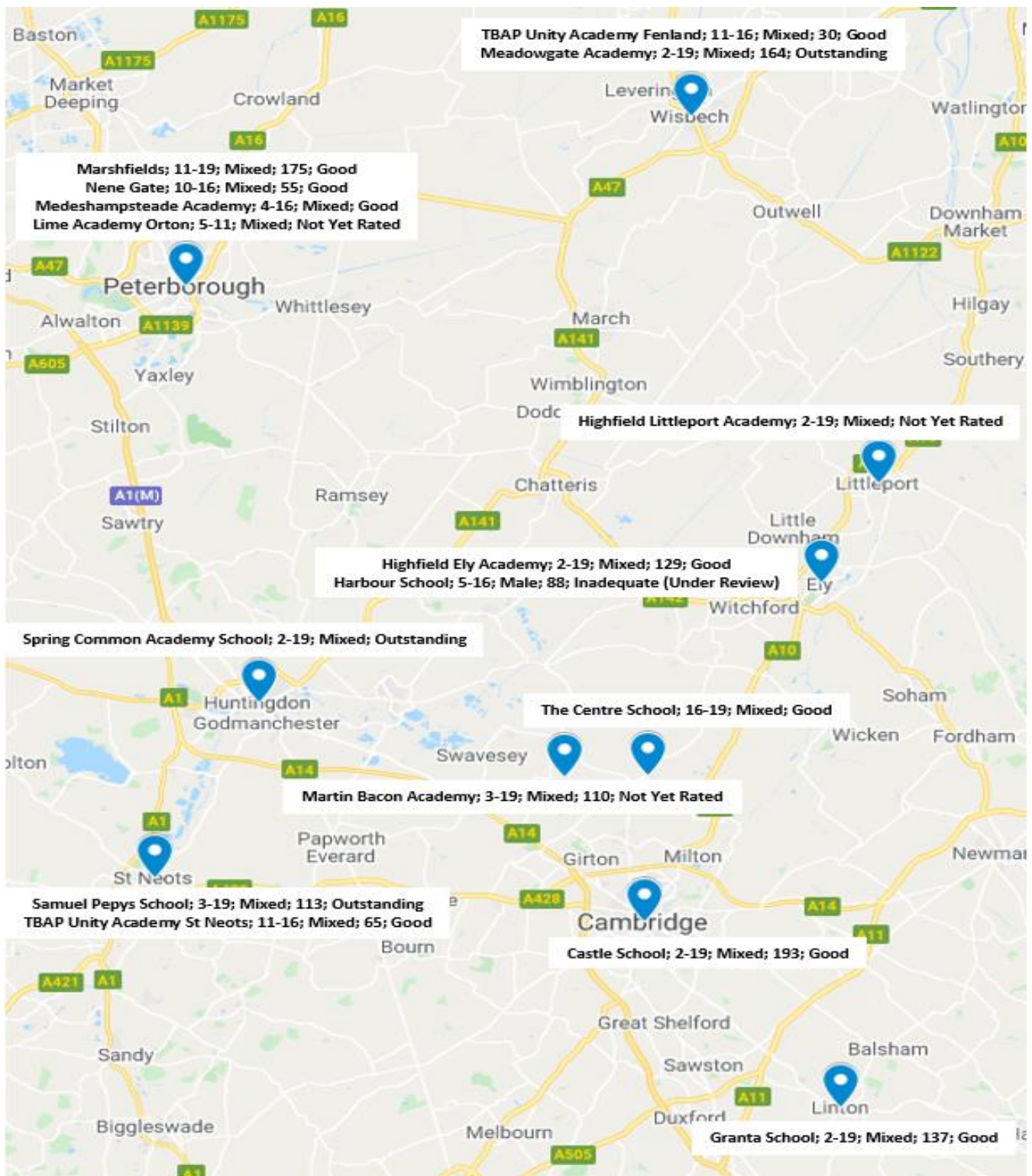
8.1.3 Maintained Special Schools, including Special Academies and Multi-Academy Trusts (MATs)

Special schools are those that provide an education for children with a special educational need or disability. There are many different types of special school, but they all educate children whose needs cannot be met within a

mainstream setting, and whose parents or carers have agreed to, or requested a special school placement. Within Cambridgeshire and Peterborough there are 16 settings classed as a special school, comprising maintained, academy or multi-academy trusts.

There are four special schools in Peterborough, of which two are secondary only. Two of these provide specialisms in SEMH. The Lime Academy Orton is currently unrated by OFSTED as it is a new school, however, provides provision for 5-19 years

The map below shows the special schools in area, age group, gender provision, current capacity and current OFSTED rating. For the purpose of geographical spread, Cambridgeshire Schools have also been included to demonstrate the reach of special schools available to children and young people across the border, as well as the shared services arrangement at strategic leadership level across both Councils



It should be explored whether Peterborough schools are lacking additional resource within the sensory curriculum for students with more complex needs and therapeutic requirements, with only 1 school making this explicit in its offer.

Current Cohort

There were 688 children and young people reported on the 2020/21 SEN2 that are accessing special school provision in Peterborough. There has been a steady growth in the number of special school placements needed in Peterborough [19%], and a greater upward trend that is seen in the general growth of EHCPs [15%], suggesting that the complexity of need is also increasing, rather than just general demand for EHCP's.

Most schools are at, or over capacity, which could be a primary factor in the mirrored growth and use of independent provision to meet need, reported later in section 8.4.1

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
EHC plans/Statements of SEN	578	624	635	665	686	688

This is broadly in line with national and regional statistics, moderately higher by around 1%.

Categories of Need

The table below tells us that the primary need group in special schools is ASD, MLD and SLD, closely followed by SEMH. Numbers of MLD have decreased over the last 5 years, whereas numbers of ASD and SLD have risen significantly. SEMH numbers have fluctuated but remain relatively stable.

The spread of provision shows that the special schools serving the Peterborough area are catering for a wide variety of needs and that their models are leaning towards inclusive and integrated provisions.

There are few existing settings with the required specialisms which may suggest that an increase in ASD diagnosis and the rise of SEMH may leave some students without a local education option. This is coupled with the view that mainstream need improvement in supporting this area and specialist provision not being the only route.

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Autistic Spectrum Disorder	137	168	171	212	230	252
Hearing Impairment	1	1	1	3	3	2
Moderate Learning Difficulty	195	184	168	140	140	111
Multi- Sensory Impairment	n/a	n/a	1	1	1	1
Other Difficulty/Disability	n/a	2	3	3	1	2
Physical Disability	10	9	8	12	15	16
Profound & Multiple Learning Difficulty	78	79	86	87	63	60
Severe Learning Difficulty	92	102	108	105	131	142
Social, Emotional and Mental Health	47	50	55	56	61	59
Specific Learning Difficulty	3	4	4	9	6	8
Speech, Language and Communications needs	11	21	27	35	34	34

Visual Impairment	4	3	3	2	1	1
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This is broadly in line with the National Picture as seen in the table below, where ASD numbers have risen exponentially, MLD numbers have tapered, however what is not consistent is the rise in national SEMH numbers in special schools which isn't seen in Peterborough. Numbers of SLCN have also consistently increased both locally and nationally.

National	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Autistic Spectrum Disorder	26,041	28,790	32,276	35,627	39,471	42,965
Hearing Impairment	788	819	833	879	929	974
Missing	n/a	n/a	1	n/a	n/a	n/a
Moderate Learning Difficulty	16,427	16,030	15,704	15,693	15,146	15,084
Multi- Sensory Impairment	181	211	237	302	313	292
Other Difficulty/Disability	1,106	1,437	1,648	1,930	2,085	2,433
Physical Disability	3,275	3,386	3,588	3,737	3,818	3,953
Profound & Multiple Learning Difficulty	8,346	8,338	8,358	8,214	8,268	8,180
SEN support but no specialist assessment of type of need	96	98	n/a	n/a	n/a	n/a
Severe Learning Difficulty	24,888	25,317	25,832	26,288	26,846	27,404
Social, Emotional and Mental Health	12,608	12,996	13,934	15,083	15,983	16,819
Specific Learning Difficulty	1,323	1,506	1,645	1,887	2,136	2,357
Speech, Language and Communications needs	5,650	6,508	7,335	8,401	9,705	11,061
Total	101,293	106,025	112,020	118,684	125,355	132,243
Visual Impairment	564	589	629	643	655	721

Analysis

1. With only one special school delivering Post 16 in Peterborough, the needs of this group of young people must be met in other ways.
2. An increase in training and resourcing around the sensory curriculum may be required to address the schools that are not currently delivering this.
3. Alternative opportunities could be shared between Cambridge and Peterborough to enhance the offers and specialisms of both areas.
4. Peterborough Special Schools have either reached or exceeded capacity, with continuous work being undertaken in line with sufficiency data to maximise the space and opportunity for extending place numbers within existing settings. These opportunities have not been exhausted and little more capacity can be realised without additional capital investment.
5. There is a growing demand for ASD which is not reflected in the composition or strategic growth plans for special schools specifically.
6. There needs to be a continued dialogue and positive working relationship with Schools to ensure and sustain inclusion within schools that ensures children and young people are placed within appropriate provision. are supported to sustain their education there and that

8.1.4 Resource Bases

Peterborough has established a network of Special Educational Needs and Disabilities hubs, known as SEND hubs. Each hub is commissioned by Peterborough City Council and is hosted by a Peterborough education setting.

Each hub has a specific SEND focus area and are commissioned to raise the quality of support for all children and young people with SEND in Peterborough Local Authority and to promote the “SEND is Everybody’s Business” approach. The hubs do this by:

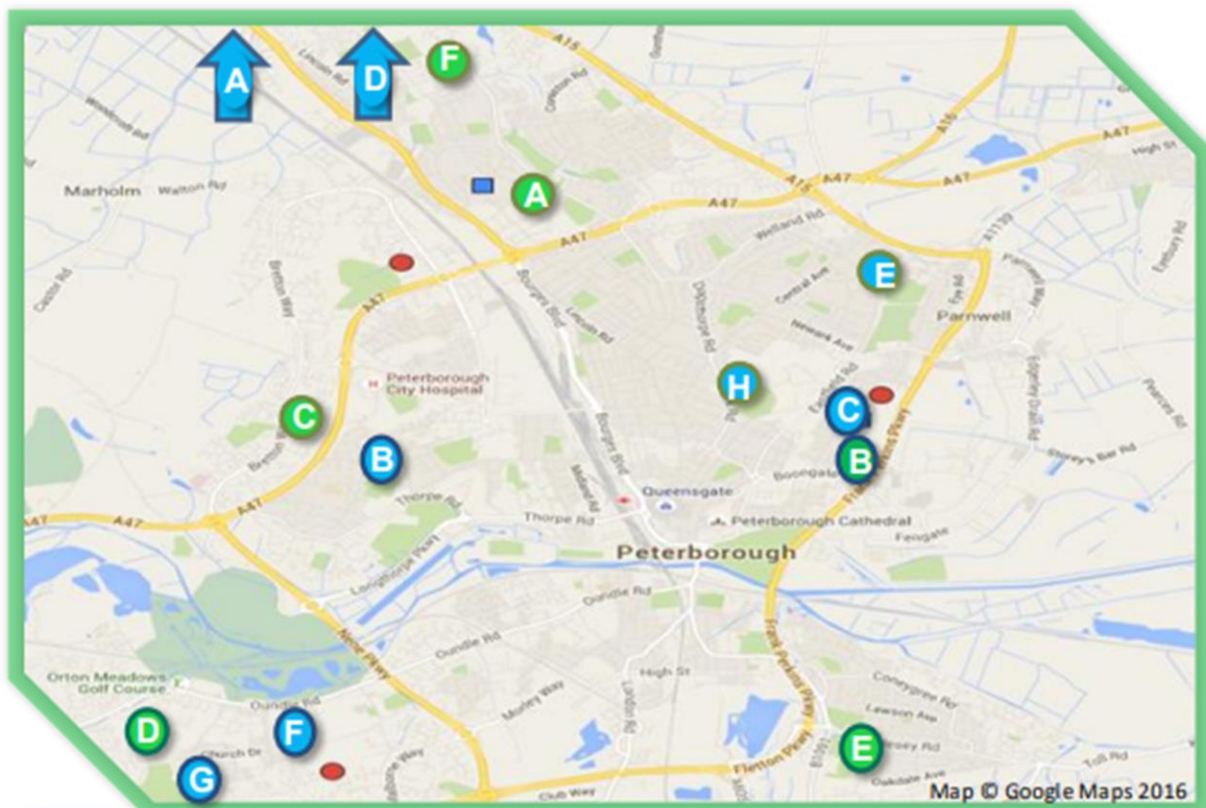
- Modelling high quality inclusion, and whole school approaches particularly in their SEND focus area
- Offering training to support children and young people in Peterborough settings
- Offering general advice and bespoke “peer to peer” support to other Peterborough settings • Sign posting to and/or lending resources
- Working in partnership with Peterborough Local Authority to promote inclusion strategies

SEND hubs do not offer formal assessments of children and young people but can offer support to settings beyond their own setting age range.

There are a limited number of places in the hubs for children and young people with particular types of SEND to be directly supported by the school / hub. These places are allocated by the SEND Panel as part of the Education, Health and Care (EHC) Needs Assessment process. For full details please see the [Assessment and EHC Plan page](#) of the Local Offer.



Special Educational Needs and Disabilities (SEND) Hubs in Peterborough



Some SEND hubs have places available for children and young people with an Education, Health and Care Plan, which are allocated through the local authority's SEND Panel.

- | | | |
|---|--|---|
| <p>Autism Spectrum Disorder (ASD):</p> <ul style="list-style-type: none"> F Nene Park Academy
11-16 years
Autism F Welbourne Primary School
4- 11 Years
Autism D Ken Stimpson Community School
11-16 years
Autism <p>Social, Emotional and Mental Health (SEMH)</p> <ul style="list-style-type: none"> B NeneGate Special School
8- 11 years
Social Emotional & Mental Health G Ormiston Bushfield Academy
14-16 years
Social, Emotional, Mental Health | <p>Moderate Learning Difficulties (MLD):</p> <ul style="list-style-type: none"> E Marshfields Special School
11-19 years
Moderate Learning Difficulties <p>Specific Learning Difficulties (SpLD)</p> <ul style="list-style-type: none"> H Thomas Deacon Academy Juniors
Specific Learning Difficulties <p>Early Years SEND</p> <ul style="list-style-type: none"> A Caverstede Nursery School
2-5 Years
Early Years SEND <p>Physical Disability (PD)</p> <ul style="list-style-type: none"> D Ormiston Meadows Academy
4 - 11 Years
Physical Disability B Jack Hunt School
11-16 years
Physical Disability | <p>Hearing (HI)/ Vision (VI) Impairment</p> <ul style="list-style-type: none"> C Middleton Primary School
4 – 11 years
Hearing impairment C St John Fisher Catholic High
11-16 years
Hearing Impairment A Arthur Mellows Village College
11-16 years
Vision Impairment <p>Speech, Language and Communication Needs (SLCN)</p> <ul style="list-style-type: none"> E Southfield Primary School
4-11 Years
Speech and Language Communication Needs |
|---|--|---|

Version 1 –
September 2020

There are around 60 Peterborough placements overall across all the SEND Hubs, as well as an additional two hubs coming online in Sept 2022, providing 18 new places, with an increase of around 7-10 across other settings.

8.1.5 Independent and Independent Non-Maintained Special Schools

Independent Specialist Education Provision [ISEPS] are Independent day and Independent Non Maintain Special / Residential Schools for pupils with special educational needs, including those approved under section 41 of the Children and Families Act 2014.

Peterborough along with Cambridgeshire, currently commission provision through a Dynamic Purchasing System², a light touch procurement system that is split into 4 Lots, including Residential Childrens Homes [Lot1], Fostering [Lot 2] ISEPs [Lot 3] and Out of School Tuition [Lot 4] .

The DPS was first procured and awarded in April 2019 and whilst continuously open for Providers and Suppliers to join, it is periodically evaluated and successful Providers and Suppliers onboarded. The DPS operates through a typical Call Off process, whereby provision is sourced via a manual referral and placements process, as well as a strategic provider approach than enables mini competitions and direct award of business to meet the Councils' needs.

“Lot 3” is provision for children or young people with Special Educational Needs and/or Disabilities (SEND) and sourced by a centralised Access to Resources Team [ART], along with community short breaks for disabled children and provision for Children in Care. The service is separated in to two function, “Children in Care ART” and “SEND ART,” working together in recognition that some children will require education provision and accommodation.

The SEND ART Team will provide an anonymous Child / Young Person Profile, following parental consent in the first instance to all Providers, followed by the documents listed below to Providers who may be able to meet need:

- A copy of the Child or Young Person’s draft or final Education, Health and Care (EHC) Plan
- A copy of appendices or the most recent Annual Review Report and/or other progress reports
- Copies of relevant professionals reports
- Allocation of a named Case Work Officer (case-responsible officer)
- A named Social Worker / Disability professional, where appropriate

Setting	Area	Age	Gender	Peterborough Placements	Specialism
Gretton School	Cambridge	5-19	Mixed	1	SLCN, ASD
Kirkstone House	Peterborough Border	5-18	Mixed	18	ASD, MLD

²

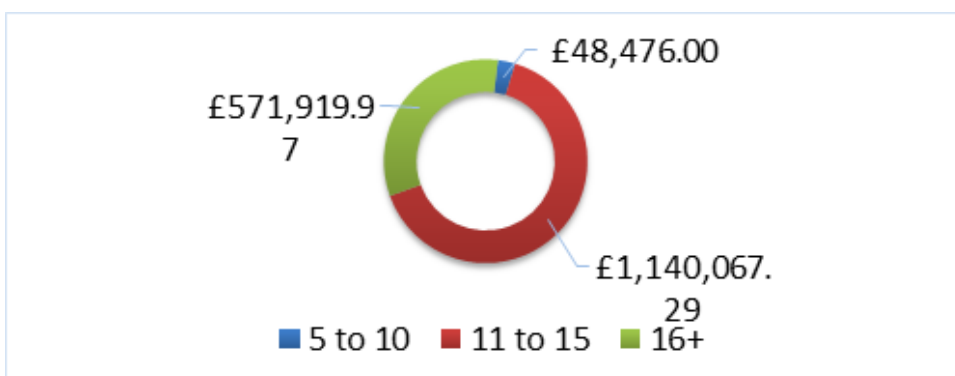
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/560265/Guidance_on_Dynamic_Purchasing_System_-_Oct_16.pdf#:~:text=The Dynamic Purchasing System %28DPS%29 is a procedure; it has its own specific set of requirements.

Park House	Peterborough	6-19	Mixed	11	ASD
Red Balloon	Cambridgeshire	11-16	Mixed	2	SEMH
The Grange	Leicestershire	7-18	Mixed	4	SEMH and high functioning ASD
Wilds Lodge	Oakham	5-19	Boys	14	ASD, BESD, SEMH, SpLD
Stamford School	Lincolnshire	2-18	Boys	1 self-funded	Inclusive school
Peterborough School	Peterborough	4-20	Mixed	2 self-funded	CofE inclusive school

Spend

Peterborough has a current financial commitment of £1.75 million on ISEPS. The spend is highest for those aged 11-15 making up 65% of the spend, followed by those aged 16+ making up 32% of the spend. (Fig 2.5)

Age Breakdown of Total Annual Cost for all PCC placements



Current ISEP Referral & Placement Activity

There is a growing upward trend in the use of Independent Schools in Peterborough with current numbers at around 46 [November 2021] across 8 settings.

Pupils in Independent schools in Peterborough between 2015/16 and 2020/21

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
EHC plans/Statements of SEN	29	27	32	30	36	37
SEN support	53	72	73	121	49	81

ANALYSIS

It is of note that all the ISEP's used by Peterborough currently are fairly local with 3 being in Peterborough and the rest on the borders of the county, ensuring that transport costs for these students are proportionately low.

The two highest numbers of student placements are within the ASD cohort and one of these placements being boys only.

The Post 16 spend is also second highest which indicates that there is a gap in local Post 16 provision for young people with more complex needs and the need now is how this can be addressed going forward.

Around 20 new placements have been made by Peterborough [November 2021], with the majority being over 11 years old. However there have been 4 placements for children and young people aged 6 and 7 years, suggesting that the need for independent provision is increasing, coupled with parental choice.

The majority of placements made were in neighbouring Peterborough authorities, with only a small number further away. All of these were for residential provision for children and young people with complex needs.

With Peterborough seeing a steady upward trend in EHCP's, there is a need for a continuous dialogue between Commissioners and the Independent sector. There has been some growth in the number of independent placements than in the previous year, with children having notably more complex needs than can be met within local area provision. However, there is little indication of expedient growth, nor an increasing dependency on independent provision in the area.

8.1.6 Out of Area

There are currently 9 children and young people placed in maintained special schools and colleges that are outside of the Peterborough area. In addition, there are around 47 children in independent non maintained special schools that are also out of area, however almost all of those schools are in neighbouring authorities and there are very few children and young people placed a long way from home.

Out of area placements is not a significant challenge for Peterborough and sufficiency within area or neighbouring authorities is good. However, if there continues to be an upward trend in challenging behaviour that has been seen within this year, it is possible that the demand for more specialist provision that cannot be met locally will grow.

Therefore, Commissioners and the SEND service should continuously monitor and review sufficiency, coupled with the development of demand forecasting as described later in Section 10 of this strategy to ensure demand is predicted and local provision is developed and enhanced to meet any possible increase in the number of EHCPs and/or complexity of need.

8.1.7 Pupil Referral Units [PRUs]

PRUs are a type of school that caters for children who are unable to attend a mainstream school. Pupils are often referred there if they need greater care and support than their school can provide.

Children who attend a PRU might be:

- permanently [excluded](#) from their mainstream school for behaviour reasons, or at risk of permanent exclusion.

- experiencing emotional or behavioural difficulties, including problems with [anger](#), [mental health](#) issues, and [school phobia/refusal](#).
- experiencing severe [bullying](#).
- Assessed and/or diagnosed with [special educational needs \(SEN\)](#), or in the process of getting a diagnosis.
- suffering from a short- or long-term illness that makes mainstream school unsuitable.
- a new starter who [missed out on a school place](#).
- pregnant or young mothers of school age.

Pupils attending one of these units will have an education plan and timetable designed specifically to meet their needs.

PRUs are not [special schools](#), and pupils who have more severe special educational needs or disabilities should not attend a PRU as a long-term solution. The local authority has a duty to provide suitable full-time education to all children of school age. PRUs are funded by the local authority, and fulfil this obligation for children who, for whatever reason, can't be accommodated in a mainstream school.

Hospital Education

Hospital education means education provided at a community special school or a foundation special school established in a hospital, or education provider under any arrangements made by the local authority under section 19 of the Education Act 1996 (exceptional provision of education), where the child is being provided with such education by reason of a decision made by a medical practitioner. An example is the Children's Hospital School at Great Ormond Street Hospital (GOSH) and University College Hospital (UCH).

Legal responsibility for providing education

Every local authority has a legal responsibility to arrange education for any child they are responsible for whose illness prevents them from attending school. This education must be full time unless the local authority judges that part-time education would be in a child's best interests because of his or her health needs.

Providers of hospital education

Hospital education can be provided by a range of providers, including:

- local authority-maintained schools
- pupil referral units (also maintained by a local authority)
- alternative provision academies
- special academies

Funding for education providers

Hospital education providers that are maintained by a local authority receive funding from that authority from funds distributed by the Education Funding Agency (part of the Department for Education (DfE)). In the case of academies, funding is provided directly by the Education Funding Agency.

Separate funding arrangements apply to independent providers of hospital education (other than academies or non-maintained special schools). Where education for an individual child or young person, offered by an independent hospital provider, is commissioned by a local authority (normally the local authority of the area in which the child or young person is resident), then the local authority funds the provision directly.

There is currently no specific education offer for children and young people in Peterborough City Council, however there are plans to extend the current Cambridgeshire offer to Peterborough, with hospitals such as Hinchingbrooke sitting close to the authority borders.

The Cambridge Children’s Hospital, a new children’s hospital being developed on the Addenbrookes Hospital site, is due to open in 2025. It will be the first dedicated children’s hospital in the eastern region.

The hospitals vision is to transformation children’s health services, bringing together physical and mental health treatments alongside university research facilities designed to integrate “cutting edge treatments and technology.”

The development is highly likely to increase demand to live in Cambridge and surrounding areas, particularly for families whose children are experiencing life threatening and/or long-term health issues and conditions. This will in turn increase both the area population, the population of children and young people with complex health needs and result in increased SEN Support, Education Health and Care Plans and increased demand for specialist provision as a result. This includes PRU’s, specialist school placements and the possibility of increased use of independent school placements in Peterborough, with sharing a border with Cambridgeshire, a joint CCG and health service; as well as good travel connections between the two authorities.

Service Offer

Most of the provision of Pupil Referral Units accessible by Peterborough is via provision placed in Cambridgeshire and delivered by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)

<https://www.cpft.nhs.uk/Darwin%20Centre/>

The Pilgrim Pathways School is an umbrella education provision that provide education for pupils ages 5-12 years old from a variety background and education journeys. The Pilgrim Pathways Schools provide education at 5 sites across the county and is summarised in Appendix 1.0

'Pupils in a Pupil referral unit in Peterborough between 2015/16 and 2020/21

The Addenbrooke’s numbers are not exhaustive. There are on average an additional 80-100 pupils per half term who receive ad hoc educational support but are only in for a day or two and therefore are not currently formally enrolled. This is being rectified. Current formal enrolment criteria is 3 days or more.

2018 / 19 = 303 total admissions/re-admissions (of which 286 pupils)

2019 / 20 = 220 total admissions/re-admissions (of which 215 pupils)

2019/20 data is representative of 6.5 months intake due to lockdown + a handful of emergency admissions into Tier 4 between March – July 2020.

2018/2019 [Sept 18 - Sept 19]	Provision Type	LEA catchment		
		In county	Out of county	Unknown
Addenbrooke's (Primary)	In / Outpatient (Hospital)	56	58	1
Addenbrooke's (Secondary)	In / Outpatient (Hospital)	37	54	2
	Total In / Outpatient (Hospital)	93	112	3
Croft	Inpatient (Tier 4)	13	11	0
Darwin	Inpatient (Tier 4)	26	7	0
Phoenix	Inpatient (Tier 4)	5	16	0

Total Inpatient (Tier 4)	44	34	0
Period total across all centres	137	146	3

2019/2020 (6.5 months) *		LEA catchment		
[Sep 19 - Mar 20 only]	Provision Type	In county	Out of county	Unknown
Addenbrooke's (Primary)	In / Outpatient (Hospital)	27	39	0
Addenbrooke's (Secondary)	In / Outpatient (Hospital)	25	35	0
	Total In / Outpatient (Hospital)	52	74	0
Croft	Inpatient (Tier 4)	9	10	0
Darwin	Inpatient (Tier 4)	34	3	0
Phoenix	Inpatient (Tier 4)	16	17	0
	Total Inpatient (Tier 4)	59	30	0
	Period total across all centres	111	104	0

** Tier 4 - centres emergency admissions only during lockdown.*

Current Cohort

There are anomalies identified within the 2020/21 data, therefore the 19/20 data has been highlighted to define the broad cohort of children and young people accessing PRU provision in Peterborough.

In 2019/20, there were 172 children and young people receiving their education in PRU. This is a downward trend from previous years and the second lowest number reported since 2015.

Generally, children and young people accessing PRU's do not have an EHCP, however many do have an identified SEN support need, with a smaller cohort having no identified SEN or EHCP.

		2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Pupil referral unit	EHC plans/Statements of SEN	2	3	2	6	1	n/a
	Total Headcount	167	183	199	237	172	n/a
	SEN support	112	92	106	147	34	n/a

Total	EHC plans/Statements of SEN	2	3	2	6	1	2
	Total Headcount	167	183	199	237	172	122
	SEN support	112	92	106	147	34	32

Analysis

There is evidence to suggest that there is a limited offer of Pupil Referral Units within Peterborough and that the hospitals are limited in what they can deliver. There is an increased anecdotal demand for this type of provision generally, especially across hospitals and some internal work has already been started on how to address this through a review of Pupil Referral Units and in line with the plans for the new Children’s Hospital.

However current data suggests that the use of PRU’s in Peterborough is generally reducing and there is little correlation between the overall offer and the trend of access and support through PRU’s.

8.1.8 Out of School Tuition

Local Authorities have a duty to provide suitable full-time education for children or compulsory school age, and a power to arrange education provision for young people aged 16-18. Where children and young people, because of exclusion, illness or other reasons would not receive this, Local Authorities must make arrangements for the provision of suitable full-time, or part-time (as required) education.

In Peterborough, education outside of a school setting is typically supported by Out of School Tuition or Alternative Education Provision. These two services have been working collaboratively to compliment and support each other’s work. The cohorts of children and young people accessing these services include:

- those who are registered at an education setting (on-roll) but who are not accessing education or are accessing education on a part time basis;
- those who have been excluded from an education setting (not on-roll);
- those with Special Educational Needs and Disabilities who have an Education, Health and care Plan, and who hold a Personal Budget for elective home education, and;
- those who cannot attend a school setting due to health or medical needs.

Service Offer

Tuition comes in the form of large national organisations and online tutoring services, as well small and medium sized local organisations. All of which are critical to providing a compliment of therapeutic and academic provision to children/young people with complex needs.

There are currently 15 organisations on the Council’s Childrens External Placements Dynamic Purchasing System providing services to children and young people aged 0-25. Providers cover a range of academic, non – academic and therapeutic interventions covering a broad range of education needs and providing face to face and online learning opportunities. The DPS provides a directory of wide-ranging provisions that collectively can be commissioned to provide individual education solutions for children and young people, including formal qualifications.

The contract was aligned with the Councils Alternative Provision service in 2020 in order to reduce duplication, provide a quality framework for Providers and synthesis routes to market for schools and the Council.

For Out of School Tuition, referrals are made to the Dynamic Purchasing System if required by the Statutory Assessment and Monitoring [SAMS] Team based upon the date tuition is to commence, the type of tuition to be provided and description of any areas of additional need, including Special Educational Needs and Disabilities the pupil may have.

Out of School Tuition referrals are extremely low in Peterborough, with an overall expectation that whilst a child is on School roll, the school themselves will source any alternative education provision.

The current contract for Out of School Tuition commissioned by Cambridgeshire with access to provision by Peterborough. Appendix 2.0 summarises the broad composition of the contract, however it is not a reflection of the uptake of provision by Peterborough.

Analysis

The data shows that there needs to be a wider variety of providers in therapeutic delivery models, particularly in light of COVID 19 and the anticipated need for support for young people who have had a prolonged period out of school. There is a lack of provider services in the age ranges 0- 5. Formal Qualifications have quite a good spread of offers but for young people with SEND, it is often the more vocational routes and enrichment opportunities that can provide a more rounded curriculum. The use of augmented communication systems and sensory provision for students with complex needs represents a very small number of providers currently, the upskilling of such methods may be able to contribute to the transition of the young person to their next placement. The pool of providers and planned extension of this will contribute to the use of multiple providers and blended packages.

8.2 Personal Budgets

Personal budgets provide an opportunity for control and choice over the support and care needs of a child or young person. Instead of being provided with services, a budget is identified to meet assessed needs. Depending on individual needs, a personal budget may be provided to support with:

8.2.1 Personal Education Budgets

Education / learning needs – an Education, Health and Care Plan (EHC Plan) should be clear about the resources necessary to meet a child/young person's needs. As part of this, the amount of money that can be made available as a personal budget could be identified and children and families will be able to decide whether to request a personal budget.

Personal transport budgets for travel to school or college for eligible children and young people. Information can be found on the [Personal Transport Budget page](#) of the Local Offer.

Social care – children and young people with disabilities who are supported by [Disabled Children's Social Care](#) 0-25 service, may be offered a personal budget where a child needs additional and individual support at home, break from caring or the opportunity to have the same experiences as other families.

Health – a [personal health budget](#) may be available for those with a complex, long-term and /or life limiting condition.

Currently PCC report very low numbers of personal budgets for education, with only one personal budget being reported in 2020/21. The offer of personal budgets and increasing the awareness and uptake of personal budgets has been identified as an area for improvement within the Written Statement of Action, with some activity already taking place to review and update the Local Offer to support awareness.

8.2.2 Personal Health Budgets

Find out from Siobhan

8.2.3 Social Care

There are currently 53 personal budgets for children and young people with disabilities in Peterborough. A detailed summary of personal budgets for social care can be found within the [CWD Sufficiency Strategy 2021](#).

8.2.4 Direct Payment Support Service

To support families to manage a Direct Payment, Peterborough commission a Direct Payment Support Service (DPSS). The remit of the DPSS includes giving advice on being an employer and supporting with recruitment. DPSS are also responsible for managing a Personal Assistant (PA) Register. Families can choose to manage the Direct Payments themselves or choose an agent, such as the DPSS, to do this on their behalf.

[PCC Direct Payment Support Service](#). The contract value across adults and children's social care is £125,000

8.3 Preparing for Adulthood

In January 2020, the Local Government Association [LGA], the Association of Colleges [AoC] and Natspec³, the membership association for specialist further education, commissioned ACL consulting⁴, an independent management consultancy specialising in education, to undertake a review of arrangements for planning, commissioning, funding, and supporting provision for post-16 High Needs students. <https://natspec.org.uk/wp-content/uploads/2020/12/LGA-AoC-Natspec-executive-summary.pdf>

The report states that

- 1) EHCP's are not sufficiently up to date or focused on FE
- 2) Statutory deadlines are being missed and arrangements for transition to FE are delayed or may not take place at all.
- 3) Administrative burdens and disputes surrounding placements are detracting from appropriate provision
- 4) There is unnecessary tension and red tape. The LGA and Young people's Board has found 'evidence of good practice... overhaul and streamlining of processes needed to improve the system for LA's and local colleges, to improve aspirations and experiences'
- 5) There is a rising demand for support – Claire Howard (Chief Exec of NATSPEEC) stated that 'the detrimental effects of the system are amplified for a small number of students with complex needs' and that 'we

³ [Home Page - Natspec](#)

⁴ [acl consulting](#)

welcome the recommendations that specialist colleges should be more involved in planning provision with LA's ...decisions made earlier and young people more supported with transition'

6) FE colleges need to make significant changes to their implementation processes

Children's Commissioning have conducted a scoping exercise based on the recommendations in this report, the Written Statement of Action, Joint Area Local Inspections and Preparation for Adulthood. This will assist with identifying gaps in provision and identifying existing areas of good practice.

The transition from area specials schools and ERB's to Post 16 and FE provision within the local colleges has traditionally been well managed in the form of transition programmes and link days early on in the process. Where it is possible colleges are able to attend EHCP's reviews and observe the young person at school to ensure that the right course and support will be provided.

As part of Preparing for Adulthood [PFA], colleges are also required to work towards the 4 PFA outcomes.

Employment, Independent Living, Good Health and Family, Friends and Community. As such colleges offer courses which cover independent living, basic works skills and enterprise.

<https://www.preparingforadulthood.org.uk/>

Current Cohort

In Jan 2020 there were 390,000 students aged 0-25 with an EHCP nationally (10% increase in 12 months) of whom 25,213 were age 20-25yrs (an increase of 34%) and 108,308 age 16 -25yrs (quadrupled)

In Peterborough, the number of plans for young people beyond 16 has remained steady, with a general year on year decline in plans for years 16,17 and 18. Plans for boys beyond 16 is greater than is seen in girls, with a substantial increase in boys plans post 16 compared to a more moderate increase in girls.

There is no data reported in the SEN2 return year on year for EHC plans 19 and over.

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Age 16	50	51	47	39	41	41
Age 17	47	45	40	35	34	33
Age 18	18	19	23	17	12	13
Boys	834	859	866	905	940	958
Girls	341	345	338	346	347	387

Current Provision

Provision	Location	Age	Curriculum / Offer
City College Peterborough	Peterborough	16+	Entry Levels 1- 3 Skills for Independence, GAPP Level 1 and 2 and Foundation courses

GAPS Programme TCHC	Peterborough	14 - 16	Functional Skills NVQ Entry Level 3 to Level 3
NACRO Peterborough	Peterborough	14-25	Entry Level to GSCE's Vocational Options
NOVA Training and Programme	Wisbech	16 - 18	Headstart Level 1
Peterborough Regional College	Peterborough	16+	Pre-Entry, Entry 1-3 and Level 1 plus Supported Internships Individual Curriculum Solutions
SENSE College (Hampton)	Hampton Peterborough	16 - 25	Learning for Life – Wellbeing and communication Foundation Learning – Maths, English, Independent Living, Personal and Social Development, Technology and e-safety Employability
New College Stamford	Stamford	18+	Ambitions - young people day service providing all year-round activities in sports, creative, enterprise and community inclusion Bespoke Timetables for VI, HI and dual impaired learners

Post 16 Local Area Inspection Findings

It was identified in the Written Statement of Action that there was a significant area of weakness around Post 16 options.

Ofsted and CQC said: ***“The provision for young people aged 18 to 25 is not sufficiently developed to make sure that young people have the full range of opportunities and support that they need as they move through into adulthood.”***

Workstream 5 for the WSOA has identified the following actions to address the above concerns.

5. 1 Review the local offer to ensure:	5.1b Integrate all strategic work across the Preparation for Adulthood (PfA) arena
a) There is clarity for young adults and their families about what support is available from health, social care and education	a) Establish one steering group
b) any gaps are identified	b) Endorse existing workstreams and identify gaps
c) that there is a clear education offer	c) Identify agreed outcomes for all activity

d) that transition pathways across each service from children's to adult services are clearly described	d) Ensure integrated partnership working in every workstream so that all offers are holistic
e) that support and opportunities for 19 – 25-year-olds are well represented	
f) that there are clear descriptions of the range of options for activity across 5 days for young adults Post 16 with an EHCP	
g) conduct survey focusing on effectiveness of the local offer	

A review conducted by the Children's Commissioning Team found a range of activity taken place to address and continually improve post 16 provision, with dedicated post 16 steering groups and task and finish groups, a transitions model between schools and colleges, an annually updated post 16 offer and continuous improvement to information provided within the Local Offer.

Analysis

It was identified that Commissioning could feature more robustly within the steering and task and finish groups, and support with sufficiency and forecasting to enable better planning and assured provision to meet any new demand.

In addition, Commissioning in both the authority and CCG need to work collaboratively to ensure that health and interventions post 16 and 18 are equitable, including the provision of therapeutic interventions and equipment, as well as provision for young people with the most complex needs.

Lastly, there is a need for a more robust framework of creative and individual solutions for children and young people, Commissioners are working to identify and develop a framework of individual curriculum activities to widen the choices for young people, alongside developing supported apprentices, internships, and employment.

This is considered within an ongoing review and programme of work around post 16 provision.

8.4 Therapies and Equipment

8.4.1 Speech and Language Therapy [SaLT]

The Children's Speech and Language Therapy Service in Peterborough assesses, diagnoses and provides treatment to children and young people aged 0-19 with a range of speech, language, communication and feeding difficulties.

The service is delivered by [Cambridgeshire & Peterborough Foundation Trust](#) through a jointly commissioned integrated contract with Cambridgeshire & Peterborough Clinical Commissioning Group, Peterborough City Council and Cambridgeshire County Council. The service operates a Balanced Model© that provides a universal, and

targeted, and a specialist service, with a view to training and upskilling children, young people, their families, schools and settings to provide support at a local level, ensuring targeted and specialist services are delivered to those who need it.

The system is based on the following 5 strands:



THE BALANCED SYSTEM® FIVE STRANDS



© M.T.GASCOIGNE, 2016

[Children's Speech and Language Therapy Service- Peterborough \(CPFT\) | CPFT NHS Trust](#)

Current Cohort

There are currently 1609 children and young people open to the service and the service received 1701 referrals in 2019/20.

There are no future plans to recommission or re-design SaLT services in Peterborough and the current arrangements are considered to be effective and well received by users of the service, Schools, and stakeholders.

8.4.2 Occupational Therapy [OT]

The children's occupational therapy service works with children 0-19 years old in the community who have a range of mild to complex disabilities and difficulties, including developmental delay, motor disorders and/or complex physical disabilities.

The service is delivered by Cambridgeshire and Peterborough Foundation Trust and is on a temporary arrangement between the Council and the Provider whilst a wider programme of work is completed by the C&PCCG to develop an integrated model for occupational therapy akin to that in place for Speech and Language.

CPFT provide a service for children up to the age of 18, or 19 when they are still in full time education. There is a need to consider and ensure that services for those over 19 who are not open to social care and/or have an EHCP accessing further education, continue to be able to access OT services. This is being developed between commissioners within the Local Authority, C&PCCG and CPFT.

It is of note that Occupational Therapy for children and young people with a social care need are currently met by an in-house provision of therapists who sit within the Adult Social Care Team. This arrangement is considered to be well

received by the Authority; however, Provider services report a risk of duplication, therefore whilst requiring ongoing review and investment to ensure all aspects of the service are efficiently and effectively used, there are no immediate proposals to integrate the two services. This will however remain under review throughout the development of the wider programme of work for occupational therapy.

[Children's Occupational Therapy Service- Peterborough \(CPFT\) | CPFT NHS Trust](#)

Current Cohort

There are currently 476 children and young people open to the service and the service received 508 referrals in 2019/20.

8.4.3 Physiotherapy

The children's physiotherapy service is a community-based service working with children 0-19 years old who have general developmental delay, movement disorders and complex physical disabilities. The service is delivered by Cambridgeshire and Peterborough Foundation Trust and funded by the P&CCCG. There are no intentions or priorities to commission this service different during the period of this strategy.

[Physiotherapy Children's Service- Peterborough \(CPFT\) | CPFT NHS Trust](#)

8.4.4 Equipment

Peterborough, together with Cambridgeshire, are in the process [November 2021] of recommissioning an Integrated Equipment Contract across both Councils and the C&PCCG. This is a recommissioning exercise of an existing contract with a single supplier, as a result of the natural cessation of the existing arrangement.

Some adjustments to the existing service have been made, including strengthening the offer to children and young people.

A gap analysis was conducted in 2019/20, followed by a set of options and recommendations to bridge gaps identified. These included gaps in provision of equipment for early years and further education provision, likely as a result of the SEND reforms extending EHCP's and access to Further Education beyond that of statutory School age without consideration as to how these services/providers would be able to access equipment needed for these age ranges

The gap analysis also indicated that Special Schools in Peterborough have access to equipment, however this is outside of any contractual arrangements. In order to rectify this a Memorandum of Understanding between Schools, the Council and the Integrated Equipment Service, is being proposed to ensure that provision of equipment is both timely, effective and that the equipment is sourced, returned, and maintained effectively in accordance with Health and Safety requirements. Equipment is supplied to children, young people in Schools and Settings following an assessment by the Occupational Therapy Service and recommendation on the appropriate provision of equipment. Where possible, equipment is sourced from a central store of managed by the commissioned provider, however where this is not possible or available, equipment is purchased within the contract for equipment or individual agreements are made to fund equipment across education, health and social care.

Local Offer Health

8.5 Positive Behaviour Support

Positive Behaviour Support (PBS) is an evidence-based approach that aims to enhance quality of life as both an intervention and outcome for children and/or young people who display challenging behaviour. Peterborough, along

with Cambridgeshire, have an internally commissioned arrangement with a PBS Support Service. This provides intensive support for children/young people who are at risk of exclusion and an out of area residential placement, or in-patient admission as a result of severe challenging behaviour. The PBS works with the child/young person and their wider network to enable them to remain within the family home. The PBS service is allocated to work with 4 children and young people from Peterborough at any one time, and going forward, it is anticipated that this service will be an integral part of CCC and PCC's Short Break Offer. A detailed summary of the PBS and future intentions and priorities can be found within the [CWD Sufficiency Strategy 2021](#).

8.6 Technology Enabled Care [TEC]

In Peterborough, children and young people with disabilities and complex needs are supported by the Children's Social Care Occupational Therapy (OT) Team and Children's Health OT Team. Both teams provide advice and information on moving and handling issues, seating at home, housing needs and provide assistive equipment and adaptations.

There is currently a programme of work across Peterborough and Cambridgeshire to bolster the TEC offer for disabled children and young people including the opportunities and benefits of using TEC in Schools, as well as at home, to reduce the reliance on adult support for children with SEN and Disabilities. A detailed summary of TEC and future intentions and priorities can be found within the [CWD Sufficiency Strategy 2021](#).



Joint Commissioning

9.1 Legislative Context

Appendix 3.0 sets out a range of legislative requirements that both require and set out how Commissioners and services should work together to joint commission services and develop our local areas.

The legislation sets out that commissioning partners must make joint commissioning arrangements about the education, health and care provision for children and young people (CYP) within the LAs area, or for whom the local authority are responsible for, who have a special education need or disability.

Commissioning partners should develop effective ways of harnessing the views of their local communities so that commissioning decisions on services for those with SEND are shaped by users' experiences, ambitions and expectations

Integrated approaches can include:

- Joint commissioning strategies,
- Joint funding,
- Pooled budgets,
- Collaborative commissioning,
- Working with potential providers to consider innovative ways that services can be delivered.

9.2 Legal Mechanisms

There are also a range of legal mechanisms that enable the transfer and integration of budgets and resources to jointly commission services. These are also detailed within Appendix 3.0 and a summary of how Peterborough,

collectively with Cambridgeshire, Public Health and the CCG use these mechanisms can be found in Section 9.4 and 9.5

9.3 Integrated Care System

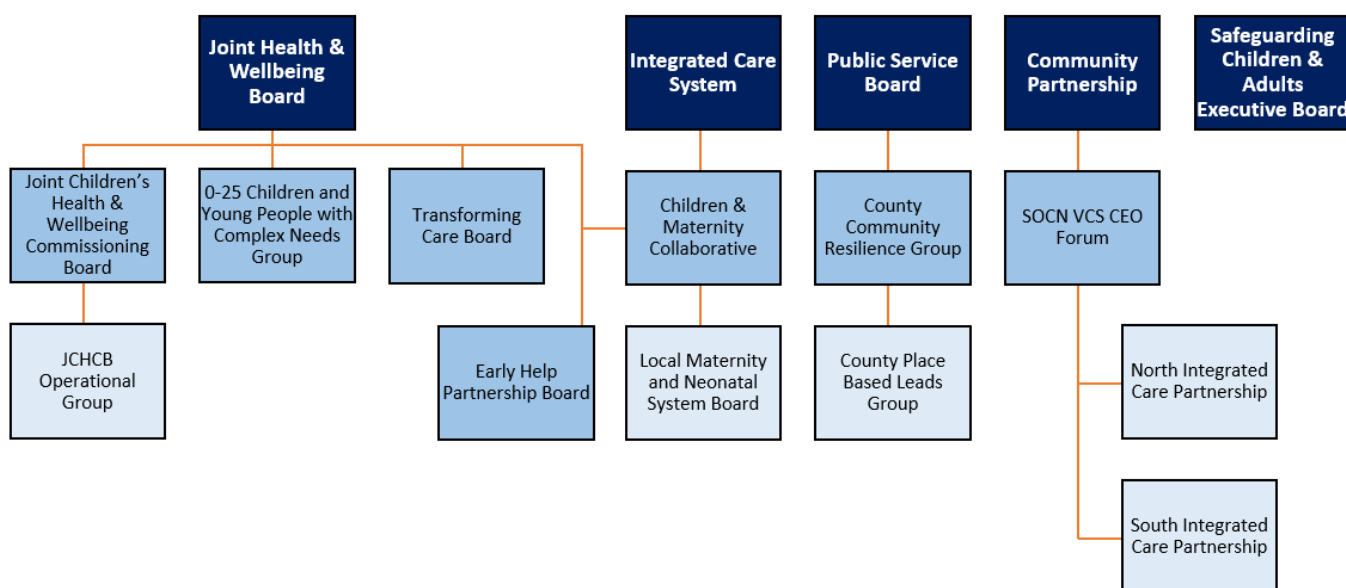
In April 2021 Peterborough, along with Cambridgeshire and the C&PCCG, began the process of mobilisation of an Integrated Care System.

Integrated care systems (ICSs)⁵ are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

Since 2018, they have been deepening the relationship in many areas between the NHS, local councils and other important strategic partners such as the voluntary, community and social enterprise sector. They have developed better and more convenient services, invested in keeping people healthy and out of hospital and set shared priorities for the future.

The [NHS Long Term Plan](#) confirmed that all parts of England would be served by an integrated care system from April 2021, building on the lessons of the earliest systems and the achievements of earlier work through sustainability and transformation partnerships and vanguards.

The governance structure for the new Children’s Collaborative is set out below.



9.4 Joint Funded Placements and Packages for Children/Young People

From April 2021, the Local Authorities and the C&P CCG have utilised the Joint Funding Protocol to inform joint funding arrangements for child/young person specific joint funded placements and packages, where the child/young person has a Continuing Care need. Therefore, PCC, CCC and the C&P CCG agree to adhere to the Joint Funding Protocol and the principles therein.

⁵ [NHS England » What are integrated care systems?](#)

The Section 117 Operational Procedure is being developed; this will be added as an addendum to the Joint Funding Protocol to inform Joint Funding Arrangements for children/young people under Section 117 Aftercare services of the Mental Health Act 1983.

9.5 Schedule of Current Arrangements

The table below outlines a schedule of current arrangements [Commissioned Services and Grant Agreements] between the C&PCCG, Public Health and Peterborough City Council, as well as Cambridgeshire County Council. This is due to the integrated nature of the Commissioning Function across all three agencies, as part of the Cambridgeshire & Peterborough Shared Services programme and the pan authority CCG.

Provider	Service	PCC*	CCC*	Public Health*	C&PCCG*	Total*	Governance	Lead
UNITED	Emotional Health & Well-being Service	Y		Y	Y	£740,000	S256	PCC
Family Voice	Parent Carer Participation	Y			Y	£78,000	s256	CCC
Various ^[1]	Parenting Programmes ^[2]	-	-		Y	£180,000	s256	PCC
Action for Children	Overnight Short Breaks		Y		Y	£2,410,000	s256	CCC
CCS/CPFT	SaLT	Y	Y		Y	£2,900,000	s76	C&PCCG
CCS/CPFT	Paediatric OT	Y	-				S75	CCC
NRS Healthcare	ICES	Y	Y		Y	£5,800,000	s75	CCC
VCS	TBC	Y	Y		Y	£171,000	s256	CCC

Centre 33	Someone to Talk To	Y	Y		Y	£356,000	s256	CCC
N/A	Joint Funded placements	Y	Y			£1,360,000	Recharged	CCC & PCC
NA	SENDIASS		Y		Y		S256	PCC.CCG

9.6 Definition of Arrangements

	Section 75 - Arrangements between NHS Bodies and Local Authorities
	Section 76 - Power of Local Authorities to make Payments
	Section 256 - Power of the Board or a Clinical Commissioning Group to make Payments towards Expenditure on Community Services
	Section 257 - Payments in Respect of Voluntary Organisations under Section 256
	Other - Including recharges for joint funded services or packages.

9.7 Governance Arrangements

Commissioning intentions for Cambridgeshire and Peterborough are governed through a robust governance structure responsible for ensuring commissioning activity is undertaken in line with strategic priorities, statutory obligations, and budgetary allowances.

This includes the following:

- Joint Health and Well Being Board
- Joint Child Health Commissioning Board
- Cambridgeshire & Peterborough Joint Commissioning Board
- The SEND Executive Board
- The Cambridgeshire & Peterborough SEND Strategic Partnership Board
- SEND Partnership Board
- Cabinet [PCC] for Key Decisions

Following a successful revisit of the Local Area and successful progress against the Peterborough Written Statement of Action a Peterborough SEND Development Board will be established to ensure ongoing progress and delivery against any outstanding areas identified within the plan and our overall priorities as outlined in the SEND Strategy.

As commissioners, the Council, Public Health and C&PCCG come together in a Joint Child Health Operational Board, to collectively consider and manage the priorities of all our joint commissioning arrangements, ensuring interdependencies are identified early and that the performance of jointly commissioning contracts are continuously under review. This group connects directly with the SEND partnership board to ensure that feedback is provided to all stakeholders on our activity, but also that feedback from stakeholders on how services are performing are also considered and addressed by the group.

Together, we have developed a Joint Commissioning Operational Guidance, Joint Funding Principles and are developing a Joint Commissioning Outcomes Framework to report performance of jointly commissioned services.

The Joint Commissioning Operational Guidance:

- Outlines how joint commissioners will work to reflect the strategic priorities of the Joint Child Health Commissioning Board (JCHCB).
- Sets expectations of how we will work effectively as joint commissioners across Children's Commissioning organisations, i.e., Cambridgeshire County Council (CCC), Peterborough City Council (PCC), Public Health and the Cambridgeshire & Peterborough Clinical Commissioning Group (C&P CCG).
- Outlines a set of uniformed processes and systems, reflective of the distinct governance processes, that meet the requirements of all agencies.
- Supports the navigation of distinct governance processes to ensure the best use of available resources is made to improve outcomes for children and young people.
- Achieves effective and meaningful communication, participation, and co-production in the strategic development of services and celebrate success

These general principles are aligned with those of the JCHCB Operational Group.



Future Demand

10.1 Sufficiency Forecasting

Business Intelligence within the Council, along with Commissioning and Finance are collectively developing a Strategic 10-year forecasting model with the methodology is being successfully used as a pilot in Cambridgeshire and following mobilisation and refinement, is now being developed in Peterborough.

The model analyses and evaluates the following data sets:

- Trend data to inform predicted growth
- Application of trend data to identify growth in demand across education need, and age groups
- Application of trend data to current spend, to identify the budgetary impact of increased demand
- Analysis of growth and demand combined in order to;

Inform recommendations which will identify broad areas requiring prioritisation for further investigation and- Support detailed analysis of the segmented demand in each area that can focus on mitigating demand pressures, avoiding costs and/or increasing capacity.

A trend-based forecasting model has been devised using 3 years of historical SEN2* data. This is a reliable data set as it is quality assured every year within the Local Authority for submission to Government. The information collected via the annual SEN2 survey form provides the major source of data collected on children and young people with EHCPs (formerly statements of SEN). It is the only source of data on the totality of EHCPs maintained by individual local authorities.

- ▶ The SEN2 data was used to forecast the number of EHCPs by:
- ▶ By year of age
- ▶ By primary need
- ▶ By placement

It was crucial that the designed model was built to forecast the impact of the SEND reforms in 2015. This reflected that existing EHCPs remained in place longer, new EHCPs came into effect in later years, and sharp rise in demand would effectively “age out” as impact of the reforms level out.

The Forecasting Model will be adjusted each year, based on what has happened in the preceding year or further, to make a more accurate forecast for the future years.

- ▶ It is critical to consider, that the model assumes no change to current practice and composition and;
- ▶ Therefore, is also representative of the continued financial pressure and expenditure growth as a result of increasing demand in particular areas.

The forecasts are produced by age and educational primary need and can produce numerical and visual data sets to be used for placement planning or strategic development.

“Catch Up” Constraint

We are identifying new need at all levels but eventually we will have ‘caught up’, i.e., identified all the need and the only ‘new’ need will be what is identified early on. We have to reduce the recent average rates of growth in older age groups because they won’t continue and therefore in order not to over forecast a manual constraint has been introduced to the later stages of the model to keep year group size consistent with this.

[*https://www.gov.uk/government/publications/special-educational-needs-survey-2021](https://www.gov.uk/government/publications/special-educational-needs-survey-2021)

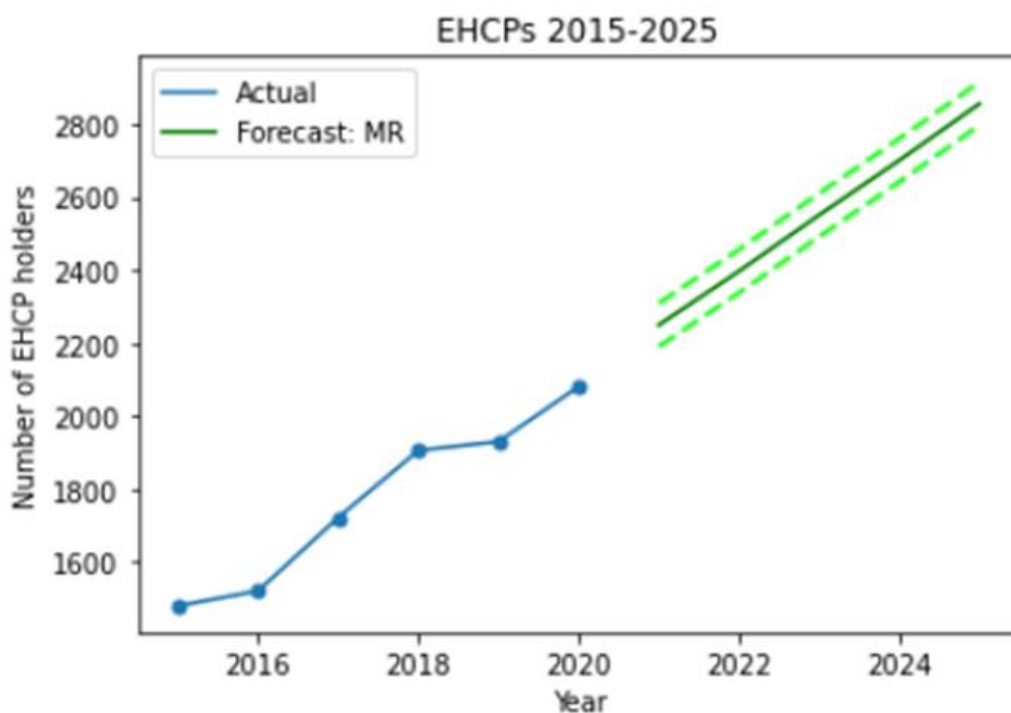
The forecasting model uses SEN2 data from 2015-2020 to project the numbers of EHCPs by age, primary need and placement type to 2031, across all education settings excluding early years. It identifies the key pressures and sets out an approach to managing them. It is used to inform recommendations which will identify broad areas requiring prioritisation for further investigation and action.

This will be a key priority and enabler for robust forecasting and planning for SEND in 2021/22.

10.1.1 Current EHCP Forecast

Based on current EHCP and population trends, using 5 years of SEN2 data, we expect the number of EHCPs to fall within the range of 2797 - 2915 with 95% confidence, with a most likely figure of 2855 EHCPs in 2025.

This is a 40% increase by 2025.



10.2 Population Growth

The table below, taken from the CWD sufficiency strategy [inset link] outlines the predicted growth of the 0-18 population across Cambridgeshire and Peterborough; the 8% prevalence rate (as per the Department for Works and Pensions Family Resource Survey) has been applied to try and get a better understanding of the number of children and young people with disabilities across both counties. However, taking this into account it is anticipated across Peterborough that the number of children and young people open to 0-25 Disability Social Care will increase and therefore could impact demand for EHCPs

Population Forecasting Peterborough 2019-2036 ²					
	0-4	5-14	15-24	Total Population of CYP	Population of CYP with Disabilities
2019	15,410	30,190	21,570	67,170	5,374
2021	14,830	31,720	21,580	68,130	5,450
2026	14,070	31,440	23,990	69,500	5,560
2031	14,560	30,220	27,370	72,150	5,772
2036	15,330	29,770	26,840	71,940	5,755

10.3 Autism

The projections in the table below, from Public Health’s 2020 Autism Needs Assessment bases prevalence rates at 1.5% for 5–10-year-olds and 1.2% for 11–16-year-olds. The Autism Needs Assessment has utilised both local and national data sources to estimate the numbers of children and young people with autism and how these numbers will be impacted in the future.

Whilst the below table indicates that these numbers may decrease, this conflicts with other research, such as that undertaken by the Council for Disabled Children (CDC). The CDC found that that the nationally the numbers of children with complex forms of autism have more than doubled since 2004, to 57,615. In interpreting this data, it is important to note that prevalence rates for autism can vary, reasons include diagnosis rates and the definition of an autistic diagnosis.

Autism Needs Assessment Predictions

Peterborough	2019	2020	2025	2030	2035
5-10 years	280	290	280	260	260
11-17 years	200	210	260	260	240
Total	480	500	540	520	500

The local Autism Needs Assessment provides further understanding of the needs of people living with autism in Cambridgeshire and Peterborough. The Autism Needs Assessment also outlined several recommendations. Whilst these included increasing the capacity in assessment and post-assessment support, references have also been made to the need for more behavioural support services and social skills/relationship support for children and young people with an autism diagnosis. The Needs Assessment also emphasises the importance of Preparing for Adulthood for children and young people with autism; thereby leading to a greater range of employment opportunities.

Details of how this will be addressed can be found in the CWD Sufficiency Strategy but is pertinent to the needs for specialist Autism support within Peterborough SEND Services. A primary enabler for this is the [All Age Autism Strategy 2021](#)

10.4 Challenging Behaviour

Behaviours which challenge are more frequently cited as the reason specialist support is needed for children and young people with a Learning Disability and or Autism. Qualitative information advises that challenging behaviour is increasingly the reason for a child/young person with an ‘Autism only’ diagnosis being open to Social Care and needing specialist support. The [Transforming Care](#) pathway can provide significant support to ensure that young people whose behaviour challenge remain in their families or within their community where possible.

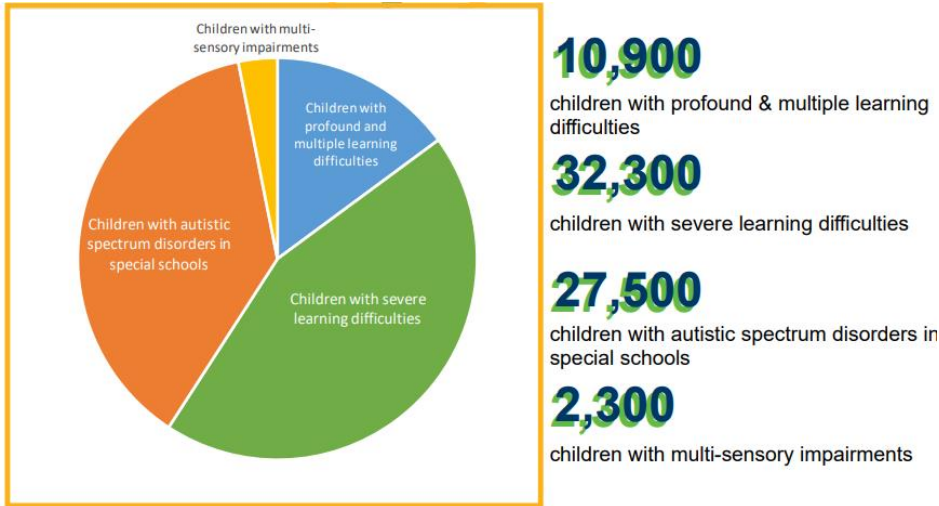
10.5 Learning Disabilities

It is challenging to determine if the rate of diagnosis of Learning Disabilities for children and young people in Peterborough is increasing. The data and qualitative analysis confirms that the majority of children and young people open to PCC’s 0-25 Disability Social Care teams have a diagnosis of Learning Disability. The NHS also asserts that rates of Learning Disabilities for children, young people and adults are [increasing nationally](#).

Infant mortality rate is falling nationally. Rates of Learning Disability within Peterborough may be impacted upon by the location of Addenbrookes Hospital and in future the new Childrens Hospital, which is within reasonable proximity to Peterborough and therefore be a likely choice for parents planning their baby’s birth. Peterborough. Given Addenbrookes’ expertise in treating those with rare or complex conditions, it is anticipated more babies and children will survive than previously. The increased survival rates are linked to increasing complexity of need, specifically children and young people with complex health, physical, learning and or behavioural needs.

10.6 Complexity of Need

A significant factor impacting upon Future Demand is the increasing number of children and young people with complex needs, exceeding the rate of population growth. The Council for Disabled Children and The True Colours Trust published a [report in 2017](#); this followed an analysis of the numbers of disabled children with complex needs and life-limiting conditions in over a decade. This estimated that numbers had increased dramatically by over 50% since 2004, from 49,300 to 73,000 children and young people. The new figure of 73,000 consists of:



10.7 Continuing Care

Children and young people who have complex health care needs which cannot be met through universal services are eligible for an assessment through [Continuing Care](#). If an assessed need is established a care package through C&PCCG may be offered often in partnership with CCC or PCC.

EHCP Primary Need

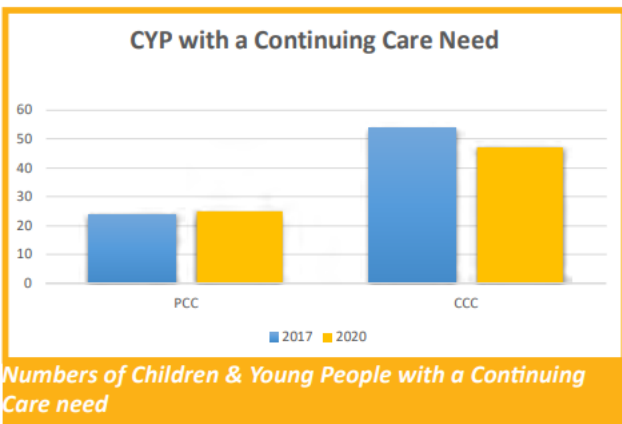


Fig 4 – EHCP Primary Need

In 2017, Public Health explored potential issues and trends that may impact upon the number of children and young people with Continuing Care needs in future. The review of the predominant diagnoses on the Continuing Care caseload related specifically to Autistic Spectrum Disorders (ASD), congenital anomalies, genetic disorders and complications relating to premature birth. At this time, Public Health estimated that, by 2022, there would be 5 more children and young people on the Cambridgeshire Continuing Care caseload and 2 more in Peterborough; with a further 4 each in Cambridgeshire and Peterborough by 2027.

However, four years on, despite increases in population, complexity of need and a greater demand on Social Care services, there has not been an increase in the number of children and young people with a Continuing Care need. The Councils and CCG are evaluating the impact of the continuing care framework and how we collectively implement and in turn jointly commission services as a result. A Decision Support Tool [DST]⁶ is used to support the application of the Continuing Care Framework.

As of July 2017, there were 24 children and young people were assessed as having Continuing Care needs in Peterborough and as of 2021 there are 20 following transitions into adulthood. The decrease in these figures contrasts with many of the themes outlined above including general population growth, rates of diagnoses and complexity of need has increased. This may suggest that the rates of Continuing Care referrals have decreased or

⁶ [NHS continuing healthcare decision support tool - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/nhs-continuing-healthcare-decision-support-tool)

that fewer children are being assessed as eligible for Continuing Care; this may be due to differing interpretations of Continuing Care legislation and subsequent guidance.

Analysis

How the issues addressed in 10.3 to 10.7 are being addressed in terms of future service design can be found within the CWD Sufficiency Strategy, however they are all clear indicators that the demand for SEND Services as a result of Disability, Complexity of Needs, Continuing Care and Autism are all likely to impact on the demand for continued development and design of specialist services to meet the emerging trends, coupled with the overall population growth and development plans across Peterborough and its neighbouring authority.

DESIGN OF FUTURE SERVICES & GAP ANALYSIS

The information and data above is presented as an overview of provision across Peterborough. SEND Commissioning works very closely with our children, young people, parents and carers through school and youth groups and parent/carer forums such as Family Voice and Voice ability to examine the information and gain the views on the strengths and limitations of the provisions that have been described.

Due to the extensive pressures faced by families during COVID it has been harder to complete planning and the full extent of co-production in a way that is reflective of our ambitions as to how we work together, but the ongoing development of this strategy's action plan will be co-produced following a robust consultation. This has been supported by our Parent Carer Forum, Family Voice.

The context of the gap analysis and planning to meet those needs is set within the financial constraints faced by Peterborough City Council and the national challenges around funding for High Needs, but ultimately driven to the needs of children and young people being met locally, with appropriate provision.

Family expectations around the quality of provision and timeliness of delivery is and should still be high, and there is a need to meet children and young people's foremost, as well as meet these expectations within the resources that we have.

The below section outlines the gaps and challenges faced across SEND service provision, and how we intend to meet these challenges:

1. Early Years and Nursery Provision	
Gaps and Challenges	Planning and Design of Future Services
<ul style="list-style-type: none"> • Impact of COVID on service delivery • Increased referrals • Population growth in Peterborough • Equipment Gaps 	<ul style="list-style-type: none"> • Support to service to resume face to face delivery post COVID • Tracking number of EHCP's requested for under 5's to inform and manage flow of referrals • Equipment Pathway for Early Years

2. Maintained Special Schools and Academies

Gaps and Challenges

- ASD/ SEMH specialisms in Peterborough
- Enhanced curriculum offer in Peterborough
- The smaller units specialising in SEMH do not always have the expertise around additional diagnosis e.g., SEMH coupled with primary ASD diagnosis
- In Post 16 settings employability skills and preparing for work varies
- Sensory curriculum development across Peterborough special schools
- Specialist female adolescent support
- Workforce development and inclusion
- Families are looking to specialist provision and independent provision as mainstream provision is not supporting those with specialist needs as well as can be, or this is not consistent across the city

Planning and Design of Future Services

- Build capacity of local area special schools to increase and develop SEMH provision
- Training and/or resourcing to build enhanced curriculums in Peterborough
- Specialist support for schools with specific cohorts
- Resources built in to offer more support to Peterborough schools around their sensory curriculum offer
- Strategic Forecasting to inform better planning
- With only one special school delivering Post 16 in Peterborough, the needs of this cohort have to be met in other ways.
- Alternative opportunities could be shared between Cambridge and Peterborough to enhance the offers and specialisms of both areas.
- Peterborough Special Schools have either reached or exceeded capacity, with continuous work being undertaken in line with sufficiency data to maximise the space and opportunity for extending place numbers within existing settings. These opportunities have now been exhausted and little more capacity can be realised without additional capital investment.
- There is a need to increase special school provision in line with the development of the Strategic forecasting model and education capital programme
- Views of a much wider cohort of parents needs to be gathered, with current groups of parent carers potentially having very different views from future groups of parents
- There is a growing demand for ASD which is not reflected in the composition or strategic growth plans for special schools specifically.

	<ul style="list-style-type: none"> • Ensure robust and continuous reinforcement of the inclusion agenda, including ensuring sufficient workforce development that enables both inclusion and avoid an over reliance on specialist provision
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3. Enhanced Resource Bases

Gaps and Challenges	Planning and Design of Future Services
<ul style="list-style-type: none"> • General increase in SEMH Hub Model, while recognising the importance of the wider social care and health input. 	<ul style="list-style-type: none"> • Mobilise the onboarding of two new resource bases • Increase the focus on provision for mental health needs in mainstream schools so as to prevent escalation of need to Resource Bases. • Further forecasting to inform better planning • Ensure that Transitions from ERB's are included across service priorities • Preparation for Adulthood outcomes are built into the programme of learning at Hub

4. Independent Special Educational Placements

Gaps and Challenges	Planning and Design of Future Services
<ul style="list-style-type: none"> • Provision for secondary age females with SEMH • Provision for SEMH for primary age pupils across both councils' borders • High cost 52-week placements, often needing additional health and social care input • Increase local area provision, supporting children and young people to stay in their communities 	<ul style="list-style-type: none"> • Work with existing ISEP's to tailor their offer to any emerging gaps in provision • The use of joint commissioning mechanisms to identify where joint funding can be used to support the more costly 52 week per year placements • Increase capacity of local independent provision steadily to prevent the growing need for residential provision alongside clearly defined offers and funding. • Work with Providers to respond to complexity of need and creative solutions

<ul style="list-style-type: none"> Improved alignment between children and adult services, particularly where provision offered isn't like for like. Complexity of need is growing along with number of EHPC, coupled with a lack of local area specialist provision 	<ul style="list-style-type: none"> Consider and develop arrangements that cultivate strategic relationships and partnerships with local Providers.
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5. Hospital Pupil Referral Units	
Gaps and Challenges	Planning and Design of Future Services
<ul style="list-style-type: none"> There is limited provision of this kind in Peterborough to respond to any new or increase in demand Ongoing demand for these services, as well as an intended increase in scope both within the hospital's and with the inclusion of the Addenbrookes Children's Hospital PRU Hospital Provision in Peterborough Hospitals 	<ul style="list-style-type: none"> Conduct a commissioning exercise to understand the totality of need, demand, funding and provision available; to ensure a strategic approach to delivery to mobilised that aligns the Councils with the Children's Hospital Programme/ Review commissioning arrangements and continue to consider extending the scope of provision and pan Peterborough offer

6. Out of School Tuition and Alternative Education Provision	
Gaps and Challenges	Planning and Design of Future Services
<ul style="list-style-type: none"> Ensure that tuition processes continue to be clear and accessible for teams and providers Wider variety of providers in therapeutic delivery model particularly in light of COVID 19 and the anticipated need for support for young people who have had a prolonged period out of school. This may mean existing students or new cohorts not yet identified. 	<ul style="list-style-type: none"> Work with Cambridgeshire Alternative Education Service to continue to align new providers and ensure that Quality Assurance and Safeguarding processes are robust. Consider the need for Provider training, resources, premises Tracking of early years cohort with EHCP's

<ul style="list-style-type: none"> • Gaps in service offer including: <ul style="list-style-type: none"> ○ Lack of provider services in the age ranges 0-5yrs. ○ Augmented communication for more complex needs ○ Lack of provider skilled in managing very challenging behaviours ○ Small proportion around sensory and physical needs • Consideration that the effect of parents returning to work post COVID may present an impact on how and where online tuition is delivered. • Formal Qualifications have quite a good spread of offers but for young people with SEND, it is often the more Vocational routes and enrichment that can provide a more rounded curriculum. • Blended packages e.g., academic tuition together with a therapeutic approach • COVID restrictions around face-to-face delivery resulting in provider pricing schedules having to cover additional venue costs 	<ul style="list-style-type: none"> • Work with providers/schools and CCC/PCC property services to identify alternative solutions to delivery • Active engagement with providers whose specialisms are more vocational • Blended packages of tuition with more than one provider • Consideration of a post within Access to Resources Team that sources tuition and manages the process around it, thereby reducing workload on SAT caseworkers and ensuring savings on OosT by levelling out referrals to several providers • Consideration of block contract arrangements to ensure a strong and equitable provider market • Ensure cohesion in policy understanding when children are out of education and have an emerging social care need. • Continue to work collaboratively to identify creative solutions for children out of education
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7. Post 16 and FE	
Gaps and Challenges	Planning and Design of Future Services
<ul style="list-style-type: none"> • Support around transitions to Post 16 settings • A mechanism or framework for securing education packages for Post 16 young people. • Supported employment through traditional colleges, while very much a priority in terms of direction of travel, the market share of 	<ul style="list-style-type: none"> • Respond to scoping exercise, including mapping provision across Post 16 and FE sector including supported employment routes. • Post 16 Audit following PFA outcomes • Ensure that PFA outcomes are given priority at EHCP reviews from Year 9 onwards

<p>this is done by independent training providers, social enterprises, charities, and community interest companies.</p> <ul style="list-style-type: none"> • Supported Internships, Traineeships, and supported Apprenticeships • Creative community-based approaches post 16 • Support for schools to increase their opportunities around Post 16 work experience • Co-production with local FE providers to identify gaps and plan for future delivery • Improved pathways and provision for health services between children’s and adults • Ensuring children and young people inform the local areas offer of services, using co-production and collaboration. 	<ul style="list-style-type: none"> • Explore the provision for young people with SEND at age 16 whose preference is to move into work not education • Means identified to quality assure provision including consideration of a framework to support Post 16 offers and community-based solutions. • Increasing the geographical scope and variety of providers • Linking in with other workstreams that are building networks with employers to access opportunities around work experience, supported internships, traineeships and apprenticeships • Supporting existing Post 16 school settings to look at options for supported internship programmes • Use data from the local labour market to identify which skills areas are in demand • Job Coach provision within the 14-25 ANT team
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8. Higher Education	
Gaps and Challenges	Planning and Design of Future Services
<ul style="list-style-type: none"> • The number of students entering Higher Education establishments from SEND settings is low and the challenges appear in adult services when young people (with ASD for example) access Higher Education courses but fail to complete. There is a gap in data and gaps in support for transition to Higher Education from A level or equivalent. • It is unclear the options for young people access Higher Education in Peterborough 	<ul style="list-style-type: none"> • Some scoping work to be conducted with local FE colleges to look at transitions into Higher Education for young people with SEND and the transitions that they may receive to sustain a Higher Education course. This could be appropriate for those young people who have accessed mainstream education with support, ERB’s or specialist tuition to complete further education qualifications. • Commission a consultation with Higher Education establishments to get feedback on young people’s experiences.

<ul style="list-style-type: none"> Information/feedback from young people and their families regarding their transition to Higher Education 	
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9. Forecasting Model	
Analysis and evaluation	Meeting Need
<ul style="list-style-type: none"> Lack of strategic forecasting in EHCPs to robustly inform planning Data that demonstrate the need for increase in Special Schools The demand in 16-19yrs across educational needs groups and settings with specific attention to demonstrating predicted increase from specialist FE Respond to potential demand in 20yrs + provision and increase this provision across educational needs groups and settings Quantify the likely demand for SEMH and ASD (11-15yrs) and increase provision 	<ul style="list-style-type: none"> Develop a robust forecasting model as detailed in with section 10.0 Provide outputs of forecasting to Schools and publish ongoing sufficiency data. Review and recalibrate forecasts to consider actual growth and/or change Review priorities to respond to forecasts.

Conclusion

We have analysed all relevant information to determine what needs there are within our SEN/SEND population and what actions will be necessary to secure positive outcomes and sustainable good quality provision to achieve this

We know from our data, information, local strategies and policies that we are already and will continue to see rises in Education Health and Care Plans in Peterborough, as well as children and young people requiring SEN support.

Peterborough have been successful in maintaining relatively comparable rates of growth in relation to both SEN Support and EHCPs; and have seen a lesser increase in demand for EHCP's post 16 and post 20 years.

However, our strategies and our data tell us that this is still likely to increase in the future and therefore a continuous review and development of post 16 provision and pathways, coupled with preparation for adulthood is a key priority within this strategy action plan.

We know that both Covid and increasing rates of deprivation in Peterborough is likely to further increase the need for specialist provision across the local area, as well as the increasing in complexity of the needs of children and young people, the rise in children and young people with learning and/or complex physical disabilities and health needs; and the development of neighbouring health services that are likely to attract families with more complex system needs into the local areas.

There is an increase in population growth within Peterborough that is faster than national averages, as well as a growth in neighbouring local areas such as Cambridgeshire, which continue to increase a reliance on cross border access to provision, coupled with a joint clinical commissioning group that spans both local areas.

This does, however, provide an opportunity for continuous collaboration across the local area that has been seen at a local and strategic level, with the development of a range of pan local area strategies and governance structures, then continue to encourage close working relationship and collaboration where it is beneficial.

This is therefore a continued priority for commissioning strategies and sufficiency, working with Providers across the two local areas to achieve value for money, efficiencies, collaboration, and co-production. This will need to be founded on a robust Strategic Forecasting that models that informs local decisions on the need for provision now and in the future; as well as provide information to Providers that enable them to predict and respond to the need for new provision and provide proactive solutions.

Commissioners from across the local area will work together to continuously review, improve, and close gaps within services. This includes services such as therapies, equipment, and mental health services, as well as jointly commissioned education and social care provision for children and young people. This includes the continued development of joint commissioning arrangements, operating procedures, and infrastructure as we work together in the implementation and mobilisation of the new Integrated Care System.

As a local area, we will continue to build upon our joint commissioning arrangements, ensuring we work collectively as a local area to meet the education, health and social care needs of our children young people population, ensuring that co-production and collaboration with our parent carer forums through existing and developing governance and infrastructures; and in fulfilling the strategic priorities across the SEND service and wider services.

Appendices:

1.0 Summary of Pupil Referral Units

2.0 Out of School Tuition Contract Summary

3.0 Joint Commissioning Legislative Context

Appendix 1.0 – Pupil Referral Units

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) <https://www.cpft.nhs.uk/Darwin%20Centre/>

The Pilgrim Pathways School is an umbrella education provision that provide education for pupils ages 5-12 years old from a variety background and education journeys. The Pilgrim Pathways Schools provide education at the following centres:

Addenbrookes

Addenbrooke’s Hospital Education provides education to children and young people currently admitted as an inpatient for a wide range of physical health needs. They provide daily lessons in small groups or 1:1 at the child’s bedside.

Brainbow

Launched in 2013, Brainbow is a unique partnership between three independent charities – Anna’s Hope, Camille’s Appeal and Tom’s Trust, working with Addenbrooke’s Hospital to fund and provide a pioneering rehabilitation service in the East of England for children with brain tumours.

Darwin Centre for Young People

The Darwin Centre for Young People is a Tier 4 adolescent inpatient unit based in Fulbourn, Cambridgeshire that offers assessment and treatment to young people (13-17 up to 18th Birthday) with severe mental health difficulties on both an inpatient, and day patient basis. The unit has places for 14 young people.

The length of stay and type of admission depends on the young person’s individual needs and circumstances; most young people stay for around 8-10 weeks, but can be offered longer or shorter treatment if appropriate. [Darwin Centre for Young People Annual Report - April 2018-March 2019](#)

The Croft

<https://www.cpft.nhs.uk/croftpages/croft1.htm/>

The Croft Child and Family Unit is a residential or ‘in-patient’ centre near Cambridge for children with mental health conditions and their families. They provide intensive assessment and treatment for children with complex emotional, behavioural and social difficulties.

Phoenix

The Phoenix is a school attached to an NHS inpatient eating disorders unit for young people aged 11-18 years. Students come from Cambridgeshire, Peterborough and the surrounding counties. The ethos of the classroom is to encourage and provide a stable, positive environment. Individual teaching with subject specialists and assistants gives support and confidence to students.

The Phoenix Centre is a registered exam centre and it is possible for students to take their exams here. Visiting speakers and arts groups are invited to the Phoenix to complement and enhance the curriculum and ensure that the school is part of the local community.

Appendix 2.0 – Out of School Tuition Contract Summary

<p>LAC</p> <ul style="list-style-type: none"> ➤ 11 provide support for Looked After Children or Children in Care 	<p>ESOL</p> <ul style="list-style-type: none"> ➤ 7 provide support for children with English as a Second Language 	<p>Transition Planning</p> <ul style="list-style-type: none"> ➤ 12 provide Transition Planning as part of their programme 	<p>Formal Curriculum</p> <ul style="list-style-type: none"> ➤ 10 providers offer Formal Curriculums such as GCSE's, A Levels and IB's 	<p>Augmented Communication</p> <ul style="list-style-type: none"> ➤ 3 of the providers work with their students via augmented communication, this may include Makaton, BSL, Widget or PECS
<p>Vocational Curriculum (such as BTEC/ASDAN)</p> <ul style="list-style-type: none"> ➤ 7 providers offer Vocational Qualifications such as BTEC or ASDAN and functional skills 		<p>Therapeutic interventions</p> <ul style="list-style-type: none"> ➤ 4 of the providers work therapeutically within their way of working or the environment but are not accredited therapies. 		
<p>Age ranges</p> <ul style="list-style-type: none"> ➤ 5 provide services to under 5's ➤ 11 provide services up to the age of 25 ➤ 3 providers are secondary age only 11- 18 ➤ 3 provide services from 5 – 18yrs only 				
<p>Additional offers (such as enrichment, behavioural support, pastoral support)</p> <ul style="list-style-type: none"> ➤ 5 providers offer enrichment activities such as Arts Award, employability or work experience ➤ 12 providers offer behavioural support ➤ 9 providers offer some pastoral or mentoring support 				
<p>Type of Provision</p> <p><i>home/school /online/outreach/own setting</i></p> <ul style="list-style-type: none"> ➤ None of the settings have their own base ➤ 7 providers deliver in the students' own home ➤ 13 providers deliver via online platforms ➤ 9 providers deliver in an outreach setting ➤ 7 providers deliver in a school setting 		<p>Areas of Need</p> <p><i>Cognition and Learning, Communication and Interaction, SEMH, Sensory and Physical</i></p> <ul style="list-style-type: none"> ➤ 8 providers specialise in all 4 areas of need ➤ 1 covers just Cognition and Learning ➤ 2 cover just SEMH 		

Appendix 3.0 – Joint Commissioning Legislative Context

This section details key legislative guidance on joint commissioning and funding between the Local Authority (LA) and partner commissioning bodies, including Clinical Commissioning Groups, such as the C&P CCG.

Children and Families Act 2014

- The commissioning partners must make joint commissioning arrangements about the education, health and care provision for children and young people (CYP) within the LAs area, or for whom the local authority is responsible for, who have a special education need or disability.
- The arrangements must:
 - o determine what provision is to be secured and by whom.
 - o cover what information and advice is to be provided about education, health and care provision, how it is to be provided.
 - o detail how complaints about education, health and care provision may be made and handled.
 - o include procedures for resolving disputes between the partners.
- The arrangements will help:
 - o the LA better inform its local offer.
 - o those CYP who have special educational, health and social care needs by ensuring that there are adequate and “joined up” assessments.
 - o secure the provision included in EHC Plans.
 - o in agreeing personal budgets for providing support.
- The commissioning partners are required to act consistently with the joint commissioning arrangements and to keep them under review so they can be updated where necessary.

SEND Code of Practice

- Details the same requirements for joint commissioning arrangements as the Children and Families Act 2014 (above).
- Commissioning partners should develop effective ways of harnessing the views of their local communities so that commissioning decisions on services for those with SEND are shaped by users’ experiences, ambitions and expectations.

Health and Social Care Act 2012

- NHS commissioners are placed under specific duties to:
 - o Promote the involvement of patients and their carers in decisions that relate to their treatment or care
 - o Ensure public involvement and consultation in commissioning processes and decisions

Care Act 2014

- Integrated approaches include:
 - o Joint commissioning strategies,
 - o Joint funding,
 - o Pooled budgets,
 - o Collaborative commissioning,
 - o Working with potential providers to consider innovative ways that services can be delivered.
- Under Section 3 of the Care Act, the LA has a duty to take steps to ensure the integration of social care provision with health provision; this should be extended to include housing, employment, transport, benefits and leisure services where there is evidence that integration would improve wellbeing.

NHS Act 2006

- Section 75 of the NHS Act 2006 allows the pooling of funds where payments may be made towards expenditure incurred in the exercise of any NHS or ‘health-related’ local authority functions. Section 75 also allows for one partner to take the lead in commissioning services on behalf of the other (lead commissioning) and for partners to combine resources, staff and management structures to help

integrate service provision (integrated management or provision), commonly known as 'Health Act flexibilities. Here staff can be seconded/transferred and managed by another organisation's personnel. (Section 113 of the Local Government Act allows staff to be available to 'non-employing' partner organisations).

- The Act also makes provision for the functions (statutory powers or duties) to be delivered on a daily basis by another partner, subject to the agreed terms of delegation.
- This legislation only applies to local authority and health partners.

Children Act 2004

- Section 10 of the Children Act 2004 requires LA to make arrangements to promote cooperation between the LA and partners/bodies that are working with CYP in the LA, such as the CCG. The arrangements are to be made with a view to improving the wellbeing of all CYP in the LA area, which includes protection from harm and neglect.

Legal Mechanisms

The NHS Act 2006 supports joint commissioning arrangements and makes provision for payments to be made between local authorities and NHS bodies. It also makes provision for payments to be made to other specified bodies, including voluntary organisations and Local Health Boards. These arrangements are classified under the following sections of the Act:

Definitions

Section 75 - Arrangements between NHS Bodies and Local Authorities.

(NHS Act 2006) – arrangements for pooling resources and delegating 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.

Section 76 - Power of Local Authorities to make Payments

Section 256 - Power of the Board or a Clinical Commissioning Group to make Payments towards Expenditure on Community Services

(NHS Act 2006, amended by Health and Social Care Act 2012) - Enables CCGs to make grants to Local Authorities towards expenditure on specified community services and any Local Authority functions that have an effect on the health of individuals or are connected with any NHS functions.

To ensure financial probity and a clear audit trail a certificate of expenditure needs to be completed by the relevant Local Authority as well as a Memorandum of Agreement that is signed by both the C&P CCG and LA.

Section 257 - Payments in Respect of Voluntary Organisations under Section 256

Other - Including recharges for joint funded services or packages.

Our Priorities

Over the next 12-18 months, alongside future planning directives, several commissioning decisions will impact on sufficiency for children and young people with SEN/SEND. These will include:

1.	Continue to monitor the growth in EHCP's for children and young people 0-5 years, ensuring there is sufficient provision and support for them and their settings, as well as appropriate resources to enable inclusion and access to childcare; and education
2.	Build capacity, specialist knowledge and provision within special schools to respond to growing numbers of EHCPs, particularly for those with Social Emotional Mental Health and Autism and further education. This includes robust support for Schools and workforce development that encourages and enables inclusion.
3.	Mobilise and develop the SEMH Hub Model, including two new sites and improved forecasting to support and inform future planning
4.	Work with the independent sector to refine and ensure the development of provision local to our area and to meet the needs of our population. Including improve provision of sufficiency information that informs planning and cultivates solution focused partnerships. This includes responding to growing complexity and supporting resilience.
5.	Work collaboratively with Cambridgeshire in extending the PRU provision within Cambridgeshire hospitals to Peterborough, as well as responding to the development of the Addenbrookes Children's Hospital and growing population of children and young people in inpatient hospitals, delayed discharge and limited options post discharge.
6.	Whilst the uptake of Out of School Tuition is relatively low in Peterborough, there is a likely need and steady increase of children and young people requiring alternative education solutions and need to ensure there is a sufficient range of academic, non-academic and therapeutic offers, face to face and online offers and arrangements that deliver best value; and offer development of smaller organisations.

7.	Deliver on the outcomes of the Post 16 review and ensure there is a variety and sufficient Further Education, Higher Education and creative community-based solutions, including apprenticeships, internships and traineeships for children and young people 16-25 years. This includes responding to a likely rise in EHCPs in the 18-25 years and ensuring there is robust forecasting to predict this.
8.	Development of a robust strategic forecasting model that enables us to predict and respond to rises in education, health and care plans across all ages, in line with their primary identified educational need and provision requirements. This includes providing information to Providers to enable them to respond to the changes in future demand and be able to work collaboratively to identify cost effective and good value for money.