



Rutland
County Council

NDTi: A review of commissioning of services for children and young people with learning disabilities who challenge services in Rutland

Overview



SUMMARY

"...many strengths, including some excellent good practice, a clear values base and outcomes-focused commissioning. The strong focus on PFA was particularly noticeable...early intervention and prevention services, also very good. ...positive working relationships and a flexible and can-do attitude; much credit to the staff for this. Geography a drawback in level of health input, which becomes more problematic as children get older."



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Good practice case studies

These will be written up for national publication:

- Aiming High short breaks
- Support to parents
- Flexible personalised commissioning




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Vision and Values

- Good: inclusive intention
- Emphasis on PFA
- Clear focus on outcomes – SEND plan
- Outcomes based on feedback from children, families
- Good solutions; early identification
- “Can do” culture


PROGRESS PRIDE INTEGRITY SUP
ACCOUNTABILITY TEAMWORK TR
RESPECT COURAGE LEADERSHIP
HONESTY PASSION COMMUNICA
TEGRITY
ERSHIP
QUALITY COMMITMENT RELIABIL
PERFECTION VISION PROGRESS

VALUES



Leadership

- Good: thread of accountability; portfolio holders; governance; public and Scrutiny – “aim to be the best”
- Commissioners; good and value flexibility; problem with CCG
- Positive risk taking; good flexibility; need policy on this
- Need to raise profile SEND at Health & Wellbeing Board



Relationships

- V positive partnerships & relationships (departments, parents, carers, e.g., Aiming High; family centre; secondary school)
- Good support & info to families RIASS; Sunflowers;
- Council ambition to harness social capital
- Schools; more varied. Schools saw networking with right people locally; strength
- Need to support SENCOs more
- Small is good; tails off as children get older
- TOG good
- SEND families need more support



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Service Model

- Individual person-centred approaches good BUT could EHCP be more person-centred?
- Health; a lottery
- Local offer developing – is a directory; Ed Psych developing (delays)
- Non-aversive approaches; yes, but less consistent in education, other providers
- Excellent early intervention, e.g., Cottesmore, youth inclusion support
- Need EHCP info to inform commissioning
- Healthwatch mental initiative; excellent



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Skilled Providers and Staff

- Staff turnover low; stable
- Skilled providers and innovative practice, use TSA on EHCP training?
- Parents' view; lack of understanding of autism and behaviour challenges amongst staff, e.g., use Ed Psychs with schools
- Need prof dev't approach for ASD, pathway and attachment; use ED Psych and LD, CAMHS and TSA to arrange





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An Evidence Base

- Cost info was available; used to improve services. Placement panel has strong elements of commissioning, but no health
- Concern that near end KS2 children are removed
- Concern at pathways once college moves
- Random referrals from GPs to CAMHS
- Need to reduce primary placements
- Engage LLR in EHCP



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Other Commissioning Actions

- No personal health budgets in Rutland
- Personal budgets in EHC – “work in progress”
- Need to increase this





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