

# Background

Local government  
and public  
involvement in  
Health Act 2007 -  
upper tier councils

Clinical  
commissioning  
groups to 'have  
regard to the JSNA'  
in commissioning  
decisions

Health Act 2012 –  
one of the four  
roles of the health  
and wellbeing  
board

# Concept

- Strategic, not specific needs
- A process – a living thing
- Do once and share
- Data + interpretation = intelligence
- Informs priority setting
- Support evidence-based decision-making

# Three strands

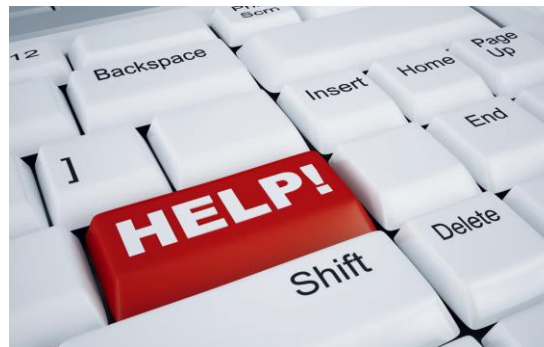
## Web platform



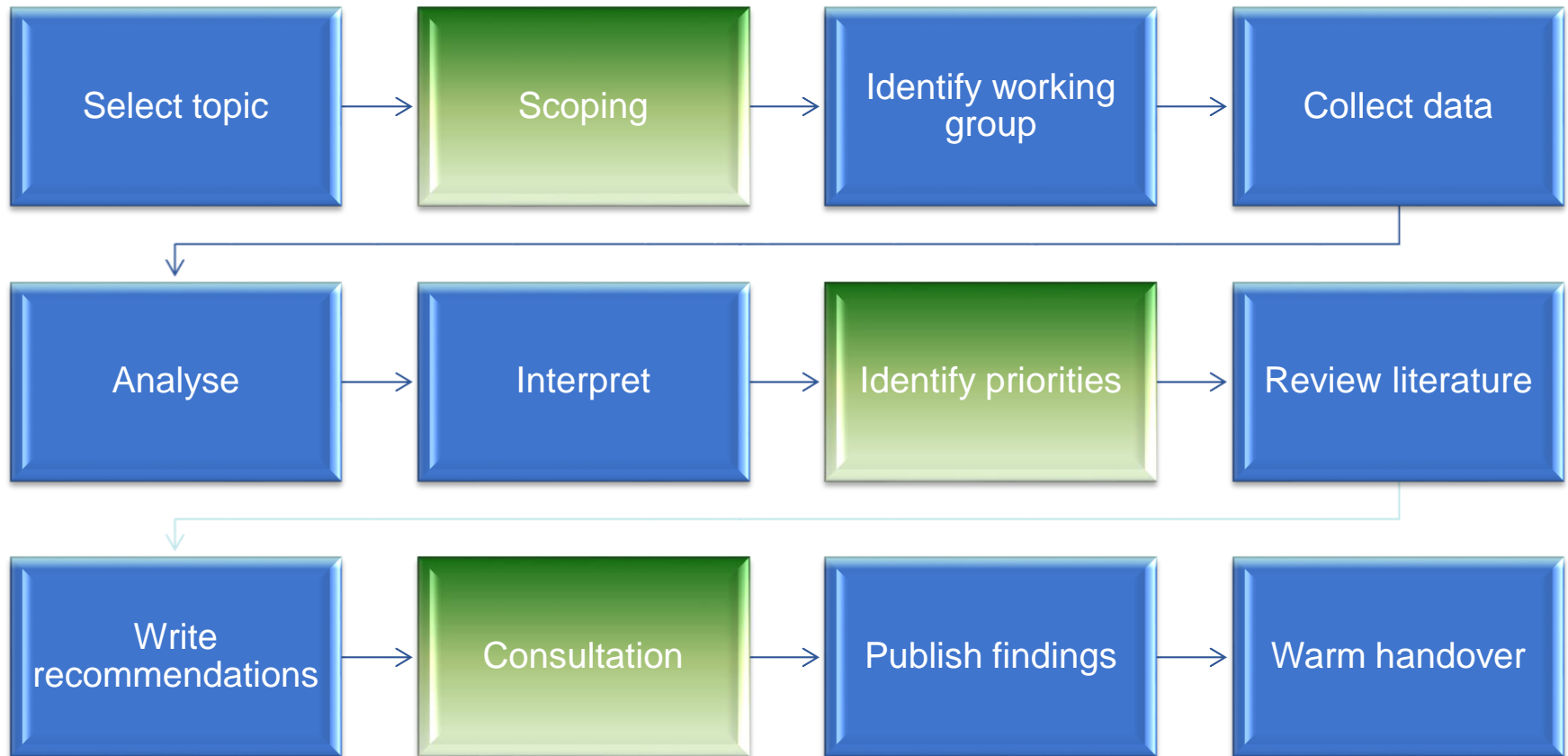
Thematic JSNAs

health inequalities, learning disabilities, long term conditions, wellbeing, domestic abuse, alcohol, children, tobacco, obesity, childhood, mental health, drugs, older people, young people

## Support



# The JSNA process



# What the JSNA informs

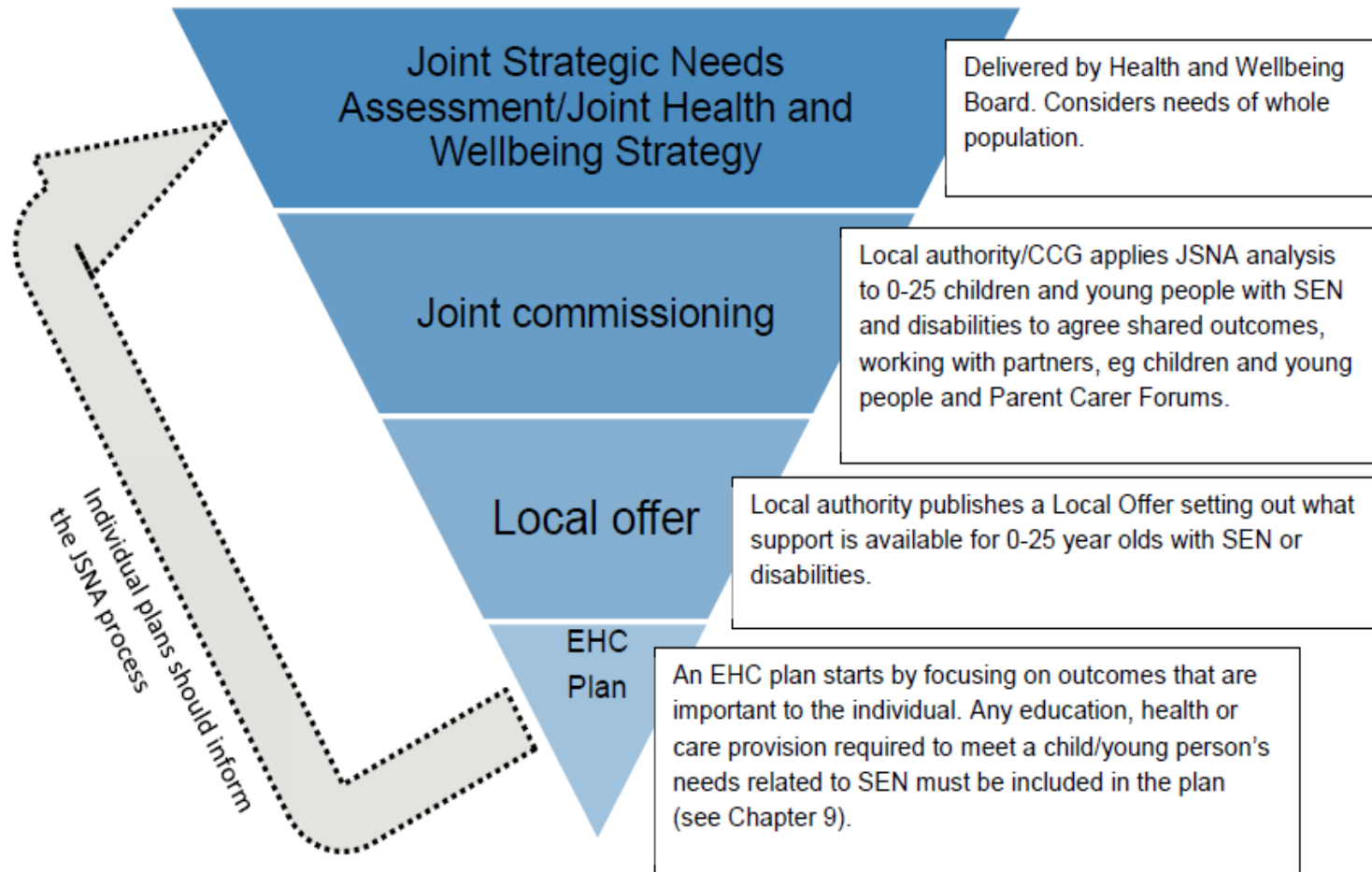
- Strategic decisions about health and wellbeing
- Health and wellbeing strategy
- Strategic commissioning plans of partners
- Public health programmes
- Support for NHS (clinical commissioning groups, commissioning support unit, other NHS partners)

# Introduction to the SEND JSNA

Dr Sally Richardson

Principal Educational Psychologist  
Lancashire County Council

# Relationship between population needs, service provision and individual EHC plans

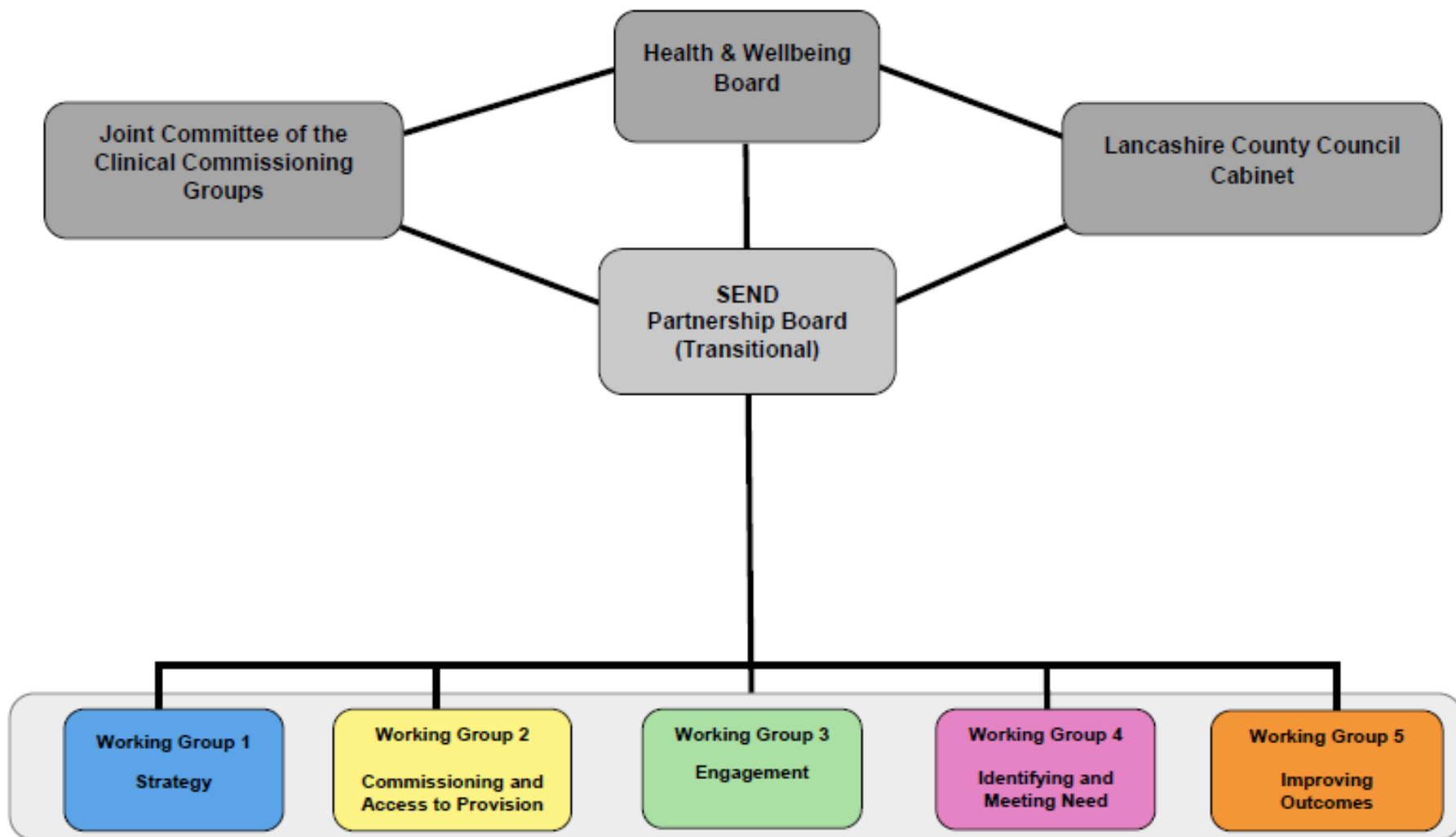


# SEND JSNA

- Understand the current picture
- Identify gaps
- Strategic planning and prediction
- Joint working and integration across sectors
- Inter-relationship between multiple factors in different directions
- Provide a starting point
- Enable the identification of priorities



# Impetus for JSNA



# Definition of SEND

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions

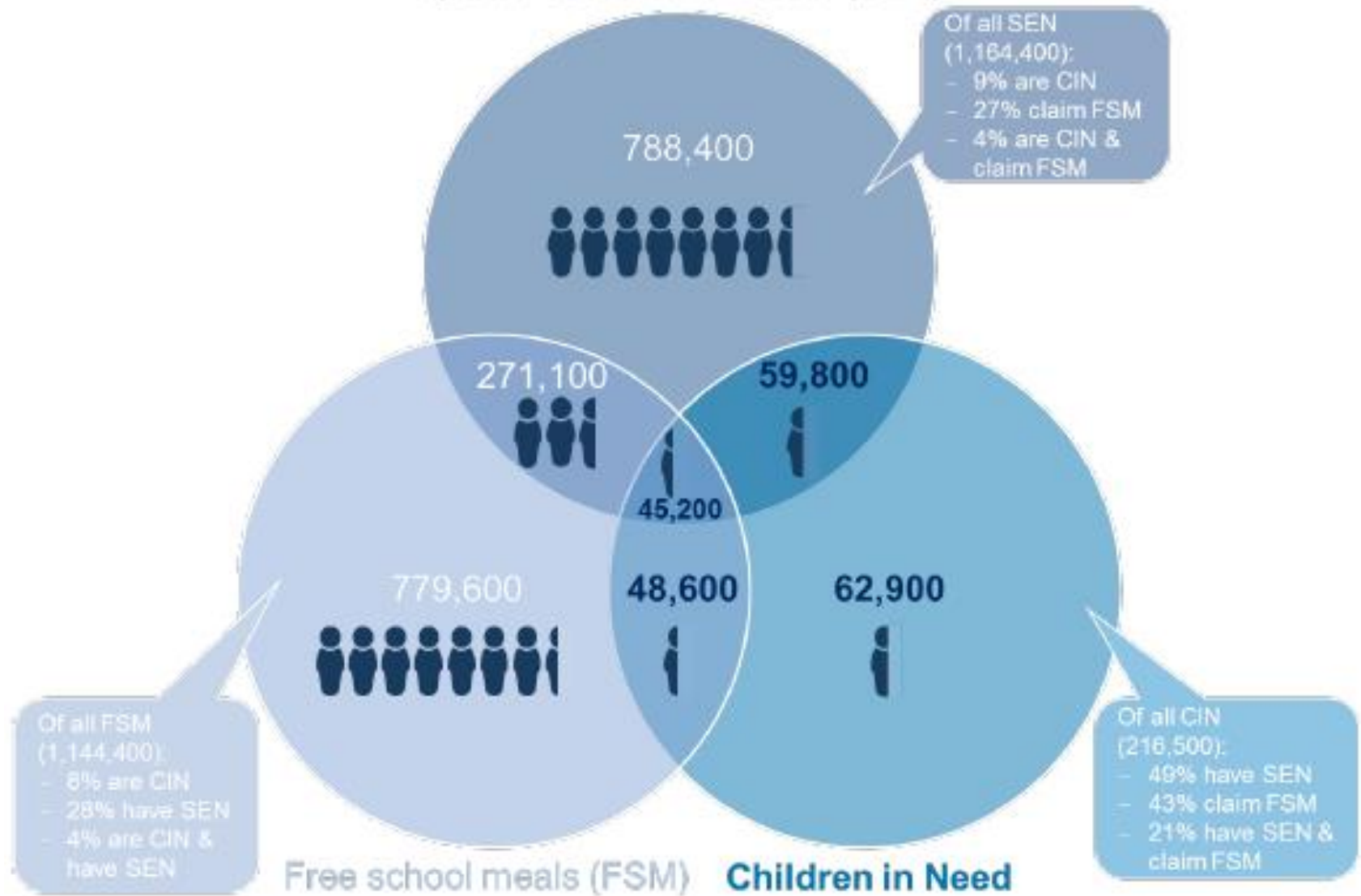
# Learning disability

Many children and young people who have SEN may have a disability

Equality Act 2010 definition: '...a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities'.

Term often used in post 16 institutions is learning difficulties and disabilities (LDD).

## Special educational needs (SEN)

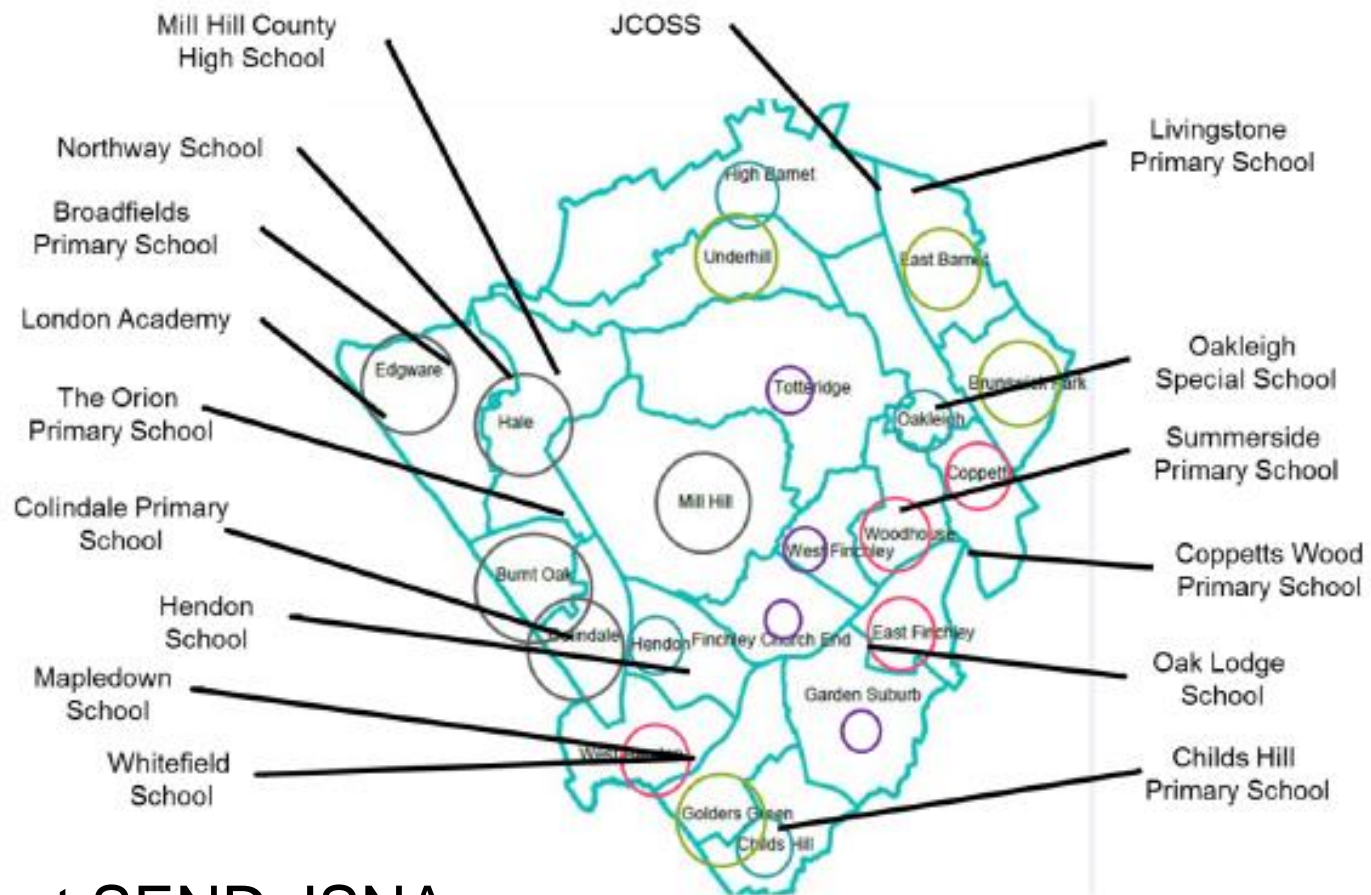


# CCGs and health providers



## East Sussex, Comprehensive Needs Assessment

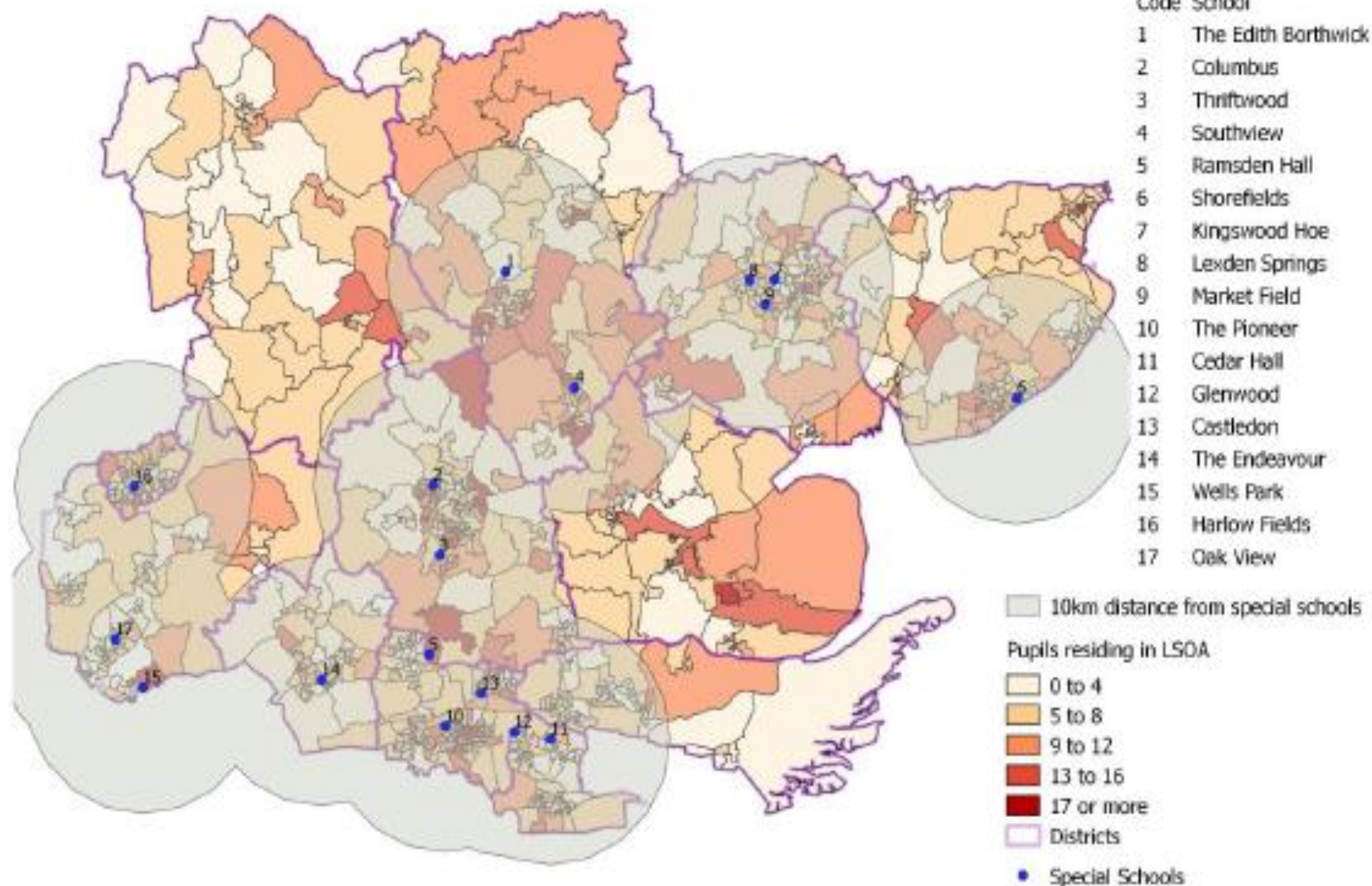
# Mapping out the territory

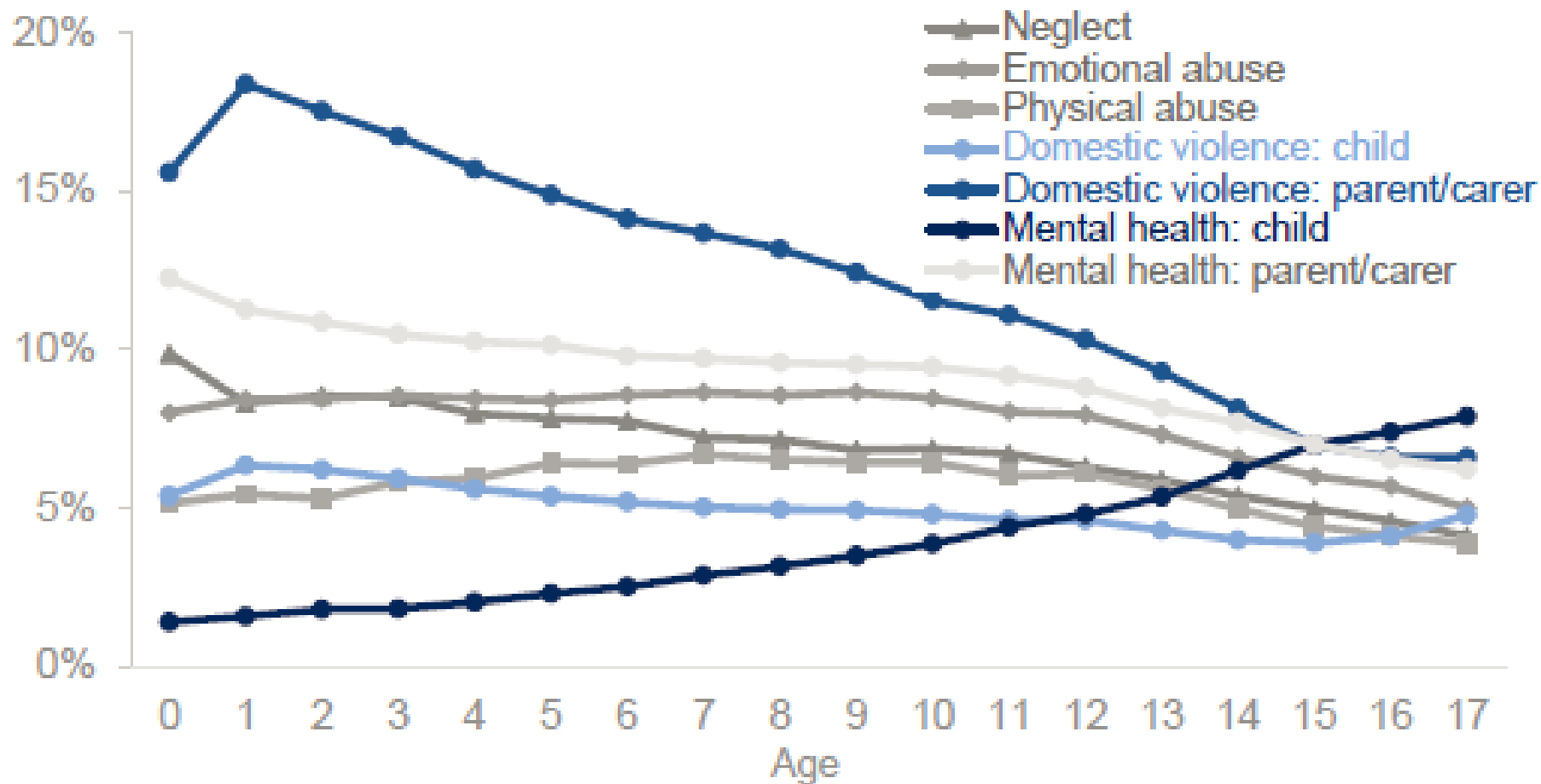


Barnet SEND JSNA



## Pupils with a statement who reside in Essex - January 2015

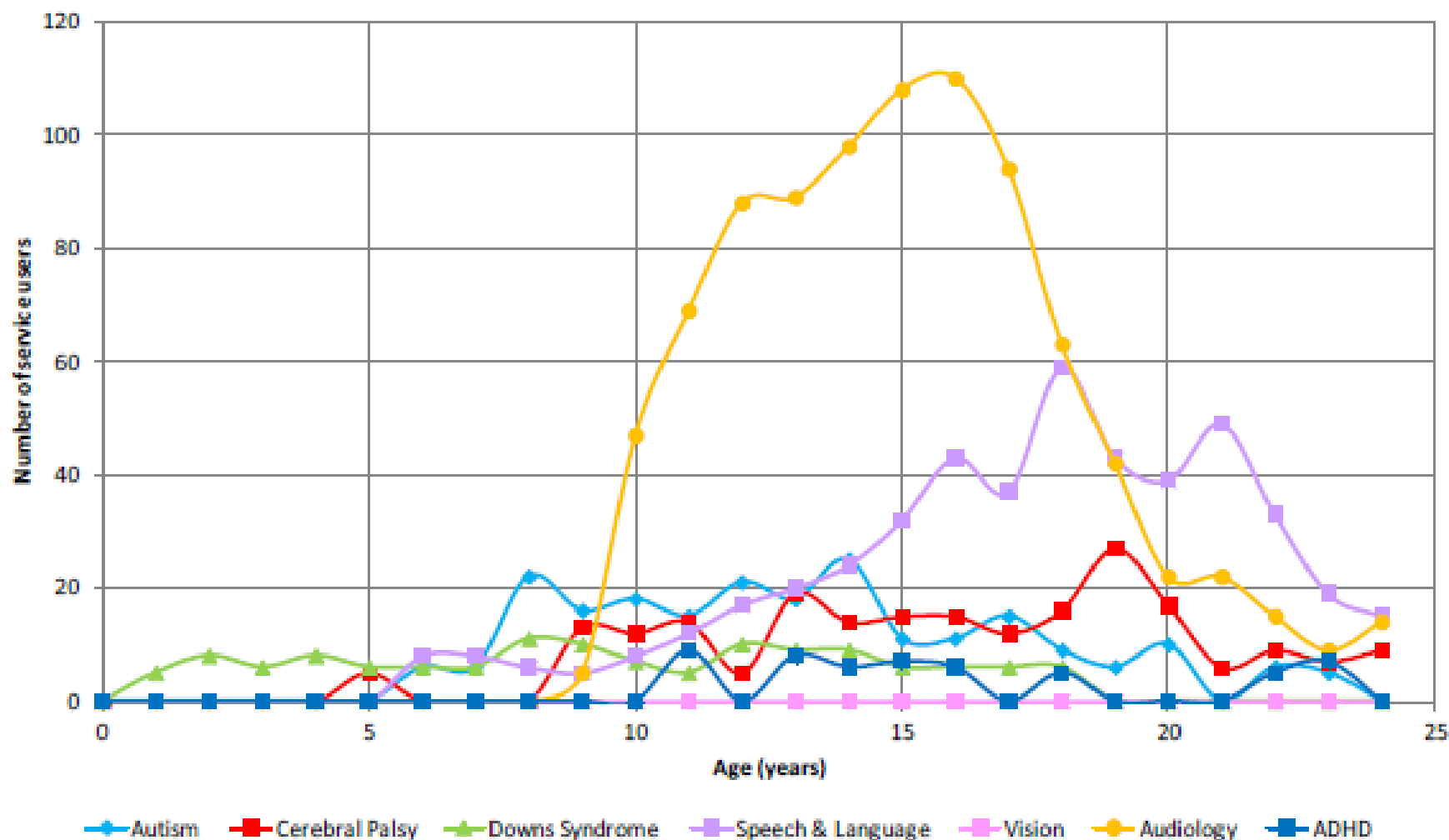




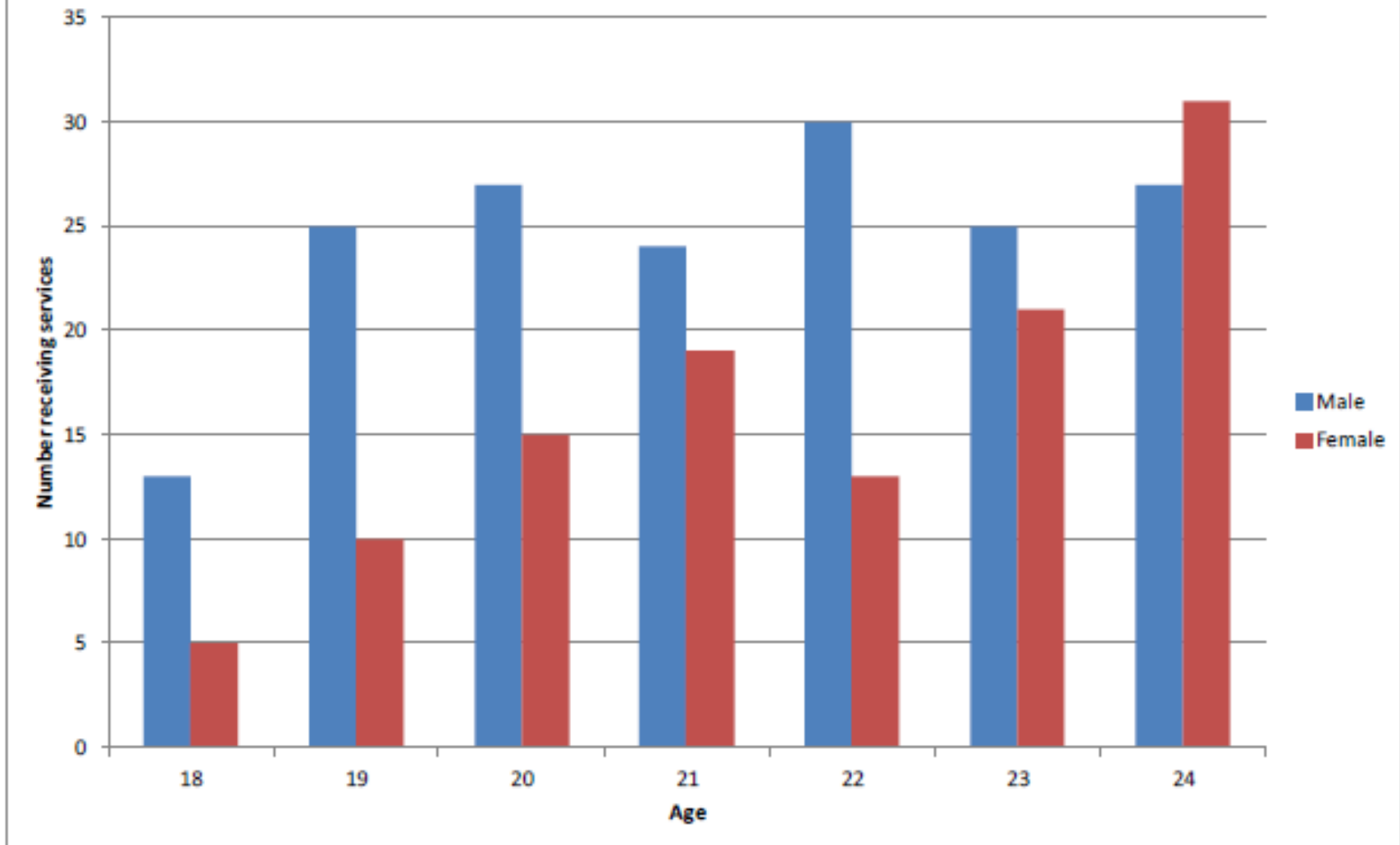
Source: DfE, CIN census 2015-16 (Accompanying Table 6)



## Gloucestershire Care Service, service users by single year of age and condition, May 2014



Adult social care service users by gender and age, May 2014



Gloucestershire SEND needs analysis

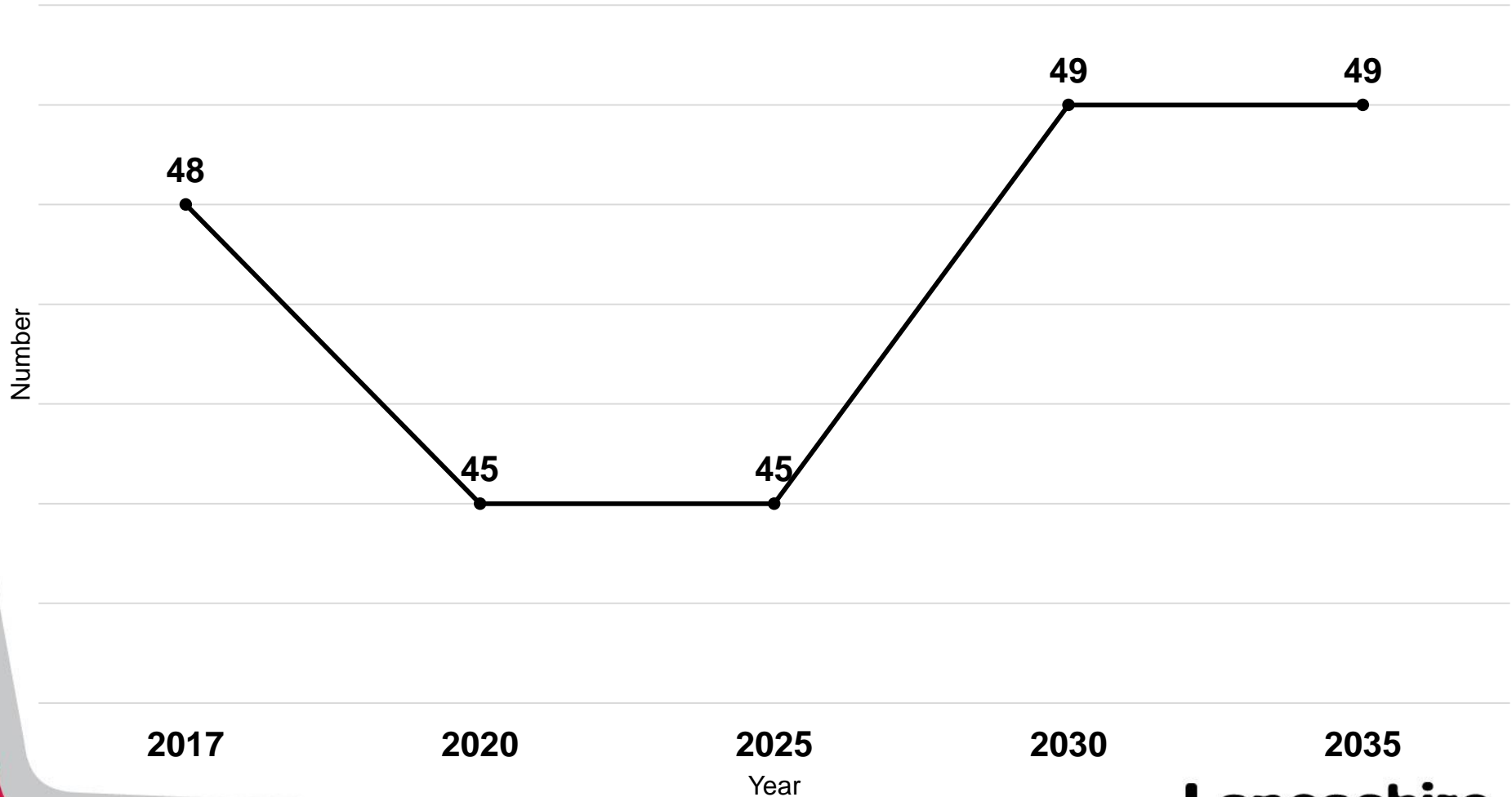
# Expenditure

INDEPENDENT SCHOOL PLACEMENTS - AS AT 01/04/15 (38 week day placements)					
Need Type	Pupils	Total Place Cost	Cost To		
			Education	Social Care	Health
ASD	45	£2,165,111	£2,165,111	£0	£0
BESD	58	£2,492,287	£2,492,287	£0	£0
HI	2	£59,446	£59,446	£0	£0
MLD	3	£131,676	£131,676	£0	£0
MSI	0	£0	£0	£0	£0
NOT RECORDED	1	£33,432	£33,432	£0	£0
NOT STATEMENTED	0	£0	£0	£0	£0
PD	2	£84,291	£84,291	£0	£0
PMLD	1	£13,686	£13,686	£0	£0
SLCN	3	£90,963	£90,963	£0	£0
SLD	2	£60,662	£60,662	£0	£0
SPLD	3	£66,380	£66,380	£0	£0
VI	0	£0	£0	£0	£0
<b>TOTAL</b>	<b>120</b>	<b>£5,197,934</b>	<b>£5,197,934</b>	<b>£0</b>	<b>£0</b>

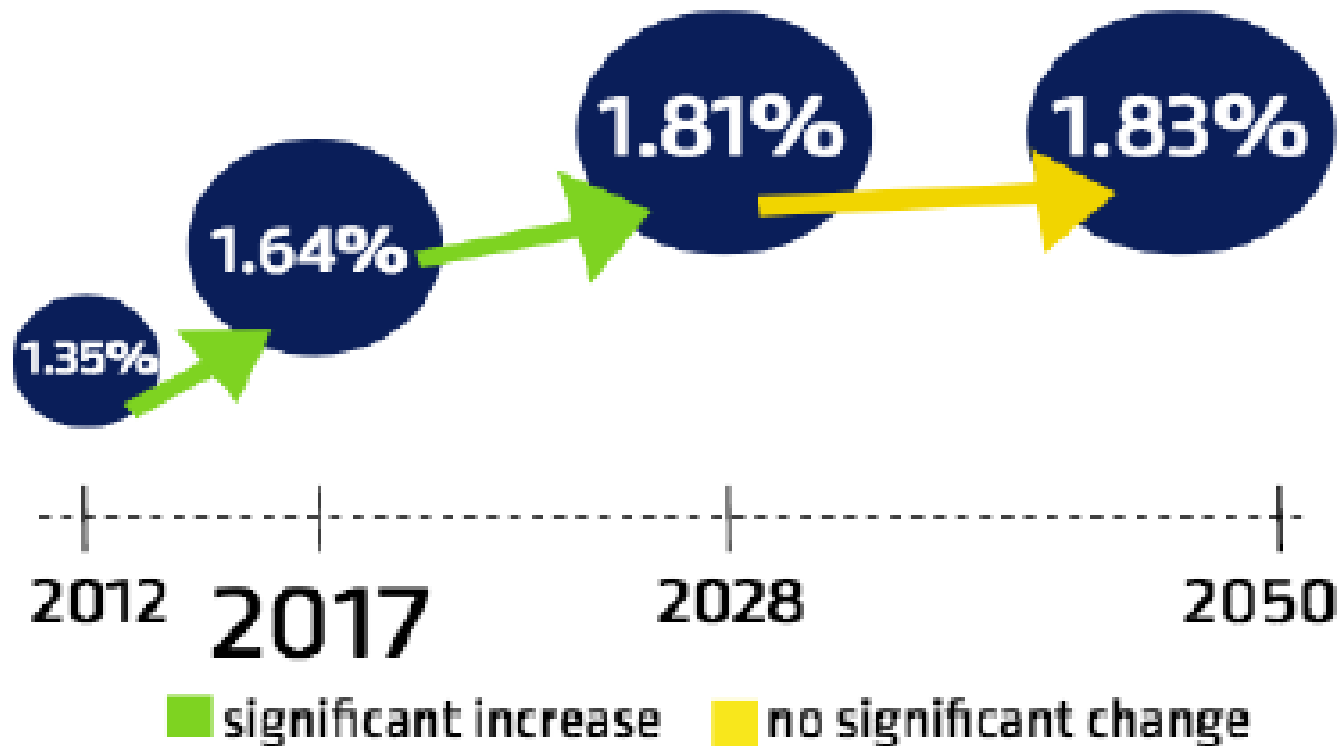
Essex, SEN JSNA

# Predictions

Number of people aged 18-24 with a learning disability **predicted to display challenging behaviour** in the LCC area, projected to 2035



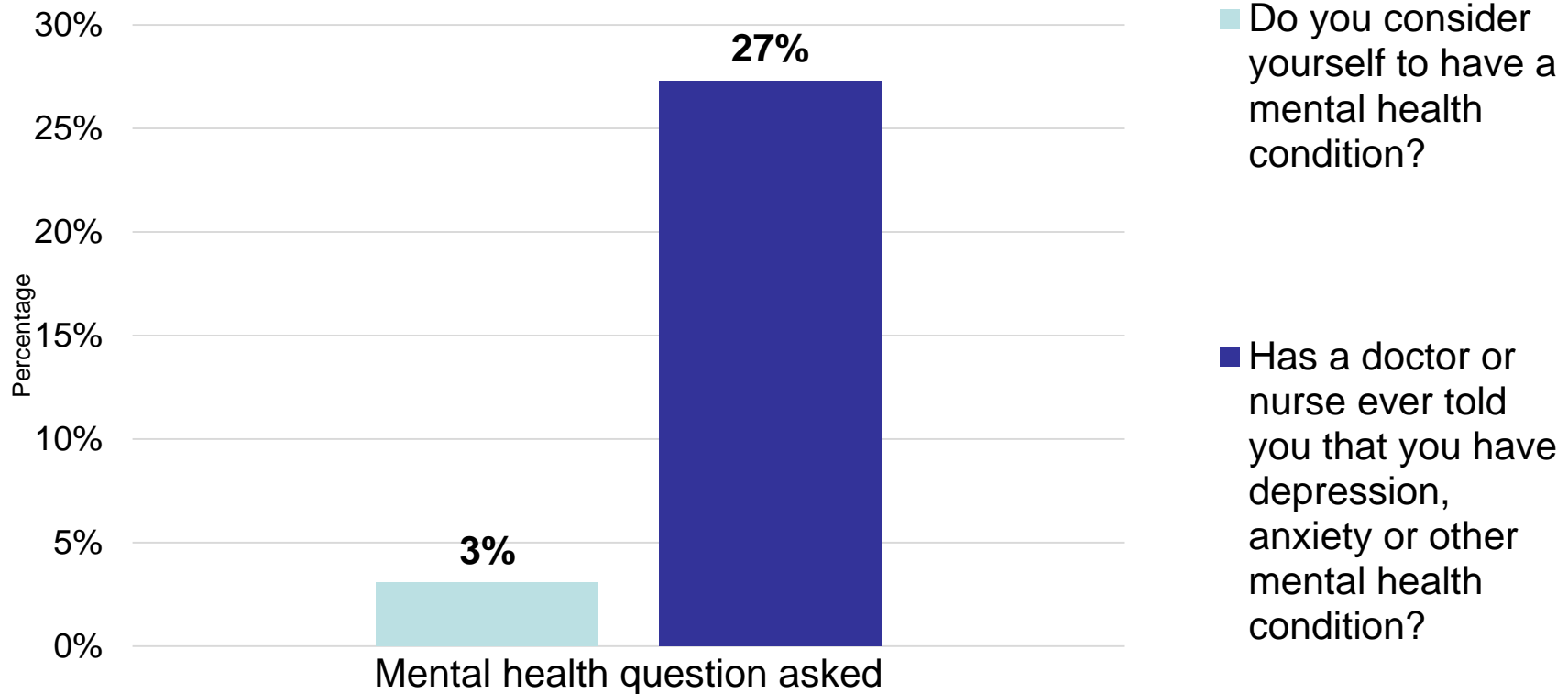
# Predictions



Barnet SEND JSNA, based on housing trends

# Predictions

Response to questions around mental health in people aged 16-24 in the Lancashire County Council area, 2015



Data from the health behaviours JSNA, 2015

# Using research

## Education

- 20% of school aged children are identified as having Special Educational Needs
- Children with special educational needs are 3 times more likely to be persistent absentees

## Mental Health

- Children with special educational needs or disabilities are more likely to have a mental health issue.

East Sussex, Comprehensive Needs Assessment

### How do we get from where we are to 'good'?

- Develop integration of education, health and care services, enabling families to 'tell us once'.
- Focus on streamlining transitions at all ages and stages.
- Develop provision for 19–25 year olds.
- Coproduction – work with families and utilise parents' skills (e.g. parent-led training around disability awareness).
- Improve communication and access to information.
- Develop the EHC plan coordinator role to ensure consistency and streamline the process.
- Introduce mandatory training for key staff.
- Reduce waiting times for services, particularly child and adolescent mental health services (CAMHS) and educational psychology.
- Develop (coproduce) a personalisation statement and person-centred planning for all partners involved in EHC plans.
- Have this same person-centred planning for those with school-based SEND support.

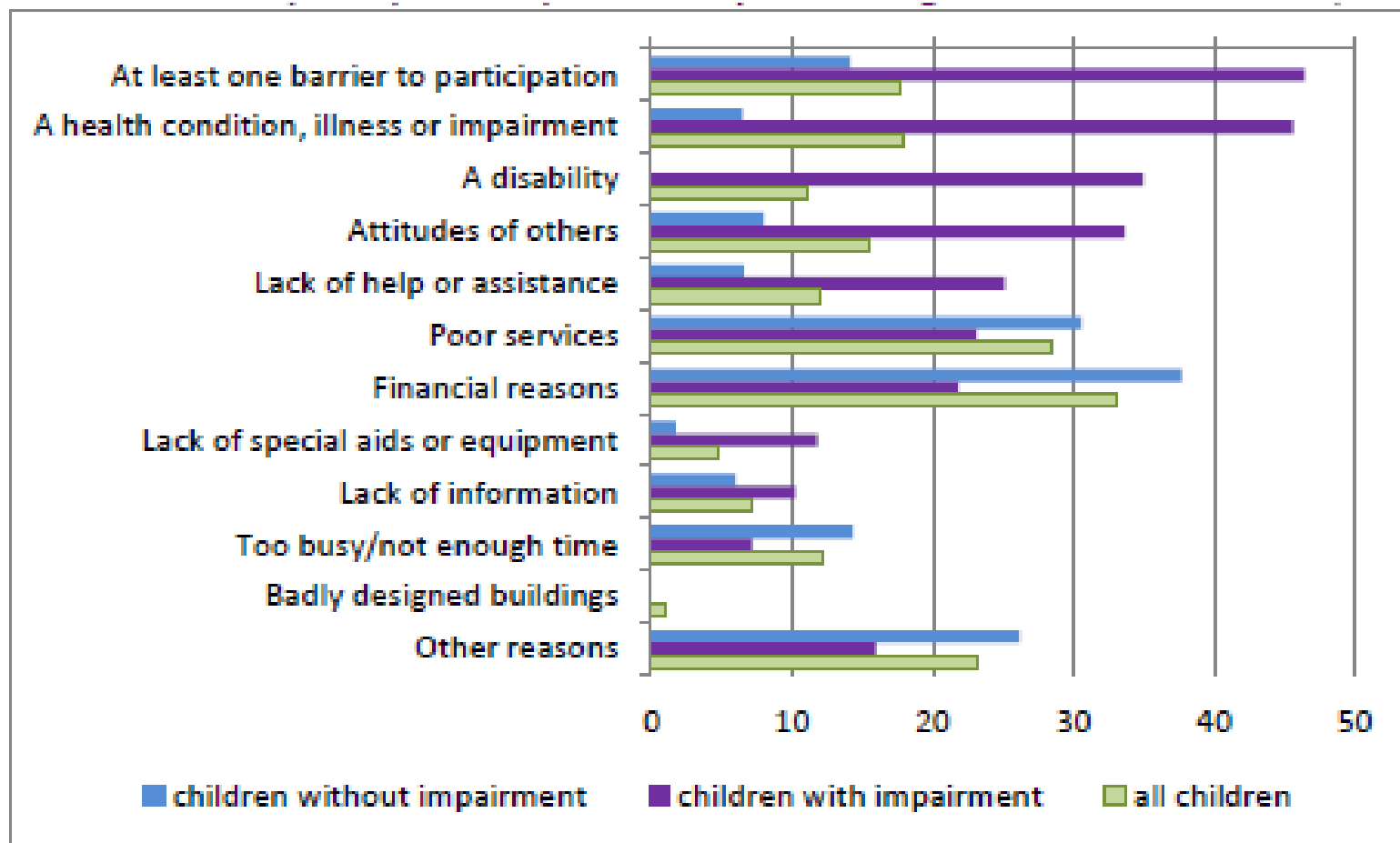
### Recommendations for SEND board

- Preparing for adulthood – improve the support for young people and their families to get ready for adulthood.
- EHC planning – deliver coproduced person-centred plans that are supported by integrated working.
- Ensure that the voice of the young person informs our plans for improving and redesigning services.

Warwickshire  
SEND JSNA

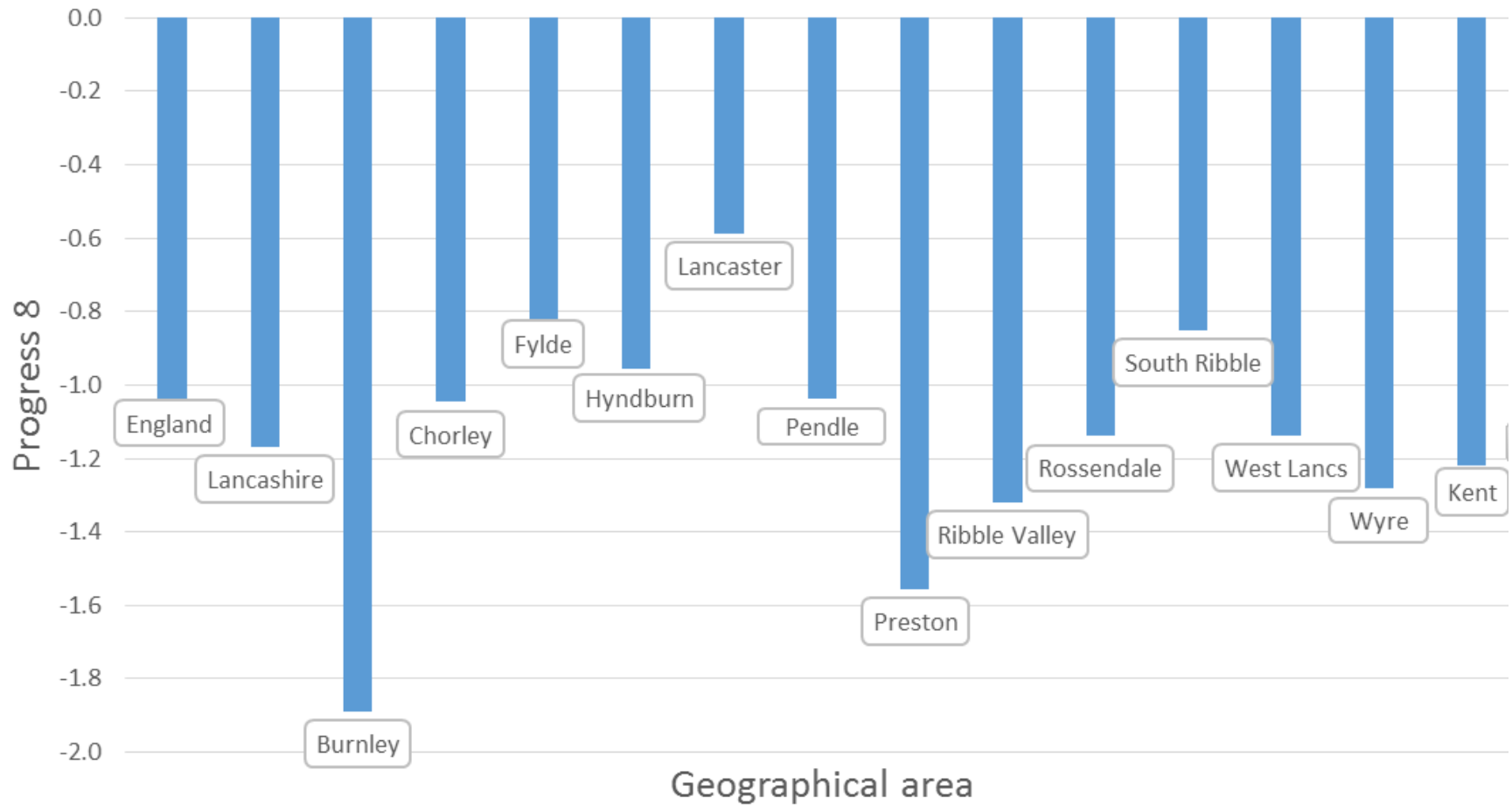


# Barriers to participation



East Sussex, Comprehensive Needs Assessment

# KS4 Progress 8 16/17 districts - EHC plans



## KS4 Progress 8 16/17 Burnley by SEND need

