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Sefton Council 

MEETING: CABINET
DATE: Thursday 28th May, 2020
TIME: 10.00 am
VENUE: Remote Meeting

DECISION MAKER: **CABINET**

Councillor Maher (Chair)
Councillor Atkinson
Councillor Cummins
Councillor Fairclough
Councillor Hardy
Councillor John Joseph Kelly
Councillor Lappin
Councillor Moncur
Councillor Veidman

COMMITTEE OFFICER: Paul Fraser
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The Cabinet is responsible for making what are known as Key Decisions, which will be notified on the Forward Plan. Items marked with an * on the agenda involve Key Decisions

A key decision, as defined in the Council's Constitution, is: -

- any Executive decision that is not in the Annual Revenue Budget and Capital Programme approved by the Council and which requires a gross budget expenditure, saving or virement of more than £100,000 or more than 2% of a Departmental budget, whichever is the greater
- any Executive decision where the outcome will have a significant impact on a significant number of people living or working in two or more Wards

If you have any special needs that may require arrangements to facilitate your attendance at this meeting, please contact the Committee Officer named above, who will endeavour to assist.

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A G E N D A

Items marked with an * involve key decisions

<u>Item No.</u>	<u>Subject/Author(s)</u>	<u>Wards Affected</u>	
1	Apologies for Absence		
2	Declarations of Interest Members are requested at a meeting where a disclosable pecuniary interest or personal interest arises, which is not already included in their Register of Members' Interests, to declare any interests that relate to an item on the agenda. Where a Member discloses a Disclosable Pecuniary Interest, he/she must withdraw from the meeting room, including from the public gallery, during the whole consideration of any item of business in which he/she has an interest, except where he/she is permitted to remain as a result of a grant of a dispensation. Where a Member discloses a personal interest he/she must seek advice from the Monitoring Officer or staff member representing the Monitoring Officer to determine whether the Member should withdraw from the meeting room, including from the public gallery, during the whole consideration of any item of business in which he/she has an interest or whether the Member can remain in the meeting or remain in the meeting and vote on the relevant decision.		
3	Minutes of the Previous Meeting Minutes of the Meeting held on 5 March 2020		(Pages 5 - 10)
4	Sefton Climate Emergency Strategy Joint report of the Executive Director of Corporate Resources and Customer Services and the Executive Director - People	All Wards	(Pages 11 - 40)
5	SEND Continuous Improvement Plan Update Report of the Chief Executive	All Wards	(Pages 41 - 210)

6 **Appointment to Liverpool University
Hospital NHS Foundation Trust University
Hospital Council of Governors**

All Wards

(Pages 211 -
214)

Report of the Chief Legal and Democratic
Officer

THE "CALL IN" PERIOD FOR THIS SET OF MINUTES ENDS AT 12 NOON ON WEDNESDAY 18 MARCH 2020.

CABINET

MEETING HELD AT THE COMMITTEE ROOM, TOWN HALL, BOOTLE ON THURSDAY 5TH MARCH, 2020

PRESENT: Councillor Maher (in the Chair)
Councillors Atkinson, Fairclough, Hardy,
John Joseph Kelly, Lappin, Moncur and Veidman

116. APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Cummins.

117. DECLARATIONS OF INTEREST

No declarations of any disclosable pecuniary interests or personal interests were received.

118. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 13 February 2020 be approved as a correct record.

119. ST. TERESA'S CATHOLIC INFANT SCHOOL: OUTCOME OF STAGE ONE CONSULTATION

Further to Minute No. 48 of the meeting held on 3 October 2019 the Cabinet considered the report of the Interim Director of Children's Social Care and Education indicating that the Governing body of St Teresa's Catholic Infant School had written to the local authority stating that they had been unable to set a balanced budget and requesting that the possibility of a merger with their neighbouring Catholic primary school, Our Lady of Lourdes Catholic Primary School, be explored; that the current financial position indicated that the school was heading for a forecast in-year deficit of £0.050m; and based on reducing numbers, as indicated by the recent October 2019 census data (pupil numbers reduced by nine compared to the October 2018 census), this position would worsen to a deficit of £0.120m by the end of 2020/21; and to a deficit of £0.200m by the end of the 2021/22 financial year.

The report also indicated that On 3 October 2019 Cabinet agreed to begin Stage One of a statutory consultation exercise and the purpose of this report was for Cabinet to consider the outcome of that consultation and also invite Cabinet to agree to next steps; that the Stage One proposal had set out a plan to close St. Teresa's Catholic Infant School and to expand provision of our Lady of Lourdes Catholic Primary School; the Archdiocesan Education Department had confirmed that it was properly consulted on the proposal; Archdiocesan officers were involved in the

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consultation meetings and had engaged with the local authority and schools during the statutory process to date; and the Archdiocese could confirm the provision of sufficient primary phase Catholic school places in the area based on the recommendation made in this report.

Attached to the report were Annex A Consultation Leaflet – St Teresa’s; Annex B- Consultation Summary; and Annex C. St. Teresa’s OLOL – Consultation outcome

Decision Made: That

- (1) it be noted that consideration and account had been taken of the responses to the statutory consultation process;
- (2) the option to merge St Teresa’s Catholic Infant School with Our Lady of Lourdes catholic Primary School be not progressed; and
- (3) approval be given to defer the decision regarding the future of St Teresa’s Infant school to the Cabinet meeting on 28 May 2020 to allow options brought forward as a result of the consultation to be fully explored by the Governing Body of St. Teresa’s, with support by the Archdiocese of Liverpool and the Local Authority.

Reasons for Decision:

The Local Authority has the power to consider all options and to allow for further consultation including closing a maintained school following the statutory process detailed in the report.

Alternative Options Considered and Rejected:

Alternative options have been explored by the governing body with support from Officers prior to the governing body making their request. It was felt that more time could be given to consider the alternative option presented by the Governing Body of St Teresa’s.

120. REVENUE AND CAPITAL BUDGET UPDATE 2019/20

The Cabinet considered the report of the Executive Director Corporate Resources and Customer Services advising of:

- (1) the current forecast revenue outturn position for the Council for 2019/20;
- (2) the current forecast on Council Tax and Business Rates collection for 2019/20; and
- (3) the monitoring position of the Council’s capital programme to the end of January 2020 which included the forecast expenditure to year end; variations against the approved budgets and an

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explanation of those variations for consideration by Members; and updates to spending profiles and proposed amendments to capital budgets necessary to ensure the efficient delivery of capital projects.

Councillor Moncur, Cabinet Member – Health and Wellbeing raised concern about the long delay in the Government confirming the public health grant allocations to local authorities across the country, as this delay was hampering the ability of Sefton and other councils to plan the best possible services and support to improve public health in their communities.

Decision Made: That

- (1) the current forecast revenue outturn position for 2019/20 and the current position relating to delivery of savings included in the 2019/20 revenue budget be noted;
- (2) the mitigating measures being used to partially mitigate the forecast outturn position, as detailed in paragraph 2.2 of the report, excluding a forecast deficit on Housing Benefits which will be considered at the end of the financial year if it materialises be noted;
- (3) it be acknowledge that the forecast outturn position will continue to be reviewed to ensure a balanced forecast outturn position can be achieved or understand a potential call of General Fund Balances;
- (4) the review updates to spending profiles across financial years as detailed in paragraph 5.1.1 of the report be noted;
- (5) the review of the new schemes approved by Council and added to the Capital Programme for 2019/20 and 2020/21 as detailed in paragraphs 5.1.2 and 5.1.3 of the report be noted;
- (6) the latest capital expenditure position as at 31 January 2020 of £13.718m with the latest full year forecast being £21.823m, as detailed in paragraphs 5.2.2 and 5.2.4 of the report respectively, be noted;
- (7) the explanations of variances to project budgets as detailed in paragraph 5.2.5 of the report be noted;
- (8) it be acknowledged that capital resources will be managed by the Executive Director Corporate Resources and Customer Services to ensure the capital programme remains fully funded and that capital funding arrangements secure the maximum financial benefit to the Council as detailed in section 5.4 of the report; and
- (9) the Head of Health and Wellbeing be requested to prepare a letter for Cllr Maher to submit to the Rt Hon Matt Hancock M.P., Secretary of State for Health and Social Care expressing the Council's

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dissatisfaction at the delay in his department confirming the public health grant allocations to local authorities.

Reasons for Decision:

To ensure Cabinet are informed of the forecast outturn position for the 2019/2020 Revenue Budget as at the end of January 2020, including delivery of agreed savings, and to provide an updated forecast of the outturn position with regard to the collection of Council Tax and Business Rates; to keep elected Members informed of the progress of the Capital Programme against the profiled budget for 2019/20 and agreed allocations for future years; to progress any changes that are required in order to maintain a relevant and accurate budget profile necessary for effective monitoring of the Capital Programme; to approve any updates to funding resources so that they can be applied to capital schemes in the delivery of the Council's overall capital strategy; and that in March 2017 Council approved a three-year budget plan to March 2020. The final year of this plan was revised in February 2019 as part of the process of setting the 2019/20 budget. The Council is in the final year of the budget plan and remains confident its strategic approach to budget planning alongside good financial management and extensive community engagement means that the plan continues to develop on solid foundations; it remains flexible and will secure the future sustainability to 2020 and beyond. However, in year demand for social care services is currently resulting in the costs for these services significantly exceeding the budget. If further budget pressures are identified between now and the end of the year additional remedial action will be required to bring the overall budget into balance.

Alternative Options Considered and Rejected:

None

121. LOCAL GOVERNMENT ASSOCIATION PEER REVIEW – ACTION PLAN UPDATE

Further to Minute No. 77 of the meeting held on 10 January 2019 the Cabinet considered the report of the Chief Executive that set out progress against the Cabinet Approved action plan responding to the Local Government Association's (LGA) Peer Review team's recommendations. The report indicated that the Peer Review, undertaken in September 2018, was an independent check on how the Council was performing in terms of planning for and delivering against its ambitious plans for the future.

Decision Made: That

- (1) an annual reporting mechanism in line with the reporting of the financial outturn in June, commencing in June 2020 be approved; and
- (2) future monitoring of activity be included within the scope of the Council's Framework for Change programme.

Reasons for Decision:

Peer Reviews are a proven tool for sector-led improvement and the Council has always been open to learning from others and sharing good practice. The peer challenge in 2018 provided external recognition of the things it believed the Council was doing well, highlighted where the Council could learn from other Councils considering best practice elsewhere and recommended several key actions. In January 2019 Cabinet considered and agreed an action plan responding to the Peer Team's recommendations.

The report seeks to keep Members informed of the progress. The LGA will follow up the initial review with a visit within 18 months to 2 years to assess progress against their recommendations.

Alternative Options Considered and Rejected:

None.

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Report to:	Cabinet	Date of Meeting:	28 May 2020
Subject:	Sefton Climate Emergency Strategy		
Report of:	Executive Directors, Corporate Resources & Customer Services and People	Wards Affected:	All
Cabinet Portfolio:	Regulatory, Compliance and Corporate Services		
Is this a Key Decision:	Yes	Included in Forward Plan:	Yes
Exempt / Confidential Report:	No		

Summary:

Sefton Council is committed to reducing carbon emissions and resolves to go further than the UK100 Agreement and to act in line with the scientific consensus that we must reduce emissions to net zero by 2030. As such the Council at its meeting in July 2019 declared a climate emergency. Following that declaration work has progressed within the council on the agreed actions that were contained and approved by Members. As part of that work a Strategy for the delivery of the motion has been developed and this report seeks approval of that Strategy.

Recommendation(s):

Cabinet is asked to:-

- Recommend to Council the approval of the ‘Sefton Climate Emergency Strategy’

Council is asked to

- Approve the ‘Sefton Climate Emergency Strategy’

Reasons for the Recommendation(s):

This Strategy will provide the framework for the delivery of the council motion that declared a climate emergency

Alternative Options Considered and Rejected: (including any Risk Implications)
 There are no alternative options to this

What will it cost and how will it be financed?

(A) Revenue Costs

There are no revenue implications arising from the approval of this strategy. As the council develops its 3 year implementation plans all proposals will be fully evaluated and any resource requirements identified. There is currently no additional budget provision for the delivery of the strategy therefore at this stage all proposals will need to be met from within the councils approved budget.

(B) Capital Costs

There are no capital implications arising from the approval of this strategy. As the council develops its 3 year implementation plans all proposals will be fully evaluated and any resource requirements identified. There is currently no additional budget provision for the delivery of the strategy therefore at this stage all proposals will need to be met from within the councils approved budget.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):
There are no resource implications arising from this strategy
Legal Implications:
Equality Implications:
There are no equality implications.

Contribution to the Council’s Core Purpose:

This strategy will facilitate the delivery of the Council motion that declared a climate emergency and in doing so support the delivery of each objective as set out below in the councils core purpose

Protect the most vulnerable:
Facilitate confident and resilient communities:
Commission, broker and provide core services:

Place – leadership and influencer:
Drivers of change and reform:
Facilitate sustainable economic prosperity:
Greater income for social investment:
Cleaner Greener

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director Corporate Resources & Customer Services (FD5953/20) is the author of the report and the Chief Legal & Democratic Officer (LD4136/20) has been consulted and any comments have been incorporated into the report.

In addition the Climate Emergency Member Reference Group has reviewed and endorsed the Strategy in March 2020

(B) External Consultations

Engagement with key Stakeholders and other Public Bodies has taken place with regard to the councils approach to the delivery of the motion. In addition the Liverpool City Region and Combined Authority have also been engaged on the programme.

Implementation Date for the Decision

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting

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Appendices:

The following appendices are attached to this report:

- Appendix A- Sefton Council Climate Emergency Strategy
- Appendix B- Council Motion July 2019

1.0 Introduction

- 1.1 In July 2019, the Council agreed a motion that declared a climate emergency. The full motion that was agreed at the meeting is included to this report at Appendix B and in declaring a Climate Emergency, it was agreed that:

Sefton Council is committed to reducing carbon emissions and resolves to go further than the UK100 Agreement and to act in line with the scientific consensus that we must reduce emissions to net zero by 2030, and therefore commits to:

- *Declare a 'Climate Emergency' that requires urgent action.*
- *Make the Council's activities net-zero carbon by 2030.*
- *Commit to municipalisation of energy supply by utilising public sector sites to generate energy where appropriate*
- *Ensure that all strategic decisions are in line with a shift to zero carbon by 2030.*
- *Support and work with all other relevant agencies towards making the Sefton area Zero Carbon within the same timescale.*
- *Achieve 100% clean energy across Sefton Council's full range of functions by 2030.*
- *Convene an assembly of interested groups not directly represented on Council in 2020 to oversee and feed into the development of related action plans and budgets across the City.*

- 1.2 Since that point a number of immediate activities have taken place that will inform the council's work on this long-term project. As stated within the recent reports to each overview and scrutiny committee, the proposed approach to the delivery of the motion has been agreed and will be facilitated by the following groups:-

- Sefton Climate Change Member Reference Group (cross -party);
- Overview and Scrutiny Committees and Management Board;
- Council wide officer working group;
- Expert Panel; and
- Citizens Forum

- 1.3 These groups are now having their terms of reference agreed with the first member reference group meeting being held on 17 March 2020. Alongside this, the council has been working to develop its strategy for the delivery of the motion and this report provides that Strategy for Council approval.

2.0 Climate Emergency -Strategy

- 2.1 The proposed Climate Emergency Strategy for the Council is included at Appendix A (together with a more concise outward facing document) to this report and has been developed having taken into account the key issues that the council wishes to address and importantly the learning that can be taken

from other local authorities and partners who are already on this journey or are addressing similar issues.

2.2 As such the strategy covers the following key areas:-

- The Sefton vision
- International Context
- National and Regional Context
- Local Context
- Opportunities for Local Authorities
- Measuring Success
- Acknowledging limitations
- Financial resources
- Review and Reporting
- Governance; and
- Our Approach

2.3 The Strategy is the councils overriding document that provides the strategic vision for the delivery of the Council motion. As such it will owned by the cross party member reference group, with delegation for implementation provided to the Cabinet Member for Regulatory, Compliance and Corporate Services who will be supported by the Executive Directors for People and Corporate Resources and Customer Services.

2.4 Having approved the Councils Strategy, 3 year implementation plans will be developed that will detail how the council will seek to meet its objectives. Separate plans will be developed for 2020-2023, 2024-2027 and 2028-2030. These will be informed by the baseline exercise that is currently being undertaken by the council that will lead to a prioritisation and sequencing of activity and will also take account of changes to the role of Sefton as a local authority over time, government guidance and legislation and developments in technologies.

2.5 Progress in the delivery of both the council's strategy and its 3 year implementation plans will be via an annual report to council in July of each year. The first of these annual reports will be provided in July 2020 together with detail of the first 3 year implementation plan.

2.6 As the Council has developed the enclosed Strategy it has done so as the world responds to the COVID 19 pandemic. It has been widely reported and indeed it is acknowledged that there will be significant changes to both personal behaviour and how society operates both in the immediate aftermath of the pandemic and on a permanent basis going forward. This will include but will not be limited to travel (both personal and business), how large organisations operate taking account of the successful agile working that has been undertaken across the world in recent months, how individuals socialise and what environments they do this within and how such issues support and enhance the well being of the population. This reporting has also focussed on the dramatic environmental changes that have taken place in the recent 'lockdown' period especially in respect of air pollution.

As such the delivery of the enclosed strategy will include a number of measures that the Council will develop and implement as a direct result of the pandemic which will support residents and business and thus contribute to the delivery of the councils core purpose, will enable staff to conduct their roles in a more efficient and flexible manner that supports their health and well being and in doing so directly contribute to the delivery of the climate emergency declaration

3.0 Conclusion

- 3.1 Following the Council declaring a climate emergency in July 2019, its response is now fully mobilised and a number of workstreams are now in place. These workstreams are being directed by the overriding strategy that has been developed in recent months and this will provide the direction to activity together with being the key reference document to measure both progress and the success of the council in meeting its overall aspirations

APPENDIX A

Sefton's Climate Change Emergency Plan

What Sefton Council
are doing about
Climate Change

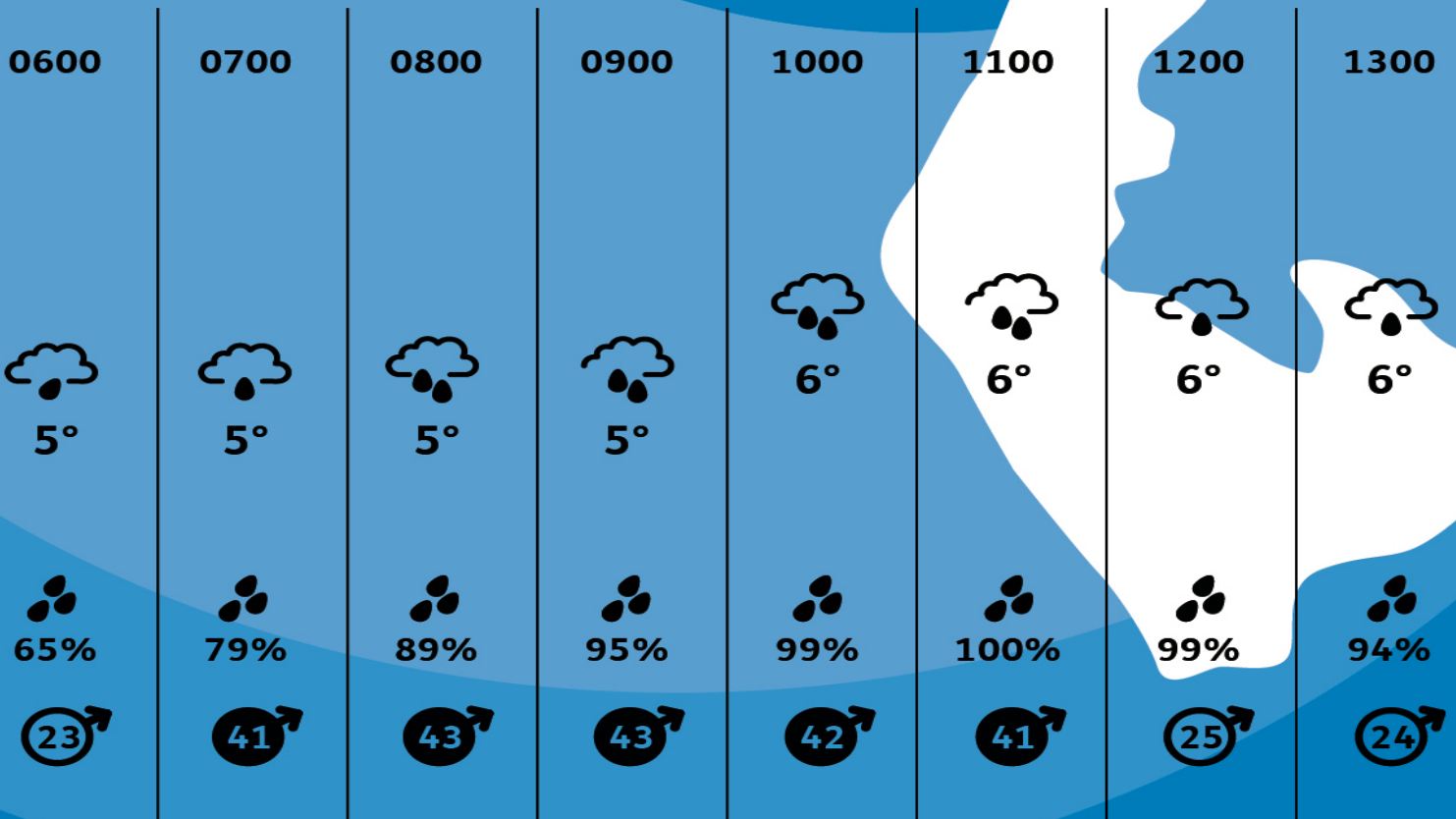


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Foreword

Climate change represents a significant threat to our future and preventing and protecting ourselves from climate change is a top priority.

Recent extreme weather events over several years have presented severe challenges to property, transport, agriculture and other services in the Sefton area and have led to the deaths and displacement of thousands of people worldwide.

The Meteorological Office clearly states that these kind of extreme weather events are significantly more likely if we take no action on reducing our carbon emissions; the main driver of man-made climate change.

The Intergovernmental Panel on Climate Change (IPCC) is the United Nations body for assessing the science related to climate change. In their report “Intergovernmental Panel on Climate Change 1.5C report”, published in October 2018, they conclude that humanity has 11 years for “ambitious action from national and sub-national authorities, civil society, the private sector, indigenous peoples and local communities” to deliver the “rapid and far reaching transitions in land, energy, industry, buildings, transport, and cities” needed to turn this around, so we can avoid reaching tipping points where we would no longer have the ability to avoid extreme weather events.

Children in Sefton will be in their teens and twenties in 11 years’ time. They deserve a liveable Sefton. We must act now to ensure this. Bold climate action can deliver economic benefits in terms of new jobs, economic savings and market opportunities, as well as improved wellbeing for people locally and worldwide.

Work on reducing carbon emissions does not start from a zero base. Sefton has been involved with numerous projects aimed at reducing emissions and will continue to do so, in the context of the climate emergency and with increased urgency.

This strategy sets out our vision and broad aims and objectives and represents our commitment to maximise the opportunity within climate action and to protect our communities from that damage already caused by climate change.

It will be followed by a series of implementation plans which will detail our journey towards net zero carbon operations by 2030.

We will report our progress in a series of Annual Reports, detailing actions taken so far and progress towards our 2030 net zero carbon target. The first of these will be available in July 2020.

We are committed to taking responsibility for our carbon emissions and playing our part in limiting global average temperature rises. Business as usual is no longer an option.

Cllr Paulette Lappin

Vision

Introduction

Climate change represents a major threat to our planet, its people and its wildlife and the vast majority of the scientific community agree that urgent action must be taken to halt this change.

The climate of the planet has always been changing and until recently, this change was a natural process. The change in the climate occurred at a rate that allowed for natural adaptation.

The rate at which we burn fossil fuels results in a damaging build-up of greenhouse gases, so much so, that in just over 200 years, there has been a significant increase in the levels of greenhouse gases. These gases, carbon dioxide primary among them, have an insulating effect on our planet, trapping heat and causing global temperatures to rise.

This has resulted in anthropogenic (man-made) climate change which is not a natural process and must be eliminated. There are opportunities to do this in energy reduction, green infrastructure and off-setting. The tools and expertise to make significant, positive progress already exist, we simply need to use them.

This is not a prospect for our distant future, this change is happening now. The planet has already experienced abnormal heating of 1oC and the damaging impacts of climate change are already being felt across the world by animals and humans alike.

This strategy aims to ensure that Sefton plays its part in limiting global average temperature rises and responding to this significant threat to our planet.



Vision

The Sefton Council Climate Emergency Strategy has been developed in response to the declaration of a Climate Change Emergency on the 18th July 2019 by Sefton Council. It will provide the basis for the development of future plans and represents a commitment from Sefton Council to taking on the Climate Change Emergency.

We will take action to address the 'Climate Emergency' across our organisation and to encourage staff, partners, communities and businesses to do the same.

Sefton is particularly vulnerable to the effects of climate change, given its 22-mile coastline and areas of vulnerable, less resilient populations across the borough.

However, Sefton as a borough has vast areas of natural beauty and there is, therefore, lots of opportunity for green infrastructure, offsetting and altering the way we operate and use our landscape.

We are taking action now to combat climate change in order to protect our wildlife, our communities and our environment for future generations.

Sefton Council will focus its efforts on energy reduction as well as green infrastructure and offsetting. In this way, Sefton hopes to maximise the opportunity that the climate emergency represents and to ensure our whole community reaps the benefits of climate action.

This balanced approach marks a change in priorities and outlook; we will approach this as an opportunity, not a challenge.

This work will be aligned to the delivery of the Sefton 2030 Vision and the Council's Core Purpose with the aim of making Sefton a better place to live and work.

Focus

Sefton Council will become net zero carbon by 2030 across all council functions, drastically reducing our impact on global emissions and controlling our environmental impact as a service provider.

Sefton Council will go beyond our own targets in our role as a community leader, encouraging and supporting partners and community to make their own contribution to emissions reduction.

All work related to our Climate Emergency will follow the principles of our CLIMATE strategy and each action will be carried out with one or more of these crucial principles in mind.

This document sets out seven key principles which make up our CLIMATE strategy:

Carbon Reduction

Leadership

In These principles will provide guidance and focus for future works and ensure that all work is strategically aligned.

Ad Below, these principles are expanded

Transformation

Engagement

Carbon Reduction

We will achieve 100% clean energy by 2030 and reduce demand across our organisation to work towards becoming net carbon zero by 2030.

Leadership

We will provide clear direction and leadership when tackling the Climate Emergency.

Innovation

We will consider and adopt innovative approaches to tackling climate change.

Mobilisation

We will mobilise the workforce to ensure that all strategic decisions that support the delivery of the Sefton 2030 Vision and Core Purpose are in line with the shift to net carbon zero by 2030.

Adaptation

We will assess and implement adaptation measures to ensure resilience to known climate change impacts.

We will assess and adapt the way we use and manage our landscape and our services.

Transformation

We will transform the way we live and work in response to this serious threat and change our culture and behaviours

Engagement

We will take views from the community to inform the development of our plans and engage with the wider community.

We will ensure all key stakeholders are aware of the climate emergency and encourage action across the borough.

Sefton 2030

Imagine Sefton 2030 is the result of a community engagement programme to create a borough wide vision to promote prosperity and help Sefton flourish.

The Climate Emergency strategy interlinks with Sefton 2030 across three key ambitions:

- Resilient People and Places- “Sefton is a place where businesses, buildings, transport, the environment and housing are sustainable and resilient in 2030.”
- Image and Environment- “It sets the bar in cutting edge green solutions, integrating renewable energy, housing and attractions in a way that protects local nature and wildlife.”
- Accessible and Linked- “An eco-friendly borough, travel in Sefton is green, safe and affordable.”

Ultimately, the Climate Emergency strategy envisions a future in which Sefton is climate resilient, energy efficient, eco-friendly and net carbon zero by 2030.

Sefton Council’s Core Purpose

The Sefton 2030 Consultation prompted Sefton Council to outline its own role and responsibility in ensuring the 2030 vision becomes a reality. This became Sefton Council’s Core Purpose.

The Climate Emergency Strategy addresses all elements of our core purpose:

Protect the Most Vulnerable

The impacts of climate change will be felt most keenly by the most vulnerable, who are often the least able to respond. We already know that there will be climate change impacts such as more severe weather events, (heatwaves, flooding) that would affect the elderly, infirm and those unable to afford insurance. Taking action on carbon mitigation and adaptation will help to protect those people and will also positively affect air quality and the associated health benefits.

Facilitate Confident and Resilient Communities

This work will seek to ensure council services can support communities to enjoy a better quality of life through being more resilient to climate change.

Commission, Broker and Provide Core Services

To effectively deliver services in the future, we will be required to respond to this threat through the work being undertaken. Climate change represents a threat to our ability to deliver core services.

Place- Leadership and Influencer

In response to this global issue, the Council is demonstrating its role locally as a leader and driver for positive change. The Council will use its role as a community influencer to urge others to take action.

Drivers of Change and Reform

The Council has the potential to affect change in many key areas including planning, procurement, building, public health, green spaces. Work on reducing our carbon impacts and adapting to a changing climate will help to protect services & communities, going forward.

Facilitate Sustainable Economic Prosperity

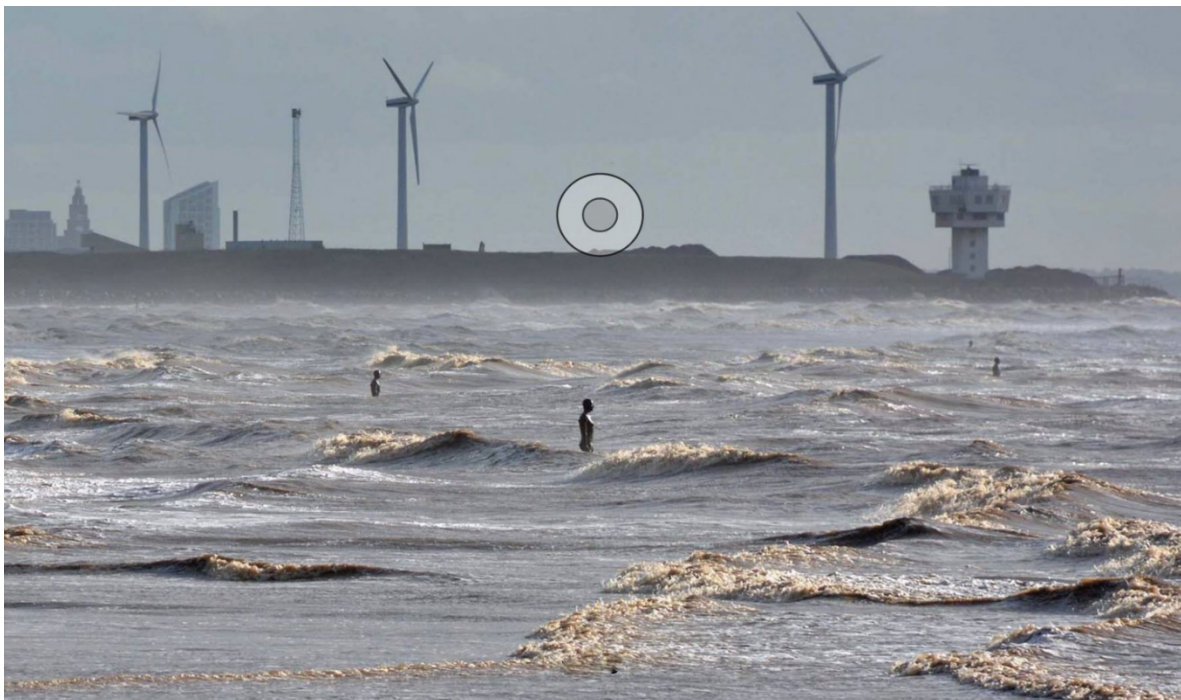
The 'green' economy has potential to generate local, sustainable jobs on a large scale. This could include large scale retrofit of homes and businesses, renewable energy, transport updates, development of green spaces.

Greater Income for Social Investment

Developing more local opportunities for carbon reduction schemes, would offer opportunities for income/profits to be directed to local, social schemes rather than to large scale corporations not based in the area.

Cleaner Greener

Reducing our carbon footprint is a key environmental, social and economic priority. Additionally, it has the potential to reduce air pollution, encourage modal shift to cycling/walking, enhancement of green spaces and reduce waste. We have an opportunity to introduce clean and green initiatives into the urban space.



Context

International Context

Climate change is a global issue and Sefton will play its part within the international context.

In the scientific community, over 97% of climate scientists agree that climate-warming trends over the past century are due to human activities. In addition, most of the leading scientific organizations worldwide have issued public statements endorsing this position.

The United Nations Intergovernmental Panel on Climate Change (IPCC) is the leading global authority on climate change.

In 2015, the IPCC outlined the serious harm that a 2oC or above rise in global temperature would cause.

At the 2015 Paris Climate Change COP conference, the international target was agreed to limit temperature rise to 1.5oC and many industrialised nations signed up to it.

However, to limit global temperature rises to 1.5 oC urgent action is required and a business as usual approach will not suffice. Much of the work being done on a national level by signatories of the Paris Climate Agreement is insufficient to meet the target that they agreed.

Due to this lack of urgency, in 2018, the IPCC produced a report which stated that governments had 12 years to make significant changes in order to limit average global temperature rise to 1.5oC.

The scientific community is generally united around the view that governments and individuals need to make rapid changes if we are to avoid irreversible damage to the planet.

Prompted by this scientific consensus, governments throughout the world have declared 'Climate Emergencies' in response to this threat. Up to November 2019, these governments include UK, Ireland, Canada, Portugal, France and Argentina, among others.

Not only have governments taken stock, but so too has the population. 2019 seen something of a sea change in attitudes towards climate change. Climate issues are on the international agenda thanks to a myriad of factors, including the ongoing Extinction Rebellion activity worldwide and the rise of school strikes around the globe led by Greta Thunberg.

This activism paired with the harsh reality of climate change in some of the world's poorest countries has prompted a renewed urgency.

Sefton Council joins many local authorities, states and national governments in its declaration of a climate emergency.

It is hoped that these declarations will represent a commitment to making climate change issues a top priority.

National Context

The UK is a signatory of the 2015 Paris Climate Agreement and has a long-standing awareness of the climate change and the threat it poses. This is evident from the Climate Change Act 2008.

This act legislates primarily for assessing and reporting climate risks and suggesting measures for addressing these risks.

The UK Committee on Climate Change states that a rapid increase in UK climate action is necessary to reach the UK target of net carbon zero by 2050.

Such measures would include large scale carbon capture and storage (sequestration) and quadrupling low carbon electricity. There is debate within the scientific community about whether a target date of net carbon zero by 2050 is sufficient to meet targets agreed at the 2015 Paris IPCC Summit.

All main political parties in the UK commit to becoming net zero carbon in future which suggests that net zero carbon is almost certainly the direction of travel over the coming decades.

There are a number of schemes and strategies at the national level aimed at tackling climate change.

The Department for Environment, Food and Rural Affairs (DEFRA) 25 Year Environment Plan, 2018 sets out the framework for protecting and enhancing the environment for future generations. The target within this plan aligns with the outcomes of this strategy, specific targets are set for mitigating and adapting to climate change. Targets include:

- Continue to cut greenhouse gas emissions including from land use, land use change, the agriculture and waste sectors and the use of fluorinated gases.
- Ensure that all policies and investment decisions consider the possible extent of climate change this century
- Implement a sustainable and effective second National Adaptation Programme.

There are various other strategies, policies and projects at a national level that feed into the activity around the Climate Emergency including, for example, the Flood and Water Management Act 2010.

Sefton will make best use of those national resources available and lobby for additional resources and promote the importance of climate issues and actions.

Work around lobbying and promoting the importance of climate issues will be important to increase support and resources available to enable us to reach our target.

Regional Context

Sefton Council is one of six members of the Liverpool City Region. The other members are Halton, Knowsley, St Helens, Liverpool and Wirral. Sefton will work closely with our counterparts across the combined authority to make significant progress towards our net zero carbon by 2030 target.

There is significant difference across the combined authority between targets for net zero carbon.

- Halton: Commits to net zero carbon for council wide operations but does not set target date
- Wirral: Commits to net zero carbon by 2050 for council wide operations
- St Helens: Commits to net zero carbon by 2030 for council wide operations
- Liverpool: Commits to net zero carbon for city wide operations
- Knowsley: Climate Emergency not declared as of November 2019
- Liverpool City Region: Commits to net zero carbon by 2040 across region
- Sefton: Commits to net zero carbon by 2030 for council wide operations

This variation across the region results in mixed levels of urgency and action. This will no doubt make collaboration more challenging, however huge progress can be made in working with the combined authority and our counterparts across Merseyside.

There is significant work being done at the Liverpool City Region level which will contribute to Sefton achieving its goals both in the short term and the long term.

Such work includes:

- £0.5m fund for local climate action and environmental projects
- Mersey Tidal Power Project which on completion will power up to 1 million homes with clean energy
- New fleet of trains for MerseyRail
- New 600km walking and cycling network
- New fleet of hydrogen buses

Sefton will maximise the potential of partnership with the Liverpool City Region which will have particular significance for our ambitions to have an impact on those emissions not directly in our control.

Local Context

Tackling climate change is particularly important for Sefton due to the coastal nature of our borough. We are already aware that we must adapt to deal with the effects of climate

change as well as mitigate against future impacts. This work is vital to protect our borough and our planet for future generations.

The impacts for Sefton from a changing climate include, more extreme weather events. This could include warmer and wetter winters, hotter and drier summers, more frequent and intense storms and increased coastal flooding and erosion.

Sea levels could rise by almost 1 metre by the end of the century which would have an impact on Sefton's coastal communities if we do not reduce emissions globally. The Shoreline Management Plan sets the coastal defence policy for up to 100 years and the deliverability of these policies will be affected by the changes in the climate.

The Sefton Coast Plan outlines the threat of climate change to our coastal landscape, biodiversity and communities. Both accretion and erosion are issues for Sefton's coast and climate change is likely to change these processes resulting in an increase in erosion. This will be a significant problem in future. For context, Formby Point has been eroding around its central section at around 3-4 metres per year since 1900.

Extreme heat or cold weather will have an impact on the health of many residents and present significant risks for certain groups with health conditions. The elderly, particularly those over 85 years of age, are much more vulnerable to extreme heat and cold compared with younger age groups. Future health burdens may be amplified by an aging population in Sefton.

Health effects due to changes in air pollution and potentially a longer duration of exposure to aeroallergens, combined with hotter, drier summers, will have a negative effect on our communities, particularly those with respiratory conditions.

Sefton is a low-lying area and surface water flooding, from intense rainfall, already impacts communities across the whole of Sefton and this is likely to increase under current future predictions. For some communities who are less resilient due to lack of available resources, impacts are likely to translate into increased demand for council services.

Our position as a coastal authority and member of the Liverpool City region also brings opportunities. During hotter, drier summers we are likely to enjoy lower temperatures due to our coastal location, which means we are likely to attract more visitors. However, this may bring more conflict with our designated coastline.

We are also well placed to generate energy from tidal power and wind power which will assist us to generate our energy needs locally. This also opens way for increasing local employment and investment opportunities.

Sefton has a wealth of open space that can be adapted to mitigate some of the predicted climate impacts using the principles of green and blue infrastructure. The opportunities exist, not only to mitigate climate impacts but also contribute to biodiversity and human health and wellbeing

However, this has to be balanced with our obligation to preserve protected habitats in certain, designated locations in our borough; for example, the sand dunes at Formby.

Significant work has already taken place and is ongoing across Sefton Council. We hope to build on this in future.

Previous work in this area includes:

- Carbon Management Plan 2011-2016
- Sefton Coastal Plan
- Single Use Plastics Strategy

A full assessment of current action will be captured through a baselining exercise to establish our baseline position over the next 12 months.

Climate change represents a problem for all communities and all departments in the council. All departments therefore will be involved in baselining and projects going forward.

Opportunities for Local Authorities

Climate change represents a serious threat, however, the approach to mitigation and adaptation does not have to be isolated; there are a wealth of opportunities to deliver projects which will have a positive impact, right across our organisation.

Reducing Impacts

Demand for council services is likely to increase if we continue to follow a business as usual approach to climate change. Sefton has an ageing population and multiple areas of vulnerable residents. Air quality, extreme temperatures and extreme rainfall are likely to lead to a rise in demand for council services. It is difficult to plan for such events as there is often very little notice and requires a complex variety of services to respond to it. Extreme weather events also have an impact on supply chains, slowing down the delivery of our services.

Reducing Financial Costs

Although adaptation and mitigation action may be expensive initially, if whole life costs are considered, often such measures tend to be cheaper than business as usual in the long term. Short term costs are often worth the savings across multiple departments and levels in the long term. These indirect or long-term savings are important to local authorities striving to provide value for money to the taxpayer.

Delivering Co-Benefits

In tackling climate change, local authorities can address a range of different issues under the umbrella of climate change. These co-benefits often include: improved health and wellbeing, improved property values, skills and employment for the local area and a vibrant, green local economy.

The Climate Emergency not only represents a challenge for local authorities, but also an opportunity to tackle a wide range of issues and this work spans a wide range of council departments.

The Sefton Approach

Definitions

Sefton Council will consider carbon dioxide as the priority emission to focus on. However, we will be mindful that other greenhouse gases, for example, methane, have an insulating effect on our planet and must be addressed in the long term.

Sefton Council will define its emissions according to the Greenhouse Gas Protocol. This is the standard mechanism by which governments and local authorities measure and define their emissions.

Scope 1: Direct emissions which occur from sources that are owned or controlled by Sefton Council. For example, emissions from combustion in owned or controlled boilers, furnaces, vehicles.

Scope 2: Indirect emissions from the generation of purchased electricity. Emissions generated when fuel is burned for the benefit of Sefton Council.

Scope 3: Optional reporting category that allows for the treatment of all other indirect emissions. Scope 3 emissions are a consequence of the activities of the organisation but occur from sources not owned or controlled by the organisation. For example, the extraction and production of purchased materials; transportation of purchased fuels; staff travel.

Sefton Council's Climate Emergency Declaration instructs the Council to make 'council operations' net zero carbon by 2030. This translates directly to Scope 1 and 2 against the Greenhouse Gas Protocol. However, elements of Scope 3 are relevant in this case.

The declaration calls for wider action beyond the boundaries of our organisation. Therefore, work begins on measuring and addressing the emissions in Scope 3 and engaging with our community to encourage vital individual action.

Measuring Success

In our action plan development, we will outline a series of interim targets. This will set out how we will be successful in our climate action. We must identify what success looks like in Sefton. Our broad measures of success will be:

- To have established a clear baseline and full audit of all ongoing work that can contribute to the achievement of our net zero target.
- To have developed ambitious yet achievable targets for each of our proposed action plans based on our baseline evidence.
- To have achieved net carbon zero by 2030 and ensure all strategic decisions are in line with this target.
- To have raised awareness of the issues across the Council, our partners and our communities.
- To have engaged with young people and the wider community.
- To have embedded climate action and value into our decision making across the organisation.

Acknowledging Limitations

Addressing climate change will be challenging for local authorities across the UK, not least because resources from the national level to carry out this essential work are currently insufficient.

However, Sefton Council are determined to make significant progress despite the pressures and challenges.

Our action plan going forward will be measured, rational and achievable whilst remaining ambitious and proactive.

There are numerous measures that Sefton Council might adopt on the journey to achieving net zero carbon. Some measures will be appropriate for the Council to adopt; however, certain measures are not suited to the finances or capacity of Sefton Council.

A range of measures will be considered throughout the development of our action plans with full acknowledgement of our limitations and barriers.

Financial Resources

The Climate Emergency Strategy is currently being co-ordinated by an Officer working group. The Team are utilising officer time and materials available without incurring additional costs to the council.

However, as this strategy moves forward into developing an Action Plan and implementing measures, financial resources are likely to be required. The council will need to take into account the financial implications arising from changes and proposals. This will be embedded in the decision-making process of the Council.

Review and Reporting

Progress on the Climate Emergency Strategy will be compiled into an annual report for the Overview and Scrutiny committees and will also be reported to Council annually starting July 2020.

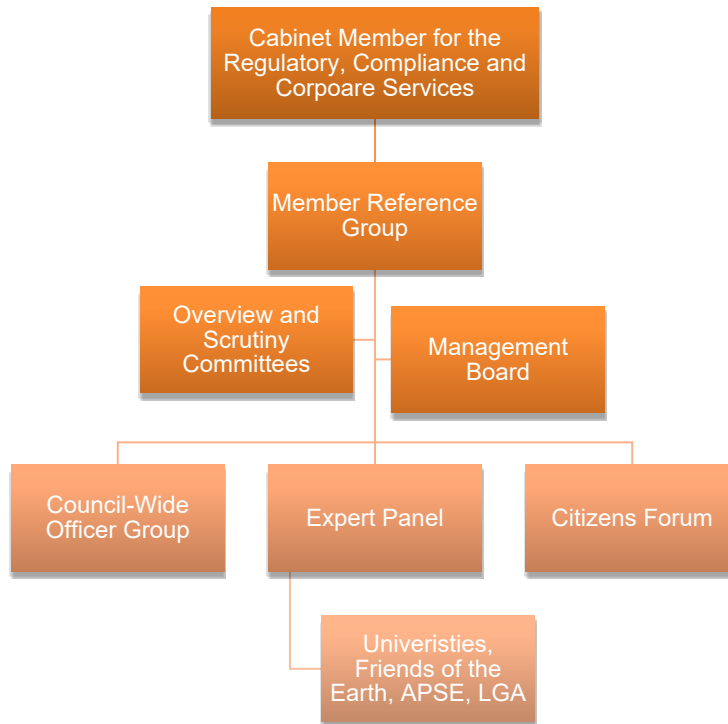
The review process will be undertaken by the Cabinet Member for Regulatory, Compliance and Corporate Services, with any changes being included in the annual report mentioned above.

The review of the strategy will consider the following:

- Progress made against the strategy's objectives
- Overall impact and effectiveness of the strategy
- Any new legislation or local concern that must be considered

Governance

The proposed governance structure is as follows:



The project will be led by the Cabinet Member for Regulatory, Compliance and Corporate Services.

The Head of Corporate Resources will be leading the council-based activity and the Executive Director will be leading on external engagement and alignment with the Liverpool City Region.

The terms of reference for new groups will be determined in due course and will be in place by January 2020.

The expert panel and citizens forum will be comprised of a wide range of voices and will be in place by January 2021.

Our Approach

This strategy represents our broad direction of travel over the next decade on the journey to achieving net zero carbon by 2030 for council wide activities. Following this strategy, action plans will be produced detailing action to be taken to achieve our aims and strategic objectives.

Decisions will be taken relating to scope, definitions and terms of reference in due course in order to define our actions going forward.

Our immediate tasks are as follows:

- Determine the scope of the action plan.
- Prepare report for each O&S committee and request a stock take of all activity in relation to carbon emissions to inform a council wide baseline position
- Identify all current projects that are taking place across the council that will support the delivery of the Council's Strategy
- Address immediate issues in the council motion around new policies and strategies, forthcoming budget proposals, Treasury Management Strategy and all cabinet and council decisions
- Consider and define how the Sefton Strategy and implementation plan will align with the Liverpool City Region work being undertaken and that of key partners, for example, MerseyTravel, Merseyside Pension Fund
- Develop a 12-month immediate plan for 2019/2020
- Develop and resource the first 3-year implementation plan (2020-2023)
- Provide the first Annual Report to Council in July 2020.
- Set up workshops for decision makers and those involved in development of plans so participants can make an informed choice when presented with options for decision making.



Glossary

Term	Definition
Accretion	Accretion is the process of coastal sediment returning to the visible portion of a beach or foreshore following a submersion event.
Adaptation	the process of adjustment to actual or expected climate change and its effects
Afforestation	Planting of new forests on lands that historically have not contained forests.
Anthropogenic Greenhouse Emissions	Greenhouse gas emissions which come from human activities.
Biodiversity	The diversity of flora and fauna in a habitat, it is best when biodiversity is high.
Carbon neutrality	Net zero carbon emissions by obtaining a balance between a measured amount of carbon released with an equivalent amount of carbon which has been offset or sequestered.
Carbon Reduction	Any activity that reduces carbon emissions. This can include: decreasing energy use or shifting to renewable energy use
Carbon Sink	Any process, activity or mechanism which removes a greenhouse gas, an aerosol or a precursor of a greenhouse gas from the atmosphere. Forests and other vegetation are considered sinks because they remove carbon dioxide through photosynthesis.
Climate	Climate describes the average weather over a long period of time

Climate Change	A change in the state of the climate that can be identified over an extended period of time.
UK Committee on Climate Change	The UK Committee on Climate Change is an independent body established under the Climate Change Act (2008) that advises the UK Government on setting and meeting carbon budgets and on preparing for the impacts of climate change.
Greenhouse Gas	The atmospheric gases responsible for causing global warming and climate change, eg. Carbon Dioxide (CO ₂) and Methane (CH ₄)
UN Intergovernmental Panel on Climate Change	Panel made up of global network of scientists convened to advise politicians on climate change.
Mitigation	Human intervention to reduce the sources or enhance carbon sinks for greenhouse gases.
Net zero carbon	achieving zero carbon emissions by balancing carbon emissions with carbon removal
Sequestration	This is the process of removing carbon from the atmosphere and trapping it in a carbon sink.
Weather	The conditions of the atmosphere over a short period of time in a particular place.
Zero Carbon	Eliminating all carbon emissions

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APPENDIX B

33. MOTION SUBMITTED BY COUNCILLOR LAPPIN - CLIMATE CHANGE EMERGENCY

Climate Change Emergency

Recent extreme weather events over several years have presented severe challenges to property, transport, agriculture and other services in the Sefton area and have led to the deaths and displacement of thousands of people worldwide. The Meteorological Office clearly states that these kind of extreme weather events are significantly more likely on a planet with human-caused climate change.

The Intergovernmental Panel on Climate Change (IPCC) is the United Nations body for assessing the science related to climate change. In their report “Intergovernmental Panel on Climate Change 1.5C report”^[1], published in October 2018, they conclude that humanity has 11 years for “ambitious action from national and sub-national authorities, civil society, the private sector, indigenous peoples and local communities” to deliver the “rapid and far reaching transitions in land, energy, industry, buildings, transport, and cities” needed to turn this around, so we can avoid reaching tipping points where we would no longer have the ability to avoid extreme weather events.

Business as usual is no longer an option.

Children in Sefton will be in their teens and twenties in 11 years’ time. They deserve a liveable Sefton. We must act now to ensure this.

Bold climate action can deliver economic benefits in terms of new jobs, economic savings and market opportunities, as well as improved well-being for people locally and worldwide.

Over 40, and increasing, local councils, together with the Mayor of London, have passed motions declaring a ‘Climate Emergency’. Many local authorities, including Sefton Council, have also signed up to the UK100 Agreement^[2], pledging to achieve 100% ‘clean energy’ usage by 2050 in their area, but the IPCC report shows it is imperative that this target is reached much, much sooner.

Sefton Council is committed to reducing carbon emissions and resolves to go further than the UK100 Agreement and to act in line with the scientific consensus that we must reduce emissions to net zero by 2030, and therefore commits to:

Declare a ‘Climate Emergency’ that requires urgent action.

Make the Council’s activities net-zero carbon by 2030.

Commit to municipalisation of energy supply by utilising public sector sites to generate energy where appropriate

Ensure that all strategic decisions are in line with a shift to zero carbon by 2030.

Support and work with all other relevant agencies towards making the Sefton area Zero Carbon within the same timescale.

Achieve 100% clean energy across Sefton Council's full range of functions by 2030.

Convene an assembly of interested groups not directly represented on Council in 2020 to oversee and feed into the development of related action plans and budgets across the Borough.

And to take the following actions:

1. Ensure that political groups and Strategic Leadership Board embed this work in all areas of Council activity and take responsibility for reducing, as rapidly as possible, the carbon emissions resulting from the Council's activities, ensuring that any recommendations are fully costed and that a Task and Finish group be established to review Council activities taking account of production and consumption emissions and produce an action plan within 12 months, together with budget actions and a measured baseline;
2. Request that Overview and Scrutiny Management Board consider the impact of climate change and the environment when reviewing Council policies and strategies and charge Task and Finish groups to also consider those impacts in any report and every topic;
3. Work with, influence and inspire partners across the Borough and City Region to help deliver this goal through relevant strategies, plans and shared resources by developing a series of meetings, events and partner workshops;
4. Set up a Sefton Climate Change group, drawing on the expertise from Councillors, local communities, residents, young citizens, climate science and solutions experts, businesses, skills providers, and other relevant parties. Over the following 12 months, the Group will consider strategies and actions being developed by the Council and other partner organisations and develop a Borough-wide strategy in line with a target of net zero emissions by 2030, by engaging with other anchor institutions and small and medium-sized enterprises (SMEs). It will also recommend ways to maximise the local benefits of these actions in other sectors such as employment, health, agriculture, transport and the economy;
5. Request that the Council and partners take steps to proactively include young people in the process, ensuring that they have a voice in shaping the future-their future;
6. Review the Council's Treasury Management Strategy to give due consideration to climate change targets in the investment decision making process and in doing so request a report within 6 months from the Head of Corporate Resources on the investment strategies of all financial institutions where Council funds are or could be held;

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7. Ensure that all reports in preparation for the 2020/21 budget cycle will take into account the actions the Council will take to address this emergency;
8. Add the voice of Sefton Council to the calls on the UK Government to provide the powers, resources and help with funding to make this possible;
9. In recognition of the seriousness of the financial constraints that the Council faces, and the expectation that both the development and implementation of many measures above are likely to be contingent on securing significant additional extra funding, that Sefton's local MPs be called upon to ensure that Central government provides the powers, resources and funding to make this possible, and that the Leader and Chief Executive jointly write to them to seek their commitments;
10. Consider other actions that could be recommended (but are not restricted to): low carbon energy production and storage, providing electric vehicle infrastructure, encouraging the use of electric vehicles within the fleet, workforce and wider community, integrating low carbon technologies into operational assets and projects, increasing the efficiency of buildings, prioritising these measures for housing to address fuel poverty; proactively using our powers to accelerate the delivery of net carbon new developments and communities, coordinating a series of information and training events to raise awareness and share good practice;
11. Where needed, officer reports to the Council, Cabinet and all other Committees contain impact assessments on climate change that include carbon emission appraisals, including presenting alternative approaches which reduce carbon emissions where possible; and
12. Note the Liverpool City Region Deal which will have a direct effect on Sefton's climate and ensure that all partners are aware of Sefton's ambition.

Agenda Item 5

Report to:	Cabinet	Date of Meeting:	28 May 2020
Subject:	SEND Continuous Improvement Plan Update		
Report of:	Chief Executive	Wards Affected:	(All Wards);
Portfolio:	Cabinet Member - Adult Social Care (Chair of SEND Continuous Improvement Board) Cabinet Member Children, Schools and Safeguarding		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

The report updates Cabinet on the progress made against the actions taken and progress made with regard to the SEND Continuous Improvement Plan. It also updates on the impact of the COVID 19 pandemic.

Recommendation(s):

Cabinet is asked to

(1) consider the progress made to date

(2) be aware that changes have now been introduced and this means many of the action plan objectives are being met plus where required appropriate remedial action is in place.

(3) note that the ASD pathway has been impacted by the COVID 19 pandemic, also to consider the remedial actions being taken by the provider and note the approaches taken to maintain a safe level of service for children requiring ASD/ADHD assessment and diagnosis.

(4) confirm that they consider the level of risk is being effectively managed.

Reasons for the Recommendation(s):

The Health & Wellbeing Board provides system leadership, keeps the Council's Cabinet informed of progress and if necessary, will escalate concerns. On 11th March 2020 the Health & Wellbeing Board agreed the report at Appendix A, this report relates to recommendation (9) of that report and seeks to provide assurance of robust oversight of the delivery of the SEND Continuous Improvement Plan.

Alternative Options Considered and Rejected: (including any Risk Implications)

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NA

What will it cost and how will it be financed?

(A) Revenue Costs

The CCGs have invested a recurring £35k in SENDIASS and a recurring £100K+ in Speech and Language Therapy. The CCGs have also seconded a senior nurse- Deputy Chief Nurse (SEND) for 4 months to focus on the health aspects of the plan.

The CCG's in Sefton are prioritising additional investment in the ASD / ADHD pathway despite recording a £22.7m deficit in CCG's draft accounts. The CCGs recognise the importance of ensuring that the service meets the needs for our children, young people and their families. We are working with all partners in the local health and care system to find solutions to the CCGs financial challenges as part of recovery programme which is overseen by NHS North West senior leadership team. The CCGs have also seconded a senior nurse- Associate Chief Nurse (SEND) up to end September 2020, to focus on the health aspects of the plan.

(B) Capital Costs

NA

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):

The High Needs Budget is part of the Dedicated Schools Grant (DSG) allocated annually by Government to local authorities and schools for education provision. The High Needs Budget "Block" is funding specifically for the education of pupils with an identified special educational need and normally subject to an Education, Health and Care Plan (EHCP). The funding is for pupils from ages 0-25 in a range of provision including special schools, mainstream schools, alternative provision and independent specialist provision.

The 2019/20 financial outturn for the High Needs Budget is an overspend of £4.5m. In accordance with guidance from the DfE and CIPFA, this has been combined with other balances within the DSG to form an overall retained DSG deficit balance to be carried forward into 2020/21 of £4.4m.

A High Needs Budget Recovery and Improvement Plan has been developed to bring forward immediate proposals to address ongoing in-year pressures, it also has a series of workstreams focused on longer-term actions to improve process and governance, balance the budget and payback the cumulative deficit.

The Plan has been presented to the SEND Schools Forum and covers the following themes:

- Providing clarity to schools regarding their own responsibilities to fund SEND

provision;

- Short-term measures regarding funding for consultation with schools;
- Longer-term aims and objectives linked to improving process, consistency and transparency in the funding process; and
- Sufficiency planning to ensure that future provision meets the needs of children and young people whilst ensuring financial sustainability.

There will be full consultation regarding any changes that are proposed working closely with both the SEND Forum, the main Schools Forum, schools and children young people and parents/carers where appropriate.

Legal Implications:

The Children and Families Act (2014) places a statutory duty on local authorities, education providers, CCGs and other NHS organisations to provide support for children and young people with SEN or disabilities aged 0-25. In doing these local authorities, NHS England and their partner CCGs must make arrangements for agreeing the education, health and social care provision reasonably required by local children and young people with SEN or disabilities.

The Government have recently released guidance re EHCPs during COVID 19.

Coronavirus Act 2020 Modification of section 42 of the Children and Families Act 2014 (England) Notice 2020

Equality Implications:

The equality implications will be assessed as the Improvement Plan progresses. The SEND Continuous Improvement Board will be kept informed of all equality implications, risks and mitigations.

Contribution to the Council's Core Purpose:

Protect the most vulnerable: The delivery of the Improvement Plan will ensure a focused response on providing improved outcomes for the children and young people with SEND and their families.

Facilitate confident and resilient communities: The delivery of the Improvement Plan responding to the revisit and the subsequent activity will need to build the trust and confidence of the community that the Council and its Health partners are delivering on their commitments.

Commission, broker and provide core services: A key pillar of the Improvement Plan is the development of a Joint Commissioning Strategy. Through this strategy our ambition is to ensure adequate services that can respond when people need it most. The Joint Commissioning Strategy for SEND has been developed in the context of the Children and Young People's Plan "My Sefton: heard, happy, healthy, achieving,'.

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On 11 th March 2020 the Health & Wellbeing Board agreed the SEND Commissioning Action Plan.
Place – leadership and influencer: The Council will work with partners, in particular commissioners and providers of Health Services, to work towards common goals in relation to the delivery of the Improvement Plan. The Council has a key role in holding the whole system to account on this matter and will ensure an evidence-based plan is delivered against.
Drivers of change and reform: The Council will work with partners, in particular Health, to make change happen so as to improve outcomes for children and young people with SEND.
Facilitate sustainable economic prosperity: NA
Greater income for social investment: NA
Cleaner Greener: NA

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD6025/20) and the Chief Legal and Democratic Officer (LD4208/20) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

The Council has and will continue to engage with the CCG, other Health partners and Sefton Parent Carer Forum on this matter.

The initial parent career survey closed on 18th December 2019. The feedback gathered has been analysed and shared with the SENDCIB and Overview and Scrutiny (Children's Services and Safeguarding) in January 2020 and is included in this report at Appendix B. Engagement with Sefton Parent Carer Forum continues on a regular basis. In March 2020 many children and young people also took part in the Youth Conference. Schools are represented within the governance of the Improvement Plan and updated via the SEND Schools Forum.

Implementation Date for the Decision

NA

Contact Officers:	Vicky Buchanan & Jan McMahon
Telephone Number:	Executive Director of Children's Social Care & Education & Head of Strategic Support
Email Address:	dwayne.johnson@sefton.gov.uk

Appendices:

Appendix 1 Copy of report to 11th 2020 March Health and Wellbeing Board
Appendix A Current KPI Performance
Appendix B Analysis of baseline Parent Carer Survey
Appendix C SEND Strategic Needs Assessment
Appendix D Feedback from Children and Young People (on draft Joint Commissioning Strategy)
Appendix E Draft SEND Joint Commissioning Strategy including Action Plan
Appendix F Draft SEND Joint Commissioning Strategy Action Plan

Background Papers:

COVID-19 Guidance <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people#children-with-education-health-and-care-ehc-plans>

Coronavirus Act 2020 Modification of section 42 of the Children and Families Act 2014 (England) Notice 2020
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/882290/CV19_Act_modification_notice_SEND.pdf

House of Commons Education Committee (Special educational needs and disabilities) issued its First Report of Session 2019–20 is available at
<https://publications.parliament.uk/pa/cm201920/cmselect/cmeduc/20/20.pdf>

Published version of the SEND Improvement Plan
https://search3.openobjects.com/mediamanager/sefton/fsd/files/sefton_send_improvement_plan.pdf

Agenda Item 5

1. Introduction

- 1.1 On 11th March 2020 the Health & Wellbeing Board received the report at Appendix 1 informing them of the progress made and improvements planned in response to the Ofsted and Care Quality Commission in the joint local area special educational needs and/or disabilities (SEND) revisit that took place between 15th to 17th April 2019.
- 1.2 Cabinet members will be aware that in response the partnership has developed an Improvement Plan. The SEND Continuous Improvement Board (SENDICIB) was established, is chaired by the Cabinet Member Adult Social Care, comprises of partners from across the Local Area including Sefton Parent Carer Forum. The SENDICIB receive support and challenge from the NHS England and DfE advisors.
- 1.3 Demonstrating the impact of the changes being made will take time and the SENDICIB recognise that being able to demonstrate impact will be crucial. Over the coming months the Local Area will work together and use a number of tools such as surveys to ensure that the changes being made are resulting in the desired improvement. The Council's Chief Executive has put in place additional measures that ensure corporate oversight of the Improvement Plan progress from a Council perspective and this includes the Council Executive Leadership supporting prioritisation of activity, offering additional source of challenge.

2. Delivering the Improvement Plan

- 2.1 There are a number of appendices that demonstrate the progress made and are products of the work of the SEND Improvement Plan attached to this report
 - Appendix 1 Copy of report to 11th 2020 March Health and Wellbeing Board
 - Appendix A Current Key Performance Indicator (KPI) Performance a presented to 11th 2020 March Health and Wellbeing Board
 - Appendix B Analysis of baseline Parent Carer Survey
 - Appendix C SEND Strategic Needs Assessment
 - Appendix D Feedback from Children and Young People (on draft Joint Commissioning Strategy)
 - Appendix E Draft SEND Joint Commissioning Strategy including Action Plan – Which was agreed by the 11th 2020 March Health and Wellbeing Board
 - Appendix F Draft SEND Joint Commissioning Strategy Action Plan - Which was agreed by the 11th 2020 March Health and Wellbeing Board
- 2.2 From this information it can be seen that the majority of actions in the Improvement Plan are on target for delivery and where risk exists appropriate remedial action plans are in place.

3. Risk

- 3.1 Whilst every effort will be made to ensure that the required change will put solid foundations in place, the Local Area remains vulnerable to a range of issues that can impact upon its financial sustainability and which impact upon the decisions that each member of the system must make. These include pressures across the

system nationally such as the impact of demand pressures and most significantly central government policy.

- 3.2 The System Leadership and Governance Sub Group monitor risks on a regular basis and provide the risk log to the SENDCIB on a regular basis. The SENDCIB will continue to monitor risks, putting in place mitigation where possible and escalating risks as required.
- 3.3 The area of greatest risk was the commissioning of a National Institute for Health and Care (NICE) compliant neurodevelopmental diagnostic pathway. The March 2020 SENDCIB received a report confirming current waiting list numbers and detailing a way forward regarding this matter. Funding has been agreed by the CCG's and the establishment of a NICE compliant. The pathway went live 1st April 2020.

However, in response to the COVID 19 pandemic there has been a requirement to make revisions and re-prioritise activities, based on Guidance issued on 20th March 2020 by NHS England and Improvement entitled 'Covid 19- Prioritisation within Community Health Services.

It has been necessary to make changes to the way ADHD and ASD clinics are delivered to maintain social distancing measures and the provider is offering digital solutions comprising of telephone and video consultations. All activities which can be completed from the office or remotely, for example; clinical validation or virtual multi-disciplinary meetings and assessments, are planned to continue to support reduction in numbers waiting for assessment and diagnosis.

Workforce planning has continued regarding recruitment to posts to support the implementation of the agreed improvements for ASD and ADHD. However, redeployment of Community staff to support acute care needs in the hospital as part of emergency preparedness planning has been necessary. For example, Junior Doctors in Community services have been relocated to acute services.

Sefton Parent Carers have been fully engaged in communications and the local offer has been updated to ensure parents are kept up to date with any service changes.

Cabinet is asked to note the risk as the service has been impacted by the pandemic, also to consider the remedial actions being taken by the provider and note the approaches taken to maintain a safe level of service for children requiring ASD/ADHD assessment and diagnosis.

- 3.4 There is also a risk relating to the timely completion of reviews. KPI 1/3 focuses on percentage of Education Health and Care Plan (EHCP) reviews completed for Yr 6 and Yr 11. The target was for 50% of those transition reviews to have been completed by the end of January 2020. As at January 2020 good progress was being made on reviews associated with Year 6 and Year 11 and performance data regarding this matter was shared at the SENDCIB. We are currently ahead of target having completed 80.2% of Year 6 reviews at the time of writing this report.

KPI 1/3a focuses on all other EHCP reviews. The target set was for 15% of all other reviews to have been completed by end of January 2020. Like many other

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Local Areas across the country Sefton is not completing the number of reviews that it should. The SEND team has been working closely with schools and in line with the statutory guidance schools and maintained nursery schools had been convening and holding the annual review meeting on the LA's behalf.

The DfE Advisor has supported the approach being taken by the Council to prioritising Year 6 and Year 11 reviews given that these are key transition points in a child's life. The SENDCIB has agreed the following remedial action:

- a) The SEND team continue to prioritise Year 6 and Year 11 reviews for completion
- b) Schools and maintained nursery settings continue to action reviews in line with statutory guidance
- c) SEND team prioritise the input of reviews completed by schools and maintained so that the Performance Management and Assessment & Provision Sub Group can report a more accurate position.
- d) In addition to the Council and CCG will ensure that that the reviews for the following groups of children and young people are up to date and where they are not put in place appropriate remedial action
 - Looked After Children with and EHCP
 - Young people with an EHCP receiving support from YOT
 - Young people with an EHCP receiving or awaiting support from CAMHS
 - Children placed out of borough

Officers are currently considering how best to resource this area going forward.

3.5 Cabinet is asked to note that the completion of reviews remains a risk, consider the remedial action being taken (described above), which has been supported by the DfE Advisor and endorse the approach.

3.6 At the 10th March 2020 SENDCIB the risk relating to COVID-19 was also discussed and the impact that this may have on the delivery of the SEND Improvement Plan. The impact of this will be considered as part of all partners business continuity planning.

3.7 Since that time the Government has released guidance relating to children and young people with EHCPs and this includes

“During this outbreak, educational settings, local authorities, health bodies, parents and young people with SEND should work together to respond pragmatically and flexibly to each individual's needs.

The Coronavirus Act 2020 will help government respond to the outbreak. This legislation gives the Secretary of State powers to provide for local authorities where appropriate temporarily to have more flexibility to prioritise their efforts to support those with the most complex needs.

Local authorities will need to work closely with educational settings – and in particular, special schools and specialist colleges, and other

specialist provision – to ensure sufficient provision is available across the local area. Local authorities and educational settings may need to redeploy staff (whether teachers, support staff or other critical workers) to ensure that specialist settings have sufficient workforce to operate safely; and may need to do this across the usual boundaries of maintained, academy, college or other status to ensure the right staff are in the right settings.

Any changes made to a child or young person's provision in their EHC plan would only remain in place temporarily. The full range of provision would be reinstated once the temporary notice expires.

We are also proposing to amend regulations to provide for flexibility over matters such as the timescales in EHC needs assessments, and the reviews, re-assessments and amendments processes where particular cases are affected by the COVID-19 situation.

The Department for Education will seek to ensure that local authorities receive clear guidance and support to help them manage these new requirements effectively.”

3.8 It is important to note that the SENDCIB has and will continue to meet virtually during the pandemic, as have all of the sub groups. The Local Area recognises the stress and concern that the COVID 19 pandemic is causing families and remains accessible to provide support. All partners have put business continuity plans in place and are working together to ensure that robust plans and effective communication is in place during this time of uncertainty. This work has included communications confirming that the local area are still available to support families.

Despite the enormous pressure across the local area work to deliver the Improvement Plan has continued and required changes have happened at a pace and staff have been diverted to support children, young people and schools, for example

- i) The performance rates for the completion of EHCPs continues to improve. The SEND team continues to work remotely, and performance continues to improve with in month performance of EHCPs for April 2020 being 63.6% and the annualised rate was 54.2%.
- ii) There was a postponement of a quality meeting due to COVID 19 but monitoring is now back on track.
- iii) A virtual youth group is being piloted with young people from Rowan High and from Buddy Up. SCVS Buddy Up agreed to host the meeting on Zoom.
- iv) Health consultations are also happening virtually.
- v) Our Special schools remain open to support key workers families and some children with EHCPs. Staff from the Aiming High team have been redeployed to support Special schools.

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vi) Work is continuing to improve the content and navigation of the Local Offer. We have also used social media to ensure that families are aware that the Local Area is available to support them at this difficult time.

3.9 The Coronavirus Act 2020 Modification of section 42 of the Children and Families Act 2014 (England) Notice 2020 is in place from 1st to 31st May 2020.

4. Conclusion

- 4.1 There has been a positive start to delivery of the Improvement Plan with the Local Area partners responding to the challenges including the COVID 19 pandemic. The Local Area recognises the significant challenges that continue to be faced by Sefton families of children with special educational needs and disabilities (SEND) especially at this testing time. The system is confident that the actions being taken are beginning to have a demonstrable positive impact in 2020.
- 4.2 The Local Area recognises the need to maintain focus, build pace and achieve demonstrable positive impact in 2020 and all joint sub groups and the SENDIB continue to meet remotely to maintain focus and oversight on the improvement plan objectives. The COVID 19 pandemic may mean that we deliver in different ways but the focus and the priority remains on delivering the improvements required.
- 4.3 All parties remain committed to delivering the required actions that will improve the lives of Sefton's children and young people with SEND, to enable them to reach their potential. The impact of COVID 19 on the Improvement Plan will continue to be assessed and partners are continuing to work together to minimise impact.

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Report to:	Health and Wellbeing Board	Date of Meeting:	Wednesday 11 March 2020
Subject:	SEND Continuous Improvement Plan Update		
Report of:	Interim Director of Children's Social Care and Education	Wards Affected:	(All Wards);
Portfolio:	Children, Schools and Safeguarding		
Is this a Key Decision:	N	Included in Forward Plan:	No
Exempt / Confidential Report:	N		

Summary:

The report updates the Board on actions taken and progress made with regard to the improvements required following the Ofsted and Care Quality Commission Joint Local area special educational needs and/or disabilities (SEND) revisit. The report details the key actions and responses being taken.

Recommendation(s):

Members of the Health and Wellbeing Board are asked to

- (1) consider the performance information at Appendix A in conjunction with the information in this report
- (2) be aware that changes have now been introduced and this means many of the action plan objectives are being met plus where required appropriate remedial action is in place
- (3) be aware that the impact of some of the changes made still needs to be confirmed but be assured that operational performance is beginning to improve
- (4) offer challenge to the SEND Continuous Improvement Board
- (5) confirm that they consider the level of risk is being effectively managed.
- (6) note that the completion of reviews remains a risk, consider the remedial action being taken and endorse the approach
- (7) consider the feedback from parents and carers and agree the draft report and baseline for KPI4/1/2/3/4/5/6.
- (8) comment on the draft Joint Commissioning strategy and recommend that the Joint Commissioning Strategy and associated action plan for SEND, subject to comment from Health and Wellbeing Board members, be approved
- (9) agree that a progress against the SEND Improvement Plan be shared with Cabinet at the earliest opportunity

Reasons for the Recommendation(s):

The revisit highlighted that partner agencies need to significantly demonstrate impact in outcomes for children and young people and support parents and carers through improvement in quality of education health care plans, improvements in joint working,

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transparency and implementation of a National Institute for Health & Care Excellence (NICE) compliant diagnostic pathway for ASD provision.

Given the feedback received governance and leadership across the local area for SEND has never been more important. The Health & Wellbeing Board provides system leadership, keeps the Council's Cabinet informed of progress and if necessary, will escalate concerns.

The role of the Health & Wellbeing Board is to offer robust challenge and oversight to the continuous improvement of the Local Offer to Children, Young People and their families.

Alternative Options Considered and Rejected:

NA

What will it cost and how will it be financed?

(A) Revenue Costs

For the Council in 2019/2020 there is a forecast budget pressure of **£0.223m** due to the new posts that have been created. This excludes the High Needs funding shortfall, discussed in more detail within Resource Implications (below). In 2020/2021, the additional net costs of the new posts would be **£0.400m**.

The CCGs have invested a non-recurring £35k in Sefton's Information, Advice and Support Service (SENDIASS) and a recurring £100K + in Speech and Language Therapy. The CCGs have also seconded a senior nurse- Deputy Chief Nurse (SEND) for to focus on the health aspects of the plan.

The CCG's in Sefton are prioritising additional investment in the Autistic Spectrum Disorder (ASD) / Attention Deficit Hyperactivity Disorder (ADHD) pathway despite facing a £21.7m projected deficit for 19/20. The CCGs recognise the importance of ensuring that the service meets the needs for our children, young people and their families. We are working with all partners in the local health and care system to find solutions to the CCGs financial challenges as part of recovery programme which is overseen by NHS North West senior leadership team.

(B) Capital Costs

NA

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):

The High Needs Budget is part of the Dedicated Schools Grant (DSG) allocated annually by Government to local authorities and schools for education provision. In 2018/19 the High Needs Budget overspent by £2.3m. This financial year the forecast overspend (as at December 2019) is £4.5m.

Annual expenditure on provision for children and young people with special educational needs and disabilities has risen by £7.3m (20%) since 2013/14. Over the same period

<p>High Needs funding has only increased by £2.3m (9%).</p> <p>Additional High Needs funding of £780m nationally was announced in the summer for 2020/21, of which Sefton will receive £3.8m. Although welcome this will not eradicate the funding gap in Sefton without further reform of the cost and sufficiency of provision.</p>
<p>Legal Implications: The Children and Families Act (2014) places a statutory duty on local authorities, education providers, CCGs and other NHS organisations to provide support for children and young people with SEN or disabilities aged 0-25. In doing these local authorities, NHS England and their partner CCGs must make arrangements for agreeing the education, health and social care provision reasonably required by local children and young people with SEN or disabilities.</p>
<p>Equality Implications: The equality implications will be assessed as the Improvement Plan progresses. SENDCIB will be kept informed of all equality implications, risks and mitigations.</p>

Contribution to the Council's Core Purpose:

<p>Protect the most vulnerable: The delivery of the Improvement Plan will ensure a focused response on providing improved outcomes for the children and young people with SEND and their families.</p>
<p>Facilitate confident and resilient communities: The delivery of the Improvement Plan responding to the revisit and the subsequent activity will need to build the trust and confidence of the community that the Council and its Health partners are delivering on their commitments.</p>
<p>Commission, broker and provide core services: A key pillar of the Improvement Plan is the development of a Joint Commissioning Strategy. Through this strategy our ambition is to ensure adequate services that can respond when people need it most. The Joint Commissioning Strategy for SEND has been developed in the context of the Children and Young People's Plan "My Sefton: heard, happy, healthy, achieving,".</p>
<p>Place – leadership and influencer: The Council will work with partners, in particular commissioners and providers of Health Services, to work towards common goals in relation to the delivery of the Improvement Plan. The Council has a key role in holding the whole system to account on this matter and will ensure an evidence-based plan is delivered against.</p>
<p>Drivers of change and reform: The Council will work with partners, in particular Health, to make change happen so as to improve outcomes for children and young people with SEND.</p>
<p>Facilitate sustainable economic prosperity: NA</p>
<p>Greater income for social investment: NA</p>
<p>Cleaner Greener: NA</p>

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What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director Corporate Resources & Customer Services (FD5961/20) and the Chief Legal and Democratic Officer (LD4144/20) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

The Council has and will continue to engage with the CCG, other Health partners and Sefton Parent Carer Forum on this matter.

The initial parent career survey closed on 18th December 2019. The feedback gathered has been analysed and shared with the SENDCIB and Overview and Scrutiny (Children's Services and Safeguarding) in January 2020 and is included in this report at Appendix B.

Schools are represented within the governance of the Improvement Plan and updated via the SEND Schools Forum.

Implementation Date for the Decision

NA

Contact Officer:	Jan McMahon
Telephone Number:	Tel: 0151 934 4431
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Appendices:

Appendix A Current KPI Performance

Appendix B Analysis of baseline Parent Carer Survey

Appendix C SEND Strategic Needs Assessment

Appendix D Feedback from Children and Young People (on draft Joint Commissioning Strategy)

Appendix E Draft SEND Joint Commissioning Strategy including Action Plan

Appendix F Draft SEND Joint Commissioning Strategy Action Plan

Background Papers:

House of Commons Education Committee (Special educational needs and disabilities) issued its First Report of Session 2019–20 is available at

<https://publications.parliament.uk/pa/cm201920/cmselect/cmeduc/20/20.pdf>

Published version of the SEND Improvement Plan

https://search3.openobjects.com/mediamanager/sefton/fsd/files/sefton_send_improvement_plan.pdf

1. Introduction

- 1.1 This report informs Health and Wellbeing Board members of the progress made and improvements planned in response to the Ofsted and Care Quality Commission in the joint local area special educational needs and/or disabilities (SEND) revisit that took place between 15th to 17th April 2019.
- 1.2 In response the partnership has developed an Improvement Plan. The SEND Continuous Improvement Board (SENDCIB) continue to receive support and challenge from the NHS England and DfE advisors.
- 1.3 Current KPI performance against the Improvement Plan targets is included at Appendix A of this report and progress against actions is reported below. It is important to note that the delivery of the Improvement Plan will take place over an 18-month period this will help ensure that the changes delivered are fit for purpose and sustainable.
- 1.4 Demonstrating the impact of the changes being made will take time and the SENDCIB recognise that being able to demonstrate impact will be crucial. Over the coming months the Local Area will work together and use a number of tools such as surveys to ensure that the changes being made are resulting in the desired improvement. The Council's Chief Executive has put in place additional measures that ensure corporate oversight of the Improvement Plan progress from a Council perspective and this provides the Council's Executive Leadership to support prioritisation of activity, offer an additional source of challenge.
- 1.5 Members of the Health and Wellbeing Board are asked to
 - 1.5.1 consider the performance information at Appendix A in conjunction with the information in this report
 - 1.5.2 be aware that changes have now been introduced and this means many of the action plan objectives are being met plus where required appropriate remedial action is in place
 - 1.5.3 be aware that the impact of some of the changes made still needs to be confirmed but be assured that operational performance is beginning to improve
 - 1.5.4 offer challenge to the SENDCIB and
 - 1.5.5 confirm that they consider the level of risk is being effectively managed.
- 1.6 On 22nd January 2020 a progress review meeting was held with senior officials from the Department for Education and NHS England. Attending the meeting were partners from across the Local Area, including representatives of Sefton Parent Carer Forum and schools. The meeting focused on the progress made in accelerating improvement in areas of weakness since the Ofsted and CQC revisit. A further visit will take place in summer 2020 and the Local Area must maintain pace and be able to demonstrate real impact.
- 1.7 Members of the Health and Wellbeing Board should also be aware that Overview and Scrutiny (Children's Services and Safeguarding) also received a progress report in January 2020 and have considered the feedback from the parent carer

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survey (see section 2.10 of this report) and the draft Joint Commissioning Strategy (see section 2.11 of this report).

2. Delivering the Improvement Plan

2.1 The majority of actions in the Improvement Plan are on target for delivery and further information is below. The current performance against target is provided at Appendix A.

Action 1 To improve the poor progress made from starting points by pupils with a statement of special educational needs or an EHCP at key stage 2

2.2 **Action 1.1 Children and young people with an Education, Health & Care Plan achieve from their starting point at KS2 in Writing and Maths at least as well as their peers nationally**

2.2.1 The secondment of the experienced Headteacher has been extended until the end of March 2020. This secondment has created the required capacity to drive this area of work forward. This additional capacity has enabled greater scrutiny and oversight of schools' performance. Members of the Health and Wellbeing Board should be aware that activity in this area of work supports the delivery of several actions in the SEND Improvement Plan including action 1.1 and KPI1/1. Activity includes

- A sub group has been established to consider Writing and Maths
- Working with the Inclusion Consultants to develop geographic cluster groups and these have been in place since September 2019. These groups have oversight of schools' data and are beginning to build capacity through sharing good practice and training SENCOs in the use of various assessment tools.
- A Pupil Performance Group which is considering how we can improve our understanding of data on a real time basis.

2.2.2 It is important to note that academic attainment will not be validated and shared until October 2020.

2.3 **Actions 1.2 The Timeliness of new EHCPs will improve to within the statutory timescale of 20 weeks**

2.3.1 Operational performance is beginning to improve but the impact of the changes being made is not as widespread as the Local Area would like. The Chief Executive of the Council continues to monitor performance closely with his leadership team on a regular basis, seeking assurance that the performance is on track to meet or exceed the targets within the Improvement Plan. There are two key performance indicators in relation to this area of the Improvement Plan.

2.3.2 KPI1/2 20 - week target relating to 2019, the Improvement Plan included a target of 10% of new EHCPs from 01.06.19. Overall performance for 2019 calendar year increased to 22.4% (last calendar year 2018 the figure was 14%). In the final three months of the calendar year the average performance was 55%. A total of 317 EHCPs were for the calendar year 2019 in comparison to 145 last year. In

addition to this the backlog of 147 cases has reduced to 8 and these assessments are the more complex cases.

- 2.3.3 KPI/2a - The Timeliness of new EHCPs will improve to within the statutory timescale of 20 weeks. Significant improvements have taken place with timescales and the performance for January 2020 was 40% and for February was 43.6% both ahead of plan targets. The Local Area remains confident in this area but would make Board members aware that the requests for EHCPs continues to rise.
- 2.3.4 KPI1/5 Percentage of EHCPs being completed in maximum of six weeks by Health from the date of request from the Local Authority also impacts on this action. Since September 2019 there has been a 100% achievement of this target by health partners and performance in this area will continue to be monitored.
- 2.3.5 Board members should also be aware that these KPIs align closely to KPI1/4 Percentage of EHCP audits assessed as at least Good (local measure). Following advice from the DfE Advisor the initial focus has been on improving timeliness given the time that it will take for quality related training to embed and the time for the implementation of an agreed quality framework.

2.4 Action 1.3 EHC Plans are reviewed within the statutory timescales.

- 2.4.1 The team also keeps abreast of approaches being taken by other Local Areas in respect of reviews as the DfE Advisor has confirmed that performance in this area is a challenge nationally. A tracker for monitoring performance of EHCP reviews is now in place.
- 2.4.2 KPI 1/3 focuses on percentage of EHCP reviews completed for Yr 6 and Yr 11. The target was for 50% of those transition reviews to have been completed by the end of January 2020. As at January 2020 good progress was being made on reviews associated with Year 6 and Year 11 and performance data regarding this matter was shared at the SENDCIB. We are currently ahead of target having completed 80% of Year 6 reviews at the time of writing this report.
- 2.4.3 KPI 1/3a focuses on all other EHCP reviews. The target set was for 15% of all other reviews to have been completed by end of January 2020. Like many other Local Areas across the country Sefton is not completing the number of reviews that it should. The SEND team has been working closely with schools and in line with the statutory guidance schools and maintained nursery schools are convening and holding the annual review meeting on the LA's behalf. Officers are currently considering how best to resource this area going forward.
- 2.4.4 The DfE Advisor has supported the approach being taken by the Council to prioritising Year 6 and Year 11 reviews given that these are key transition points in a child's life. The SENDCIB has agreed the following remedial action:
 - a) The SEND team continue to prioritise Year 6 and Year 11 reviews for completion
 - b) Schools and maintained nursery settings continue to action reviews in line with statutory guidance

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- c) SEND team prioritise the input of reviews completed by schools and maintained so that the Performance Management and Assessment & Provision Sub Group can report a more accurate position.
- d) In addition to the Council and CCG will ensure that that the reviews for the following groups of children and young people are up to date and where they are not put in place appropriate remedial action
 - Looked After Children with and EHCP
 - Young people with an EHCP receiving support from YOT
 - Young people with an EHCP receiving or awaiting support from CAMHS
 - Children placed out of borough

2.4.5 Members of the Health and Wellbeing Board are asked to note that the completion of reviews remains a risk, consider the remedial action being taken and endorse the approach.

2.5 Action 1.4 The quality of outcome writing in Education Health and Care plans is at least consistently good.

2.5.1 To ensure that the SEND workforce have the skills required to produce consistently good EHCPs several training events have taken place. The SEND team and some Health colleagues received initial National Association for Special Educational Needs (NASEN) Accredited outcomes and personal budget training in September 2019, with a follow up session delivered in October 2019. Further training in February 2020 included Legal Compliance training, Preparation for Adulthood training and DFE Plan writing/ Outcomes Training. In addition over 80 social workers have received awareness training delivered by the SENDIASS team. Further training has been scheduled for the Health SEND workforce and recently the SEND Improvement team has secured Health Education England (HEE) funds for the delivery of training to the Sefton workforce in Neuro-diversity and the creation of a Peer Support Programme for parents and carers.

2.5.2 A Quality Framework is in place that will enable the Local Area to embed bedding a robust process that enables overview, challenge and scrutiny of EHCPs. The Quality Assurance Framework sets out a new way of auditing EHC plans into a tiered system, in line with a number of other local authorities, to improve the quality of plans in all areas. The tiered system is set out below:

- Tier 1 – Compliance and monitored through Sefton SENIS Team
- Tier 2 – Multi Agency Qualitative Audits
- Tier 3 – Multi Agency Audits of Annual Reviews
- Tier 4 – Moderation/ Governance
- Tier 5 – External Peer Moderation

2.5.3 Overall performance for KPI1/4 is below the baseline target of 50%. In January 2020 33% of the 10% of plans sampled showed evidence of good outcomes for children and young people. The Moderation groups have identified areas for development in order to improve the Local Area's performance. In February 2020 the SENDCIB considered a report on this matter and requested a further update in April 2020 in order to ensure that the agreed remedial action was making an impact. We are continuing to work closely with our DfE adviser in this area.

2.6 **Action 1.5 Parents are clear about the assessment process, quality assurance practices and involved in the production of EHCPs.**

2.6.1 This is a longer-term action in the Improvement Plan and the Local Area is confident in achieving the outcome. The Council and Health teams continue to review internal processes and have introduced several immediate changes including

- Ensuring contact with all parents within the first 6 weeks of request for assessment
- Complaints and Freedom of Information are now managed at a corporate level within the Strategic Support Unit and this has meant that the backlog of complaints is being addressed
- Increasing the number of joint outcome meetings to co-produce plans and
- Co - production meetings are embedded at early years and expanding into the wider cohort

2.6.2 To improve understanding of processes parents are involved in co-production tasks including; decision making processes, review of paperwork and quality assurance and the production of a flowchart that clearly articulates the assessment process in a clear and coherent way.

2.6.3 Over the next quarter officers will work with young people, parents and carers to redesign our processes. To inform the changes officers will also use the intelligence gathered as part of the parent carer survey to inform future changes.

2.7 **To increase the use of Personal Health Budgets (PHB) as part of EHCPs**

2.7.1 This is a longer-term action in the Improvement Plan and the Local Area is confident in achieving the outcome of awareness raising on PHB's for children and young people. Initial discussions are underway to identify stakeholders for further discussions. The CCG is working with Midlands and Lancashire Commissioning Support unit to secure support for CYP/SEND PHBs.

2.7.2 The CCGs are currently working with the CCG's Head of Communications to ensure there is a robust approach to raising awareness of PHBs for children and young people.

2.8 **Action 2 To address the poor operational oversight of the Designated Clinical Officer (DCO) across health services in supporting children and young people who have special educational needs and/or disabilities and their families**

2.8.1 The Designated Clinical Officer (DCO) has been in post since December 2018. The operational oversight has improved since the inspection, with all actions relating to the Improvement Plan completed and key performance indicators on target.

2.8.2 Furthermore the overarching Health SEND oversight framework has been developed and approved at the Health Performance Improvement group for SEND, providing a framework for greater governance, accountability, performance

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management and oversight of health partners for all health related actions contained in the Improvement Plan.

- 2.8.3 It is planned to complete a repeat of the provider survey from December 2019, in June and October 2020 with health partners to ensure health staff continue to demonstrate awareness and understanding of DCO role and functions as this directly relates to action 3 of improvement plan and embed fully the SEND reforms across Sefton

2.9 Action 3 To Improve the lack of awareness and understanding of Health Professional in terms of their responsibilities and contribution to EHCPs

- 2.9.1 There is a dedicated Task and Finish group led by the Designated Clinical Officer (DCO) with health partners to drive forward the revisions necessary to ensure staff understanding is improved through changing system processes for capturing health advice for education, health, care plans for children. There has been slippage in meeting the timescale for completion for revisions to the health process from December 2019 and this will now be implemented from April 2020.
- 2.9.2 The group has focused on training and upskilling the clinical workforce in NASEN (National Association for Special Educational Needs) and developing the system improvements required for the notification process from local authority partners and timeliness of reporting required.

Since September 2019 health have continuously achieved the completion of 100% of health requests for education, health care plans within 6 weeks timescales. To date 34 health practitioners have undertaken NASEN training and feedback from Alder Hey staff reported 100% of those trained in their Trust demonstrate they felt confident and upskilled to deliver quality outcomes focused EHC plans. Further training dates are planned to take place in early March 2020 which will accommodate up to 100 additional staff. Further training dates are being planned in with NASEN to ensure objective of 75% workforce are trained by June 2020. NASEN have been requested to tailor training for health clinicians, based on feedback obtained from health staff in attendance at previous training sessions delivered

- 2.9.3 During quarter 4 (January to March), a pilot of the revised processes is being conducted by health partners to ensure the new process is 'fit for purpose' and any revisions necessary are put in place. The Designated Clinical Officer is engaged in the revisions to quality processes as per Improvement plan 1.4.2 and is a member of the SEND Education Health Care Plan quality assurance moderation group. It is expected the quality of health reports for EHC Plan's will demonstrate improvements in quality once training has been delivered and the revised processes are implemented and embedded from April 2020. The Designated Clinical Officer will facilitate staff knowledge and understanding of SEND and this will be monitored via revised KPI's.

2.10 Action 4 To address the weakness of co-production with parents, and more generally in communications with parents

Action 4.1 Strong and effective engagement, co- production and communication is in place with parents/ carers, children and young people.

- 2.10.1 Improving the trust and confidence of families in the Local Area is critical to the success of this whole programme of work. The Local Area recognises that there is a lot of work to be done and has taken steps to improve the level of engagement with Sefton Parent Carer Forum but recognise that building trust and confidence from a low starting point takes time.
- 2.10.2 The Council's Head of Communities and the DCO now attend the Sefton Parent Carer Forum (SPCF) on a regular basis. It has been agreed by SPCF that the DCO will attend one month and the Head of Communities will attend the following month, this is to help manage SPCF agenda.
- 2.10.3 In between formal meetings, SPCF reps have attended sub group meetings and are integral to the task and finish groups and the Head of Communities has established Keep in Touch meetings with SENDIASS, SEND Team and SPCF.
- 2.10.4 Notably the team has coproduced a survey for all parents and carers that has enabled the Local Area to set a baseline and track performance improvement going forward. The survey went live online on 14th November 2019 closed 18th December 2019. Feedback has been analysed shared with the SENDCIB and Overview and Scrutiny (Children's Services and Safeguarding) in January. A copy of the draft report is available at Appendix B. The SEND Improvement Plan includes six performance measures (KPIs 4/1/2/3/4/5/6) in relation to Section 4 of the Improvement Plan. Feedback from the survey has enable a baseline to be set against the measures. This baseline was agreed at the SENDCIB Co-production sub group on 6th February 2020 and ratified by the SENDCIB on 11th February 2020. Members of the board are asked to consider the feedback from parents and carers and agree the draft report and baseline for KPI4/1/2/3/4/5/6.
- 2.10.5 The full survey will take place annually, however the SENDCIB Coproduction sub-group is recommending that a shorter follow-up survey is conducted in June 2020. An online consultation is proposed, targeted to those parents, carers and young people with an EHCP. Unlike the annual detailed consultation questionnaire, this shorter mid-term consultation questionnaire would seek quantitative and qualitative responses to the six KPI questions. This would provide an opportunity to encourage more people to take part in providing feedback and give a direct indication of the change in satisfaction correlated to the improvement indicators of the SEND Improvement Plan. The analysis from this mid-term consultation activity would inform the decisions of the SENDCIB and be used to help determine the impact that the changes being made are having.

Action 4.3 Strengthen the offer from SENDIASS

- 2.10.6 The SENDCIB has been kept informed of progress in this area and on 11th February 2020 received an overview of developments to the SENDIAS service and update on available performance data and next steps.
- 2.10.7 SENDIASS has faced challenges in terms of capacity which has eased due to additional funding from CCGs and external funding bids. The additional staff have been recruited taking the service from 1 to 2 FTEs (currently shared by 4 staff). The additional funding secured through CCGs is also on a fixed term basis so

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there is risk to sustaining the offer for the long term. This is being explored with the CCGs to look at long term funding.

2.10.8 As the requests for EHCPs and SEN support increase, the knock-on effect is also an increase in the requests by parents /carers for SENDIASS support. There are significant opportunities to help manage the demand where the service could work more proactively to increase and improve parents and professional's knowledge and understanding, through the delivery of training, advice and support. However due to current demand for information, advice and support, the service remains in the main reactive and responsive to this demand. The service will explore options about creating the proactive training required to help manage demand.

2.11 Action 5 To address the weakness of joint commissioning in ensuring that there are adequate services to meet local demand

Action 5.1 A revised Joint Commissioning Strategy

2.11.1 Following the revisit colleagues from across the system have worked together to undertake a more thorough assessment of SEND need and to produce a Strategic Needs Assessment for SEND and Joint Commissioning Strategy. In developing these documents, the Joint Commissioning Strategy Sub Group has taken account of the SEND Code of Practice and the Department for Education Adviser has provided examples of best practice for consideration.

2.11.2 The Joint Commissioning Strategy and supporting documentation was considered by the January SENDCIB and Overview and Scrutiny (Children's Services and Safeguarding) alongside feedback from young people and the Needs Analysis. For clarity a separate document containing the associated Action Plan has now been produced. Health and Wellbeing Board members are asked to consider and related documents which are provided at Appendices C, D, E and F. Members of the Health and Wellbeing Board are invited to comment on the draft strategy and recommend that the Joint Commissioning Strategy and associated Action Plan for SEND, subject to comment from Health and Wellbeing Board members, be approved.

Once approved delivery of the Joint Commissioning Strategy for SEND will be overseen by the Children's and Young Peoples Partnership Board.

Action 5.2 Commission neurodevelopmental diagnostic pathway

2.11.3 In response to the Improvement Plan regarding commissioning of services for children with ASD, specifically relating to the creation of a neurodevelopmental pathway, a business case has been developed by Alder Hey and CCG's have given commitment to start the diagnostic pathway for those children who have waited the longest.

2.11.4 A session with parent/ carers was held in January 2020 to discuss options regarding the NICE complaint pathway and to map out and co-create the agreed pathway. This will involve establishing an implementation timetable. Work is ongoing to learn from others and a site visit to Cheshire East has been conducted, to understand how they have developed a joint strategy for ASD and co commissioned an ASD pathway comprising of diagnosis and a structured

programme of support for families waiting or newly diagnosed children and families.

- 2.11.5 The management of reduction in waiting times for commissioned paediatric services is being monitored in line with trajectories agreed. Significant progress has been made to improve the appointment system for community paediatrics and the action to create a revised process has been completed and implemented from October 2019. Early indications and feedback indicate the process has improved and a process of monitoring is established.

Action 5.3 Reduction in the waiting times for commissioned paediatric services

- 2.11.6 KPI 5/ 1- 5/4 The joint performance sub group presented to SENDCIB in February 2020 and demonstrated that reporting for December 2019 on waiting times for paediatric services showed improvements for Dietetics, Occupational therapy and Physiotherapy and they are all in line with planned trajectories set for 8 weeks, 14 weeks and 6 weeks respectively.

- 2.11.7 Speech and language is slightly off track an initial trajectory of 20 weeks that was set. This is due to prioritising clinically urgent referrals and those children who have been waiting the longest, which has resulted in impacting on average waiting times. The actual number of long waits is reducing and the expected trajectory for March 2020 to achieve the improvements that no children will be waiting more than 18 weeks will continue to be monitored.

Action 5.4 Improve the timeliness of health assessments for looked after children (LAC)

- 2.11.8 Insight work has commenced between local authority and health services for looked after children and young people aged 18-25 and establishment of key performance indicators for inclusion in the improvement plan. Adult practitioners in health have been identified to attend relevant NASEN training.

3. Risk

- 3.1 Whilst every effort will be made to ensure that the required change will put solid foundations in place, the Local Area remains vulnerable to a range of issues that can impact upon its financial sustainability and which impact upon the decisions that each member of the system must make. These include pressures across the system nationally such as the impact of demand pressures and most significantly central government policy.
- 3.2 The SENDCIB will continue to monitor risks on a regular basis, putting in place mitigation where possible and escalating risks as required.
- 3.3 The area of greatest risk is the commissioning of a NICE compliant neurodevelopmental diagnostic pathway. The February 2020 SENDCIB received a report proposing a way forward regarding this matter and expressed significant concern over the backlog taking 18 months to clear. The DfE adviser has expressed particular concerns around data and support available to children and young people.

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- 3.4 As mentioned earlier in the report there is also a significant risk relating to the timely completion of reviews. Officers are currently considering this as a priority area of work.

4. Conclusion

- 4.1 There has been a positive start to delivery of the Improvement Plan with the Local Area partners responding to the challenges. The Local Area recognises the significant challenges that continue to be faced by Sefton families of children with special educational needs and disabilities (SEND). The system is confident that the actions being taken will begin to have a demonstrable positive impact in 2020.
- 4.2 The Local Area recognises the need to maintain focus, build pace and achieve demonstrable positive impact in 2020.
- 4.3 All parties remain committed to delivering the required actions that will improve the lives of Sefton's children and young people with SEND, to enable them to reach their potential.



Appendix A

Actions 1.1: Children and young people will an Education, Health and Care Plan achieve from their starting point at KS2 in Writing and Maths at least as well as their peers nationally

KPI	Action	Frequency	Baseline		Direction of Travel	Performance Target						Commentary
			National Average	Performance		Oct-19	Jan-20	Apr-20	Jul-20	Oct-20	Jun-21	
			Jul-19	Dec-19		3 Months	6 Months	9 Months	12 Months	18 Months	24 Months	
KPI 1/1	Children and young people will an Education, Health and Care Plan achieve from their starting point at KS2 in Writing and Maths at least as well as their peers nationally	Annually	9%	3%	↑	National Average	NA Academic attainment validated by October	NA Academic attainment validated by October	NA Academic attainment validated by October	National Average	NA Academic attainment validated by October	Nationally, 65% of pupils reached the expected standard in all of reading, writing and maths (combined) in 2019, up from 64% in 2018. 11% of pupils reached the higher standard in 2019, up from 10% in 2018. In Sefton 62% of pupils reached the expected standard in all of reading, writing and maths (combined) in 2019, down from 64% in 2018. 9% of pupils reached the


higher standard in 2019, up from 8% in 2018. When we consider the performance for the children and young people with an Education, Health and Care Plan (EHCP) from their starting point at KS2 in writing and maths (to be at least as well as their peers nationally), the percentage of pupils who reached the expected standard in all of reading, writing and maths (combined) in 2019 was 3%, below the national average of 9%, but up from 1% in 2018.

Actions 1.2: The Timeliness of new EHCPs will improve to within the statutory timescale of 20 weeks


KPI	Action	Frequency	Baseline Q1 2019	Performance Dec-19	Direction of Travel	Performance Target						Commentary
						Oct-19	Jan-20	Apr-20	Jul-20	Oct-20	Jun-21	
						3 Months	6 Months	9 Months	12 Months	18 Months	24 Months	
KPI 1/2	From 01.06.19 % of EHCPs commenced will be completed within statutory	Quarterly	3%	22.4%		14%	10% of new EHCPs from 01.06.20 19. New statutory reporting period commences during this month	NA new statutory reporting period				Compliance with the statutory timescale of 20 weeks is improving month on month, at the end of December 2019, the number of plans finalised in the calendar year is 317, with 22.4% of them finalised within 20 weeks.
				The current performance has recovered from the 3% Baseline in April 2019 and remains on target for improvement.	Performance has improved on the previous period, but remains below baseline & target.							
KPI 1/2a	% of New EHCPs commenced 01.01.20 completed within statutory timescales	Quarterly	TBC	NA		-	40%	15%	25%	50% or national average whichever is the higher	75% or national average whichever is the higher	Performance for 2020 calendar year will be monitored, analysed and reported at the end of each calendar month 2020.

Actions 1.3: EHC Plans are reviewed within the statutory timescales

KPI	Action	Frequency	Baseline National Expectation	Performance Dec-19	Direction of Travel	Performance Target						Commentary
						Oct-19	Jan-20	Apr-20	Jul-20	Oct-20	Jun-21	
						3 Months	6 Months	9 Months	12 Months	18 Months	24 Months	
KPI 1/3	% of EHCP Reviews completed Yr 6 and Yr. 11	Quarterly	100%	0%	↑	16% - could not report as tracker not in place	Target 50% Complete Achieved 55%	95%	95%	95%	95%	The Service is currently focussed on identifying and planning for the review of children and young people with EHC plans (1) preparing for adulthood reviews, (2) attending a Sefton mainstream school or other institution and moving between key phases of education, and (3) those not attend a Sefton mainstream school or other institution, by the 15th February 2020 (Yr.6

														cohort), 31st March 2020 (Yr.11 cohort) and the end of the academic year (Yr.9 cohort).
KPI 1/3a	All other EHCP reviews	Quarterly	100%	unable to report		Performance remains below baseline & target, but plans in place to action progress	16% - could not report as tracker not in place	unable to report	48%	60%	16% (New Academic Year)	100%		There is slippage in this area. An exception report was presented to SENDCIB in January 2020 and the DfE Advisor noted that this is a challenge nationally.

Actions 1.4: The quality of Education, Health and Care plans is at least consistently good

KPI	Action	Frequency	Baseline - National Average	Performance	Direction of Travel	Performance Target						Commentary		
						Jul-19	Dec-19	Oct-19	Jan-20	Apr-20	Jul-20		Oct-20	Jun-21
								3 Months	6 Months	9 Months	12 Months		18 Months	24 Months
KPI 1/4	% of EHCP audits assessed as at least Good (local measure)	Quarterly	N/A	0%		NA Training in September	Target Baseline 50% Achieved 11%	Baseline Plus 10%	Baseline Plus 10%	Baseline Plus 20%	Baseline Plus 20%	See section 2.5		

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Actions 1.5: Completion rate of Health contribution to EHCPs within 6 weeks

KPI	Action	Frequency	Performance Target									Commentary	
			Baseline	Performance	Direction of Travel	Oct-19	Jan-20	Apr-20	Jul-20	Oct-20	Jun-21		
			Jul-19	Dec-19		3 Months	6 Months	9 Months	12 Months	18 Months	24 Months		
KPI 1/5	% of EHCPs being completed in maximum of six weeks by Health from the date of request from the Local Authority *see code of practice for exemptions	Quarterly	6 weeks completion rate from 01.07.2019	100%	↑	Performance has improved on the previous period, and is above target.	Target 60% Achieved 100%	Target 70% Achieved 100%	85%	90%	95%	95%	Where the local authority has sent the request to the Health coordinators and the information has been returned, 100% of request were returned within the six week time frame.

Actions 1.6: Quality of Health Information


KPI	Action	Frequency	Performance Target									Commentary
			Baseline	Current Performance	Direction of Travel	Oct-19	Jan-20	Apr-20	Jul-20	Oct-20	Jun-21	
			Jul-19	Dec-19		3 Months	6 Months	9 Months	12 Months	18 Months	24 Months	
KPI 1/6	% improvement in the quality of health	Quarterly	N/A	0%	↔	Establish baseline by 31st	NA	90%	95%	95%	95%	Slippage in this area as new processes will


information contained in EHCPs				Performance is not measured as the baseline is still to be established	October 2019					not be live until April 2020. Baseline will not be established until May 2020. Performance targets will be adjusted as part of recovery plan.
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Actions 2.1: A documented and approved management and accountability framework to be in place for the DCO										
KPI	Action	Frequency	Baseline		Direction of Travel	Performance Target				Commentary
			Jun-19	Dec-19		Dec-19	Jun-20	Oct-20	Jun-21	
			6 Months	12 Months		18 Months	24 Months			
KPI 2/1	Submission of quarterly DCO report	Quarterly	NA	1%	↑	1%	3%	7%	11%	Completed, see evidence of report provided.
KPI 2/2	Annual DCO report	Annually	NA			0%	1st	N/A	2nd	Not due until June 2020
KPI 2/3	Provider survey of understanding of DCO role and responsibilities (% of staff able to confirm and articulate what the DCO role is)	Bi-Annually	NA		↑	50%	75%	95%	95%	Completed Analysis was provided to SEND Health Performance Improvement Group in January 2020 and update to joint performance sub group and SENDCIB in

February 2020 .A repeat survey will be completed in June and October 2020.

Actions 3.1: All relevant health professionals are aware of their responsibilities and contribution of EHCPs.

KPI	Action	Frequency	Performance Target							Commentary
			Baseline	Direction of Travel	Dec-19	Jun-20	Oct-20	Jun-21		
			Jul-19		Dec-19	6 Months	12 Months	18 Months	24 Months	
KPI 3/1	Health practitioners routinely write health submissions for EHC plans for the children and young people (via Audit)	Quarterly	Baseline to be established	0%		Establish Baseline by 21.12.2019	Audit will sample 10% of EHCPs	Audit will sample 10% of EHCPs	Audit will sample 10% of EHCPs	Exception report provided to SNDCIC January 2020. This is expected to change from April 2020 and health partners have worked collaboratively to plan for improvements in EHCP for children through training and revisions to processes in preparedness . A pilot of revised processes is being held




										between January and March 2020.
KPI 3/2	% of positive “parental satisfaction survey” results received following completion of EHCP process	Quarterly	Baseline to be established			will be considered in line with action.1 - satisfaction review at completion of plan				
KPI 3/3	% of staff having completed training		N/A	20%		50%	75%	95%	95%	KPI 3/3 Exception report presented to SENDCIB January 2020. Further training sessions to be delivered during quarter 4 2019/20 and quarter 1 2020/21 to achieve 75% target by June 2020 as part of recovery plan.
KPI 3/4	% of staff having completed refresher training		N/A			0%	50%	75%	75%	
KPI 3/5	% of staff confirming their increased level of confidence in the process following training	Quarterly	Baseline to be established following training			25%	95%	95%	95%	


Actions 4.1: EHCP plans are co-produced with parents and young people. Strengthen offer from SENDIAS.							
KPI	Action	Frequency	Baseline Established	Feedback	Performance Target	6 Point Trend	Commentary
			Dec-19	Dec-20	Jun-21		
			6 Months	18 Months	24 Months		
KPI 4/1	Increased level of trust and confidence of parents and carers - in the local area to provide support (Collected Via Survey)	Annually	38.5% 61.5%	Baseline plus 10%	Baseline plus 15%		The survey was co-produced with Sefton Parent Carer Forum and closed 18th December 2019. Given the time of year it has been agreed to include late returns received via post. The feedback from the survey will be analysed and shared at January 2020 SENDCIB.
KPI 4/2	Parents, carers and young people rate the level of help and support children and young people with SEND receive to meet their needs (Collected Via Survey)	Annually	58% 30%	Baseline plus 10%	Baseline plus 15%		
KPI 4/3	Parents, carers and young people rate the level of information and advice available about the assessment process to support children and young people with SEND (Collected Via Survey)	Annually	63% 37%	Baseline plus 10%	Baseline plus 15%		
KPI 4/4	Parents and carers feel that they can influence change to service delivery Collected Via Survey)	Annually	55% 45%	Baseline plus 10%	Baseline plus 15%		
KPI 4/5	Parents and carers feel that they are listened to in the development and review of EHCPs (Collected Via Survey)	Annually	62% 38%	Baseline plus 10%	Baseline plus 15%		






KPI 4/6	Parents, carers and young people believe that communication has improved (Collected Via Survey)	Annually	66% 34%	Baseline plus 10%	Baseline plus 15%	
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Actions 5.1: Commission neurodevelopmental diagnostic pathway and resulting reduction in waiting times for commissioned paediatric services

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KPI	Action	Frequency	Baseline (in weeks)		Direction of Travel	Performance Target					Commentary
			Jun-19	Nov-19		Oct-19	Dec-19	Jun-20	Dec-20	Jun-21	
			3 Months	6 Months		12 Months	18 Months	24 Months			
KPI 5/1	Average waiting time for Paediatric Dietetics (PD)	Monthly	9	9	 Performance has improved and is now in line with baseline and target	8	8	8	7	7	Average waiting times for Paediatric Dietetics, Occupational therapy and Physiotherapy have achieved trajectories set for December 2019. Average waiting times for Paediatric speech and language is not on track for December 2019 and the expected trajectory for March 2020 to achieve the
KPI 5/2	Average waiting time for Occupational Therapy (OT)	Monthly	15	11	 Performance has improved on the previous period (@ 15 weeks), and is now in line with baseline & target	15	14	13	10	10	
KPI 5/3	Average waiting times for Paediatric	Monthly	6	6		6	6	6	6	6	

	Physiotherapy (PT)				Performance has been maintained, consistent with the previous period and remains at baseline & target							improvements that no children will be waiting more than 18 weeks will continue to be monitored.
KPI 5/4	Average waiting times for Speech and Language Therapy (SALT)	Monthly	30	25	 Performance has improved on the previous period (@ 30 weeks), and is now in line with baseline & target	25	20	18	18	18		

RAG RATING KEY	
Action completed	
Action not yet completed, but on track and scheduled for completion within projected timeframe	
Action not on track, risk to implementation	
Longer-term action not yet started. No risk to implementation currently anticipated	
Part of Business as usual	

The outcome we are aiming for.	Action Ref.	The actions we are taking	Impact we will have	Action Completion date and progress rating	Progress & Impact – January 2020		
					Progress on key actions	Evidence of Action/ Impact	Key next steps
<p>1.1 Children and young people with an Education, Health and Care Plan achieve from their starting point at KS2 in Writing and Maths at least as well as their peers nationally</p>	1.1.1	<p>The Council will continue to work collaboratively with schools to regularly monitor pupil performance to see if the agreed goals, expectations and outcomes for pupils are being met.</p> <p>To strengthen our collaboration the Council has seconded an experienced Head of an outstanding Special School on a full-time basis to ensure oversight of the EHCP process from an education perspective.</p> <p>New EHCPs include key stage expectations from September 2019</p>	<ul style="list-style-type: none"> The percentage of Sefton children educated on an EHCP achieve the expected standard in KS2 Writing and Maths and is consistent with national averages. Outcomes for children with Education and Health Care Plans are expressed as quantifiable end of key stage expectations 	Monitoring of KS2 forms part of the Councils wider monitoring of pupil performance.	<ul style="list-style-type: none"> The Local Area is making good progress in this area, targets and milestones relate to the academic year and associated reporting schedule. The Council increased capacity to drive this action forward and several working groups are in place that will take forward change in this area. A sub group has been established to consider Writing and Maths. Since September 2019 the SEND team is working with the Inclusion Consultants to develop geographic cluster groups. A Pupil Performance Group is considering how we can improve our understanding of data on a real time basis. 	<p>Current position Nationally, 65% of pupils reached the expected standard in all of reading, writing and maths (combined) in 2019, up from 64% in 2018. 11% of pupils reached the higher standard in 2019, up from 10% in 2018. In Sefton 62% of pupils reached the expected standard in all of reading, writing and maths (combined) in 2019, down from 64% in 2018. 9% of pupils reached the higher standard in 2019, up from 8% in 2018.</p> <p>When we consider the performance for the children and young people with an Education, Health and Care Plan (EHCP) from their starting point at KS2 in writing and maths (to be at least as well as their peers nationally), the percentage of pupils who reached the expected standard in all of reading, writing and maths (combined) in 2019 was 3%, below the national average of 9%, but up from 1% in 2018.</p> <p>Evidence of Action</p> <ul style="list-style-type: none"> Sub groups have an agenda to promote better inclusion in schools, with more information being shared through groups and SENCO training to fully inform school about what high quality first teaching is in order to get the best possible outcomes for all children. NASEN SEND review training has taken place - greater skill set of school leaders to provide a rich SEN offer and support colleagues to advance this further - NASEN led A presentation to SEND working Group Writing & Maths A presentation made to Headteachers <p>Impact</p> <ul style="list-style-type: none"> The Inclusion groups have oversight of schools' data and are beginning to build capacity through sharing good practice and training SENCOs in the use of various assessment tools. Being able to demonstrate the impact of the changes being developed will take time. 	<p>See 1.4.2 Embed Quality Assurance Framework</p> <p>Sub groups to continue</p>

The outcome we are aiming for.	Action Ref.	The actions we are taking	Impact we will have	Action Completion date and progress rating	Progress & Impact – January 2020		
					Progress on key actions	Evidence of Action/ Impact	Key next steps
<p>1.2</p> <p>The Timeliness of new EHCPs will improve to within the statutory timescale of 20 weeks</p>	1.2.1	<p>Develop and monitor a resourced recovery plan to ensure that EHCPs are completed within the statutory timescale of 20 weeks. This will include the use of a tracker that has been developed</p>	<ul style="list-style-type: none"> EHC Plans are completed within the statutory timescale of 20 weeks. <p><i>NB using local performance monitoring data and comparison with 2018 LAIT</i></p>	<p>18 months In line with national averages for new assessments completed within 20 weeks by October 2020</p>	<ul style="list-style-type: none"> The Local Area is making good progress in this area with performance improving month on month. On track to meet milestones The resourced recovery plan is in place and using a tracker for new EHCPs progress is being actively monitored by the SEND team. There is operational management oversight of performance on a weekly basis and if required appropriate remedial action is put in place. The Council's Chief Executive has ensured visibility at an executive level To assure progress the tracker is also monitored by the Council's Performance and Business Intelligence team with the Council's Executive Leadership team receiving regular updates. 	<p>Impact</p> <ul style="list-style-type: none"> Compliance with the statutory timescale of 20 weeks is improving month on month, at 31st December, the number of plans finalised in the calendar year is 310, with 22.4% of them finalised within 20 weeks. There has been an upward trend in performance for the number of plans completed within 20 weeks, increasing from 8.7% in July 2019. Noticeably a monthly average of 55% of plans were completed within 20 weeks in the final quarter of the year, but the overall performance is averaged to 22.4%. The impact of the improvements in this area is yet to be widely felt by families, the parent carer survey will establish a baseline that will enable us to track this going forward. Feedback at the Co-production sub group is that complaints to SPCF re timeliness are reducing. Backlog has reduced to 8 as at 11th February 2020 100% of EHCPs being completed in maximum of six weeks by Health from the date of request from the Local Authority by end of September 2019 and this is being maintained and this continues Schools note efficient responses and chasing of response from schools by case workers to ensure EHCPs are completed in timely ways. Schools note successful relationships between caseworkers and families, time is being taken to get to know the families - greater trust and reassurance. Schools note successful and informed caseworkers due to visits to schools to understand the provision available in the locality for families. <p style="background-color: yellow;">78 places identified for Year 6 across both reviews and new assessments – 58 to go.</p>	<p>Continue to work towards targets or better as set out in the Improvement Plan and ensure that improvement in performance and improvements in quality remain aligned.</p> <p>Embed Quality Assurance Framework.</p> <p>Continue to ensure visibility of performance at an executive level.</p> <p>Over the next 6 months the DCO will use peer learning and best practice to strengthen the notification process between the Local Authority and Health to support the timeliness of completion of EHCPs.</p>


The outcome we are aiming for.	Action Ref.	The actions we are taking	Impact we will have	Action Completion date and progress rating	Progress & Impact – December 2019		
					Progress on key actions	Evidence of Action / Impact	Key next steps
1.3 EHC Plans are reviewed within the statutory timescales	1.3.1	Revise guidance and processes to ensure appropriate prioritisation and resourcing of annual reviews. This will include the use of a tracker that will be developed. Prioritisation of key education transition points (Yr 6 & Yr 11) for children and young people	<ul style="list-style-type: none"> Reviews are completed within statutory timescales. Transitional arrangements at key points improve. 	12 months. Reviews completed within timescales from July 2020	<ul style="list-style-type: none"> This is currently reporting as an area of slippage against the targets in the plan. The teams have prioritised education transition points and there is currently no well developed tracking in place that enables validated performance on reviews in their entirety. As a priority a recovery plan will be put in place in January 2020. This will include a system being put in place to improve the timeliness and recording of reviews and a tracker will be developed. Additional resources have been commissioned to drive the required improvement in performance in relation to reviews. The SEND team has prioritised identifying and planning for the review of children and young people with EHC plans <ol style="list-style-type: none"> (1) preparing for adulthood reviews (2) attending a Sefton mainstream school or other institution and moving between key phases of education, and (3) those not attending a Sefton mainstream school or other institution, by the 15th February 2020 (Yr.6 cohort), 31st March 2020 (Yr.11 cohort) and the end of the academic year (Yr.9 cohort). <p>Schools are progressing all other EHCP reviews but at this time the Local Area cannot validate progress</p> <ul style="list-style-type: none"> January 2020 <ul style="list-style-type: none"> o SENDCIB agreed recovery plan o Tracker in place 	<p>Evidence of Action</p> <ul style="list-style-type: none"> 107 children and young people have been identified who are currently in Y6 and will be moving between key phases of education in 2020. <p>Impact</p> <ul style="list-style-type: none"> The Local Area is aware that it is not currently able to evidence progress in this area against all reviews Review meetings for 94 of these children and young people have been held, the remainder are scheduled (those taking place in January 2020 are scheduled as per request of parents and or school) 22 amended plans have been shared and the remainder are actively being progressed 78 places identified for Year 6 across both reviews and new assessments – 58 to go The impact of the improvements in this area is yet to be widely felt by families, the parent carer survey will establish a baseline that will enable us to track this going forward. 	<p>January to March 2020 prioritise and action Year 11 reviews</p> <p>Ensure all reviews are undertaken in line with targets in Improvement Plan or better.</p>




The outcome we are aiming for.	Action Ref.	The actions we are taking	Impact we will have	Action Completion date and progress rating	Progress & Impact – January 2020		
					Progress on key actions	Evidence of Action / Impact	Key next steps
1.4 The quality of outcome writing in Education, Health and Care plans is at least consistently good	1.4.1	Train the SEND system workforce to develop and write co-produced, outcome-based plans. NASEN will deliver training for staff completed by end of September 2019. A follow up NASEN workshop for staff will take place early in 2020 to ensure training has been embedded	<ul style="list-style-type: none"> EHC Plans will be <ul style="list-style-type: none"> of at least good quality as evidenced in audit current and specific compliant with statutory requirements produced stating clear outcomes clear on the timelines for achieving outcomes 	3 months September 2019. Initial workshop delivered	<ul style="list-style-type: none"> Key milestone met To support the required improvement in quality of EHCPs initial NASEN training was delivered on 9th and 24th September 2019. This training covered both EHCPs and Personal Budgets and was attended by both members of Council and Health workforces. There was a further session on 10th October 2019 for Health staff. 	Evidence of Action <ul style="list-style-type: none"> Evaluation of the NASEN training delivered on 9th September 2019 Impact <ul style="list-style-type: none"> Overall the feedback from attendees was positive with comments including "Refocused my thinking, really enjoyed the course", and "Great to have time to reflect". Many of the attendees also commented on having an improved understanding of developing outcome-based plans. It is anticipated that the training will begin to have a visible impact on the quality of plans over the next quarter. 	Going forward it will be essential that the impact of the training delivered is assessed through the quality assurance framework, this will be monitored using the Framework identified at 1.4.2.
				6 months. NASEN workshop to quality assure EHCPs	<ul style="list-style-type: none"> The Local Area is on track to meet these milestones Further sessions are planned in house to look at peer review of current plans. A further session is planned to look at the Preparation for Adulthood element. A session is planned to Legal to deep dive some of the detail provision parts of the plan. Managers are scheduled to take part in a peer review task with other LAs. SEND awareness training delivered to Children's Social Workers January 2020 follow up NASEN workshop to be delivered 	<ul style="list-style-type: none"> At this stage the baseline is not in place, but actions are in train to ensure active progression. The impact of training, peer review and consideration of best practice will be evidenced through EHCP audits and feedback from young people and families. 	Embed Quality Assurance Framework February 2020 Develop training and training plan for Children's Social Care workforce to receive SEND awareness training.
				9 months April 2020 Follow up workshop			




The outcome we are aiming for.	Action Ref.	The actions we are taking	Impact we will have	Action Completion date and progress rating	Progress & Impact – January 2020		
					Progress on key actions	Evidence of Action / Impact	Key next steps
	1.4.2	Embed the robust multiagency quality assurance framework to enable overview, challenge and scrutiny of EHC plans. From October 2019 the Quality Assurance Panel will evaluate the quality of EHCP outcomes against best practice [following on from the NASEN Training]	<ul style="list-style-type: none"> The Quality Assurance Framework will be embedded and used by all staff working on EHC plans. Parents and carers demonstrate confidence in the assurance framework 	6 months Commence evaluation of the quality of EHCP outcomes against best practice from October 2019	<ul style="list-style-type: none"> There was some slippage in implementing the Quality Assurance Framework, but action has been taken to ensure that the framework is now in place. The Education, Health and Care Plan (EHCP) Quality Assurance Framework was co-produced with SPCF representatives as part of a task and finish group. The QA Framework was developed using best practice research complied through the Council for Disabled Children. This was reviewed at the Co-production sub group meeting on 11th October 2019. The EHCP Quality Assurance Moderation Group has been re-established and will meet monthly to randomly sample 10 % of plans. Two EHCP Quality Assurance Moderation Group sessions held NW Regional Peer Review- 10th January and QA moderation meeting is on 13th January 2020. January 2020 extended the membership of the Quality Assurance Group 	<p>Evidence of Action</p> <ul style="list-style-type: none"> Development of the recently re-established SEND EHCP quality assurance moderation group A briefing report from the ECM SEND Workshop i <p>Impact</p> <ul style="list-style-type: none"> SEND EHCP quality assurance moderation group re-established – first meeting held As the framework embeds it is anticipated that feedback from young people and families will improve and one of the tools that we will use to assess this will be the parent/carer survey. The impact of the improvements in this area is yet to be widely felt by families, the parent carer survey will be one of the ways that we monitor impact as this will enable us to track this going forward. SEND Caseworkers have commenced peer reviews of plans 	<p>Over the next quarter we will begin to embed the Quality Assurance Framework.</p> <p>Findings from the sampling of plans will directly feed into practice to ensure the quality of outcomes are addressed and improved and where necessary remedial action taken.</p> <p>The sub group are considering a tiered approach to the audit of plans that will include internal audits and extend to North West peer to peer support.</p>



The outcome we are aiming for.	Action Ref.	The actions we are taking	Impact we will have	Action Completion date and progress rating	Progress & Impact – January 2020		
					Progress on key actions	Evidence of Action / Impact	Key next steps
<p>1.5 Parents are clear about the assessment process, quality assurance practices and involved in the production of EHCPs</p>	1.5.1	<p>Review As Is processes (referral, assessment, plan, review, appeal and tribunal) across the system and develop To Be processes. Identify and secure the resources required to implement the redesigned process including system development and staffing. Publish our processes and undertake a regular survey to provide assurance that parents and carers understand and are actively involved in our processes.</p>	<ul style="list-style-type: none"> • Our processes are joined up and understood by all stakeholders. • Results of surveys are analysed and demonstrate understanding of process and participation in the development of EHCPs 	<p>See Action 4</p>	<ul style="list-style-type: none"> • This is a longer-term action in the Improvement Plan and the Local Area is confident in achieving the outcome. • The Council and Health teams continue to review internal processes and have introduced several immediate changes including <ul style="list-style-type: none"> (1) Ensuring contact with all parents within the first 6 weeks of request for assessment (2) Complaints and Freedom of Information are now managed at a corporate level within the Strategic Support Unit and this has meant that the backlog of complaints is being addressed (3) Increasing the number of joint outcome meetings to co- produce plans (4) Co - production meetings are embedded at early years and expanding into the wider cohort • To improve understanding of processes parents are involved in co - production tasks including; decision making processes, review of paperwork and quality assurance and the production of a flowchart that clearly articulates the assessment process in a clear and coherent way. • The Local Area has focused on internal process reviews and has now commenced engagement with SPCF. 	<p>Evidence of Action</p> <ul style="list-style-type: none"> • A report demonstrating that the backlog of complaints is now being addressed <p>Impact</p> <ul style="list-style-type: none"> • Schools have seen an improvement in speed of response, increased visibility of SEND team in school setting and early years plans are in place. • The impact of the improvements in this area is yet to be widely felt by families, the parent carer survey will establish a baseline that will enable us to track this going forward. It is recognised that significant improvement is still required in this area and Council officers met with SPCF on 2nd December to agree the best approach working with them. • Analysed feedback from the parent carer survey will be used to establish a baseline and through future surveys the Local area will be able to demonstrate improvements in understanding of process and participation in the development of EHCPs. 	<p>Over the next quarter we will work with young people, parents and carers to redesign our processes.</p> <p>To inform the changes we will use the intelligence gathered as part of the parent carer survey to inform future changes.</p>

The outcome we are aiming for.	Action Ref.	The actions we are taking	Impact we will have	Action Completion date and progress rating	Progress & Impact – December 2019		
					Progress on key actions	Evidence of Action / Impact	Key next steps
1.6 To increase the use of Personal Health Budgets (PHB) as part of ECHPs	1.6.1	To develop a campaign to promote the use of PHBs as part of delivery of EHCPs	<ul style="list-style-type: none"> Increased satisfaction from parents, carers and young people as a personal health budget will increase their control and choice. Improve outcomes for young people 	18 months	<ul style="list-style-type: none"> This is a longer-term action in the Improvement Plan and the Local Area is confident in achieving the outcome. Initial discussions are underway to identify stakeholders for further discussions. CCG's report quarterly on Personal Health Budgets. The CCG is now seeking to procure specialist support for Children and Young People PHBs including SEND PHBs from the Midlands and Lancashire CSU. This is an agenda item for the CSU contracting meeting 19th December 2019. 	<p>Evidence of Action</p> <ul style="list-style-type: none"> Staff have attended Training around Personal Budgets. <p>Impact</p> <ul style="list-style-type: none"> Early discussions have now taken place - it is evident that there is a relatively small cohort of individuals for which a PHB package would be suitable 	Identify children and young people that would potentially benefit from having a PHB.

Action	KPI	Performance Measure	Frequency	Baseline 1st July 2019	Current Performance Dec 2019	DOT	Performance Target October 2019	Performance Target January 2020	Performance Target April 2020	Performance Target July 2020	Performance Target October 2020	Performance Target June 2021	Notes
							3 Months	6 Months	9 Months	12 Months	18 Months	24 Months	
Children and young people will an Education, Health and Care Plan achieve from their starting point at KS2 in Writing and Maths at least as well as their peers nationally	KPI 1/1	The percentage of Sefton children educated on an EHCP achieve the expected standard in KS2 Writing and Maths and is consistent with national averages.	Annually	National Average of 9%	3%. Despite the performance lagging the national average, there has been a 2% improvement on the previous academic year	Performance has improved on the previous period but remains below baseline & target.	 National Average	NA Academic attainment validated by October	NA Academic attainment validated by October	NA Academic attainment validated by October	National Average	NA Academic attainment validated by October	Nationally, 65% of pupils reached the expected standard in all of reading, writing and maths (combined) in 2019, up from 64% in 2018. 11% of pupils reached the higher standard in 2019, up from 10% in 2018. In Sefton 62% of pupils reached the expected standard in all of reading, writing and maths (combined) in 2019, down from 64% in 2018. 9% of pupils reached the higher standard in 2019, up from 8% in 2018. When we consider the performance for the children and young people with an Education, Health and Care Plan (EHCP) from their starting point at KS2 in writing and maths (to be at least as well as their peers nationally), the percentage of pupils who reached the expected standard in all of reading, writing and maths (combined) in 2019 was 3%, below the national average of 9%, but up from 1% in 2018.

Action	KPI	Performance Measure	Frequency	Baseline 1st July 2019	Performance Dec 2019	DOT	Performance Target October 2019	Performance Target January 2020	Performance Target April 2020	Performance Target July 2020	Performance Target October 2020	Performance Target June 2021	Notes
							3 Months	6 Months	9 Months	12 Months	18 Months	24 Months	
The Timeliness of new EHCPs will improve to within the statutory timescale of 20 weeks	KPI 1/2	From 01.06.19 % of EHCPs commenced will be completed within statutory timescales	Quarterly	Previous Performance 14% (2018) 3% (Q1 2019)	21.9%. The current performance has recovered from the 3% Baseline in April 2019 and remains on target for improvement.		14%	21.9% At year end	NA new statutory reporting period	NA new statutory reporting period	NA new statutory reporting period	NA new statutory reporting period	<p>Compliance with the statutory timescale of 20 weeks is improving month on month, at 9th December 2019, the number of plans finalised in the calendar year is 301, with 21.9% of them finalised within 20 weeks. There has been an upward trend in performance for the number of plans completed within 20 weeks, increasing from 8.7% in July 2019.</p> <p>Noticeably 60% of plans were completed within 20 weeks in November, but the overall performance is averaged to 21.9%.</p> <p>The backlog of requests identified in June 2019 has reduced significantly from 147 to 17, which are complex cases.</p>
EHC Plans are reviewed within the statutory timescales	KPI 1/2a	% of New EHCPs commenced 01.01.20 completed within statutory timescales	Quarterly	NA	-		NA (relates to 2020 performance only)	44%	15%	25%	50% or national average whichever is the higher	75% or national average whichever is the higher	Performance for 2020 calendar year will be monitored, analysed and reported at the end of each calendar month 2020.
EHC Plans are reviewed within the statutory timescales	KPI3/1	% of EHCP Reviews completed Yr. 6 and Yr. 11	Quarterly	NA									

Action	KPI	Performance Measure	Frequency	Baseline 1st July 2019	Current Performance Dec 2019	DOT	Performance Target October 2019	Performance Target January 2020	Performance Target April 2020	Performance Target July 2020	Performance Target October 2020	Performance Target June 2021	Notes
							3 Months	6 Months	9 Months	12 Months	18 Months	24 Months	
	KPI 1/3	% of EHCP Reviews completed Yr6, Yr.9 and Yr. 11	Quarterly	National Expectation is 100%	TBC	Performance remains below baseline & target, but plans in place to action progress	 16%	55% complete	95%	95%	95%	95%	The Service is currently focused on identifying and planning for the review of children and young people with EHC plans (1) preparing for adulthood reviews, (2) attending a Sefton mainstream school or other institution and moving between key phases of education, and (3) those not attend a Sefton mainstream school or other institution, by the 15th February 2020 (Yr.6 cohort), 31st March 2020 (Yr.11 cohort) and the end of the academic year (Yr.9 cohort). 96 children and young people have been identified who are currently in NCY6 and will be moving between key phases of education in 2020.
	KPI 1/3a	All other EHCP reviews	Quarterly	National Expectation is 100%	TBC		 16%		48%	60%	16% (New academic year)	100%	There is slippage in this area. Recovery approach was shared with SENDCIB January 2020 The Service has begun the process of identifying all those children and young people aged 0 to 5, plus all those child or young people attends a school or other institution not moving between key phases who will be subject to a review within the next 12-month period. The LA will work with the schools and independent settings to ensure that reviews are scheduled and undertaken. A Baseline is to be established in January 2020.
The quality of Education, Health and Care plans is at least consistently good	KPI 1/4	% of EHCP audits assessed as at least Good (local measure)	Quarterly	NA	0.0%	Performance is not measured as the baseline is still to be established	 NA Training in September		Baseline plus 10%	Baseline plus 10%	Baseline plus 20%	Baseline plus 20%	See Actions 1.4.1 and 1.4.2 above. Auditing and the impact of the audits is still to be assessed.

Action	KPI	Performance Measure	Frequency	Baseline 1st July 2019	Current Performance Dec 2019	DOT	Performance Target October 2019	Performance Target January 2020	Performance Target April 2020	Performance Target July 2020	Performance Target October 2020	Performance Target June 2021	Notes
							3 Months	6 Months	9 Months	12 Months	18 Months	24 Months	
Completion rate of Health contribution to EHCPs within 6 weeks	KPI 1/5	% of EHCPs being completed in maximum of six weeks by Health from the date of request from the Local Authority *see code of practice for exemptions	Quarterly	6 weeks completion rate from 01.07.2019	100.0% Based on September data	Performance has improved on the previous period and is above target.	 100%	70%	85%	90%	95%	95%	Where the local authority has sent the request to the Health co-ordinators and the information has been returned, 90% of request were returned within the six-week time frame.
Quality of Health Information	KPI 1/6	% improvement in the quality of health information contained in EHCPs	Quarterly	NA	0.0%	Performance is not measured as the baseline is still to be established	 Establish baseline by 31st October 2019	NA	NA	80%	90%	95%	Slippage in this area as new processes will not be live until April 2020. Baseline will not be established until May 2020. Performance targets will be adjusted as part of recovery plan.

Action 2

The outcome we are aiming for.	Action Ref.	The actions we are taking	Impact we will have	Action Completion date and progress rating	Progress & Impact – January 2020		
					Progress on key actions	Evidence of Action/ Impact	Key next steps

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			•		•	•	

The outcome we are aiming for.	Action Ref.	The actions we are taking	Impact we will have	Action Completion on date and progress rating	Progress & Impact – January 2020		
					Progress on key actions	Evidence of Action/ Impact	Key next steps
<p>1.2 The Timeliness of new EHCPs will improve to within the statutory timescale of 20 weeks</p>	1.2.1	<p>Develop and monitor a resourced recovery plan to ensure that EHCPs are completed within the statutory timescale of 20 weeks. This will include the use of a tracker that has been developed</p>	<ul style="list-style-type: none"> EHC Plans are completed within the statutory timescale of 20 weeks. <p><i>NB using local performance monitoring data and comparison with 2018 LAIT</i></p>	<p>18 months In line with national averages for new assessments completed within 20 weeks by October 2020</p>	<ul style="list-style-type: none"> The Local Area is making good progress in this area with performance improving month on month. On track to meet milestones The resourced recovery plan is in place and using a tracker for new EHCPs progress is being actively monitored by the SEND team. There is operational management oversight of performance on a weekly basis and if required appropriate remedial action is put in place. The Council's Chief Executive has ensured visibility at an executive level To assure progress the tracker is also monitored by the Council's Performance and Business Intelligence team with the Council's Executive Leadership team receiving regular updates. 	<p>Impact</p> <ul style="list-style-type: none"> Compliance with the statutory timescale of 20 weeks is improving month on month, at 31st December, the number of plans finalised in the calendar year is 310, with 22.4% of them finalised within 20 weeks. There has been an upward trend in performance for the number of plans completed within 20 weeks, increasing from 8.7% in July 2019. Noticeably a monthly average of 55% of plans were completed within 20 weeks in the final quarter of the year, but the overall performance is averaged to 22.4%. The impact of the improvements in this area is yet to be widely felt by families, the parent carer survey will establish a baseline that will enable us to track this going forward. Feedback at the Co- production sub group is that complaints to SPCF re timeliness are reducing. Backlog has reduced to 8 as at 11th February 2020 100% of EHCPs being completed in maximum of six weeks by Health from the date of request from the Local Authority by end of September 2019 and this is being maintained and this continues Schools note efficient responses and chasing of response from schools by case workers to ensure EHCPs are completed in timely ways. Schools note successful relationships between caseworkers and families, time is being taken to get to know the families - greater trust and reassurance. Schools note successful and informed caseworkers due to visits to schools to understand the provision available in the locality for families. <p style="background-color: yellow;">78 places identified for Year 6 across both reviews and new assessments – 58 to go.</p>	<p>Continue to work towards targets or better as set out in the Improvement Plan and ensure that improvement in performance and improvements in quality remain aligned.</p> <p>Embed Quality Assurance Framework.</p> <p>Continue to ensure visibility of performance at an executive level.</p> <p>Over the next 6 months the DCO will use peer learning and best practice to strengthen the notification process between the Local Authority and Health to support the timeliness of completion of EHCPs.</p>

SEND Consultation

Feedback from the 2019 Public Consultation Exercise on Special Educational Needs and/or Disabilities (SEND) Local Area Provision in Sefton

Released: January 2020

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Commissioning Support & Business Intelligence Service
Data, Insight, Business Intelligence, & Performance

Agenda Item 5

Distribution: *Confidential – working draft.*

Document Control

Issue/Amendment Record

Version	Date of Issue	Reason for Issue
V0.1	10/01/2020	Internal draft for distribution and comment

Document Ownership

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Members of the SEND Continuous Improvement Board

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Introduction

The purpose of this report is to provide an initial overview of the views and opinions of those people/parents and carers that responded to the public consultation on Special Educational Needs and Disabilities (SEND). This is the first consultation activity relating to SEND since the 2017 SEND inspection and subsequent 2019 re-visit, which identified communication as an area to be addressed in order to improve services to children and young people with SEND.

Background and context

As part of the governance of the SEND Continuous Improvement Board, a sub group has been established for co-production, communication and consultation to provide assurance to the Board that:

- i) the voices of children and young people are heard
- ii) regular engagement sessions are being held with Parent Carer Forum and partners
- iii) parents and carers are involved in the identification of joint activity
- iv) trust and confidence in the system is growing and that corrective action is put in place where necessary
- v) Parents and Children and Young People have had input into the Performance and Quality Framework

One of the key activities of the sub-group was to carry out an annual survey for parents/carers of children and young people with SEND, on what is going well and what could be improved in our local area.

This survey would help provide the SEND Continuous Improvement Board with a baseline to monitor experience, involvement and satisfaction around the key areas of Education, Health, Social Care, Information provision and on how the system is working together.

A task & finish group which included two representatives of the Sefton Parent and Carer Forum, the Consultation and Engagement Lead and the SEN & Inclusion Policy Development Officer met in the first instance to draft the survey, using examples from the North-West Sector Led Improvement Group. The draft survey was then circulated to the sub group members and an Easy Read specialist for review and a final draft prepared.

The survey was distributed via the Sefton Parent and Carer Forum membership, a stakeholder database and through a direct mailshot to 1,588 parents and carers of children with an Education, Health and Care Plan, with a freepost envelope and to schools for information to be distributed via the school newsletters and websites. The survey was also on the Council's online consultation hub and promoted on the Local Offer.

The survey was also available in a hard copy version and parents and carers who need support to complete the survey can call a dedicated officer for support to complete the survey over the telephone or face-to-face. It was available for completion from the 18th November – 18th December 2019.

Summary of Quantitative Analysis

Quantitative analysis means, to measure by quantity rather than quality. When we do quantitative analysis, we are exploring facts, measures, numbers, and percentages.

The survey was completed by 254 respondents, which is a 16% response rate. 100 people completed the survey on-line and 154 by returning a hard copy of the survey and the responses being inputted manually. Ideally, a response rate of 30%+ would have provided a stronger indication and reduced the margin of error associated with the responses received. For the purpose of this initial draft, where any respondent has indicated that the question asked is not applicable to their circumstances or did not respond, the figures presented within this report have been accordingly adjusted to reflect an accurate view of those that did respond.

The questionnaire was themed around 6 key areas:

1. General Information
2. Education
3. Health
4. Social Care
5. SEND Information, advice and guidance
6. SEND 'System' (the end to end process of assessment to provision)

1. GENERAL INFORMATION

Of the respondents, the majority had either an EHCP or SEN Support Plan. Eleven respondents indicated that their child/young person was currently in the process of being assessed for an EHCP.

The responses covered the age-range 0-25 years; however, most children and young people of children and young people were aged either between 5 – 11 years and 12 – 16 years.

Children and young people have a broad spectrum of (multiple) need with autism being the most prevalent followed by Sensory Processing Disorder and then mental health/emotional needs.

Children and young people attend a broad range of education settings, with many children attending a LA specialist school, followed by mainstream primary provision and secondary provision respectively.

Over 48% of the respondents classified their child/young person's ethnicity as White British, with a further 34% classifying ethnicity as UK (Welsh, English, Scottish and Northern Irish). 3.2% classified as Mixed Ethnic, Black or Asian. Over 5% preferred not to provide ethnic detail.

68% of the respondents, child/young person were male, with more than 91% living in the gender they were given at birth and 59% classifying their child/young person as heterosexual (although with this question, more than 37% of respondents choose not to

answer). More than 45% of the respondents stated that their child/young person religious belief was Christian and more than 35% had no religious belief.

8% of the responses suggested that although their child/young person had SEND, they were also young carers.

In summary, the responses to the questions asked in the consultation were mixed, with a both favourable and negative responses. The quantified responses to each of the questions asked are detailed in Annexe 1. Respondents reaction to or feeling about something was captured in the qualitative analysis.

2. EDUCATION

In summary, most respondents felt that their child's educational needs are being met and that they are listened to and engaged positively by the education provider/placement. Conversely many respondents were dissatisfied with the ease of communication with the local authority SEND service and dissatisfied with the timeliness of response to enquiries and requests for information.

3. HEALTH

In summary, most respondents felt that their child's health needs were being met by their GP and that their GP was working well with other health professionals to ensure that their child's needs were assessed and monitored, however timeliness of overall health provision and communication with health services were identified as concerns.

Most respondents felt that they are listened to and engaged positively by the health economy, however, finding information and advice about health services and pathways for children and young people with SEND was challenging. Again, respondents felt that enquires and requests for information were not responded to in a timely manner. Most respondents indicated that they were dissatisfied with Paediatric assessment, provision and monitoring.

4. SOCIAL CARE

In summary, most respondents felt that communication with the Local Authority relating to their child's social care needs is positive, they are listened to and that their child or young person's needs are being met. In particular, the responses about the Aiming High Team were positive, although concerns are raised about the provision from the Children with Disabilities Team.

5. SEND INFORMATION, ADVICE AND GUIDANCE

In summary, many of the respondents had heard of the Sefton SEND Local Offer and of the SEND information and advice service (SENDIASS), however they report that they have not used the Local Offer or the SENDIASS service in the six months leading up to completing the survey. The responses received about the transition provision showed that under half of the respondents were satisfied with the service, but more than half were dissatisfied with the level of support provided by the Local Authority, particularly as their

children prepared for and transitioned to adulthood and the lack of information available through the Local Offer and SEND service.

6. SEND SYSTEM (end to end process of assessment to monitoring)

76% of respondents said that they hadn't seen an improvement in the local area SEND provision from their experience at the time of the consultation.

54% of respondents agreed that the local area services (Education, Health and Social Care) were working well together to help their children or young people reach their full potential, with 33% agreeing 21% responding that services were just ok. 46% of respondents indicated that the local area services were not working together effectively to together to help their children or young people reach their full potential.

Summary of Qualitative Analysis

From the 254 responses to the survey, there were several comments provided by parents and carers in relation to the different sections of the survey. These have been analysed and a summary of the findings are below.

EDUCATION

In the main parents and carers have had positive experiences in relation to the support from their child/young person's school/college and have named schools/colleges which they feel are providing good support and experience for their child/young person and for themselves. Parents and carers generally feel supportive and listened to from school staff and have found that when their child/young person has moved from one (or more schools) to the right school/college for their son/daughter, their experience has improved.

"Education were supportive and listened to our views and that of our young person."

"My child began specialist setting from September 2019. The school is exceptional. My daughter has always struggled with mainstream school and this is the 5th school during her childhood"

"My daughter's school and everyone in it have been amazing and will continue to be."

"The level of communication between the parent and the secondary school is excellent, if any concerns are raised, they are dealt with promptly"

"My daughter has moved to a brand-new provision within a mainstream primary school this academic year which is perfect for her. The attitude of staff is amazing and so inclusive"

There are, however, some areas for improvement suggested by parents and carers. There are some reports that schools are not following the EHCP's and that the process is too long, that schools may benefit from increased training to improve SEN knowledge and mainstream schools may benefit from training to improve inclusion. There are also some reports that there isn't consistency in the support and knowledge of SENDCO's.

“School have been horrendous no end of issues and not following EHCP”.

“I have found there is a huge difference in the level of understanding and available support across schools within the borough.”

“In contrast, the SENCO at their second primary school could not do enough to support. They were highly knowledgeable and experienced and thoroughly committed to their job. A complete contrast to our first experience.”

“Mainstream school are not particularly understanding or make allowances for additional needs. They are not always inclusive and do not seem to grasp that our children's need are (sic) relentless and anything can trigger a change.”

With regards to the SEND Team, the parents and carers experiences are focussed on the lack of communication, contact, support and the EHCP process. There is some recognition for staff shortages but generally parents and carers feel that there is little or no information or contact from the SEND team and are not sure who is their main contact is.

The level of support available is not as prevalent once the child/young person leaves school. Parents and carers would like more support through the EHCP process. There are also a couple of comments about the EHCP review being completed by the school. In relation to the EHCP, comments were received in connection to not knowing how the process works, waiting times and timely responses, communication during the process and monitoring and reviews not taking place or a delay.

“There's no communication from the SEND team. They are difficult to contact, it's difficult to find out who's dealing, and that person changes a lot.”

“It took 14 months for my daughters EHCP to be done and no one has ever been in touch to see if everything is okay since.”

“Have been waiting 9 months for EHCP. Met in September and have heard nothing since despite emails.”

“There is no monitoring by LEA SEN team of the provision or EHCP.”

“From initially realising you may need additional help with your child it is very unclear what processes you have to follow. For example, how do you apply for funding, how do you apply for an EHCP, how do you access help from speech & language etc. etc. A simple flow diagram demonstrating how to proceed and options available would be invaluable at the start of this process.”

In relation to Education Psychology, a few comments were received in relation to parents and carers requesting an assessment as they believed the school was concerned with academic attainment rather than their child's emotional welfare, a delay between assessments and mixed experiences of receiving the service.

Parents and carers also provided some feedback about funding. They are unsure how to apply for funding and they report that the feedback from the Higher Needs Funding Panel takes a long time and that in some cases the high needs funding is not being used for the child even though the school is claiming it. Conversely, some parents believe that there should be more funding available to schools.

HEALTH

There are some examples where parents and carers have had a good experience of health professionals and health services.

“Dr Jennifer Dainty at child psychology, within Alder Hey Children’s Hospital, does excellent work with (child). Health visitor Bev Cashmore has also been amazing with (child) and the rest of our family”.

*“APD Team - very satisfied
Specialist - very satisfied
ADHD clinic very good”*

“Again, they appear overstretched but are helpful once you speak with them”.

The most prevalent parent and carer experiences are connected to appointments to see health professionals and waiting times. Parents and carers have feedback that the support therapies (Occupational Therapy Speech and Language Therapy) and CAMHS are limited and can be discharged, in their opinion, too early. Parents and carers report that they are waiting long periods for diagnosis and anything between 6 months and over 3 years for an appointment to see a Paediatrician and appointments can be cancelled at short notice and where appointments take place, parents and carers are having to repeat information already given to health professionals. They also report that children and young people can be removed off the waiting lists and some parents and carers must start the process all over again.

Some appointments for medication were also cancelled, with some reports that medication was not forthcoming. When parents and carers tried to contact Alder Hey and the Alder Hey repeat prescription line about this, they didn’t always have a good experience.

“I have waited over 12 months for an appointment! I phone up every month and there are no appointments”.

“Paediatric appointments are impossible to get, and when you do get one allocated, it is highly likely to be cancelled at short notice. My child is supposed to be on 3-month review, due to medication, they were last seen 18 months ago.”

“They don’t attend EHC reviews or input. Paediatrician constantly overstretched. Difficult to get appointments. Long waiting lists (i.e. dermatology). Alder Hey repeat prescription line is dreadful - urgently needs improvement. You never know if your message is

received, always have to chase it up. Pharmacy gets backlogged etc. always causes stress - if you put the request in too early it's rejected and if on time you have to chase it, stress is caused by worrying whether you'll receive prescription before child runs out. Paediatric appts (meant to be every 6 months) usually overrun so 3 months pres. won't be given, only a month, so as a parent you have to take the child to GP for height, weight, blood pressure”.

“Have not been seen in clinic since 2016 diagnosis given 2017/18 then letter removing him from community paediatrician service have had to ask GP for another referral!”.

Parents and carers report that communication between services are limited and suggest that more cross-communications is needed between health professionals and parents and carers and between health professionals and better joint working and coordination is needed between health, education and the Local Authority.

Parents and carers feel that the monitoring and assessment process could be improved, in particular, health involvement in the EHCP reviews and support for older young people (aged 18 +) as they move from children to adult services. Parents and carers also believe that there should be more funding to provide services and suggest that there should be more early support, which should include more commissioned therapies.

In relation to understanding the role of the Designated Clinical Officer (DCO), twenty-one comments were received; a few indicating that they didn't know the purpose of the role, but most responses were themed around being the health contact, overseeing the health support in place & liaise with educations & social care to ensure joined up support for children and young people with SEND and their families, improving quality and accountability and monitoring provision.

SOCIAL CARE

There is a lot of support and positive experiences from both parent/carers and children and young people perspectives for the Aiming High service. Parent and carers who have had a positive experience value the activity offer for their son/daughter in terms of trying different activities and socialising and because their attendance enables respite and time for parents and carers to spend time with their other children.

“It has helped relationship within the family, helped recuperate and catch up on sleep, helps our mental health and gives us time with other children”.

“Aiming high are fantastic!! They have given us some much-needed time off and our kids love going”

“They help my child learn social skills and give his sibling time to do his own thing”.

“Respite time for mum and dad. Confidence building for our son and quality family time on family days”.

“Massive amazing support for my child. Aiming high is brilliant for things to do with your child during school holidays and my child can mix other children without been judged staff are helpful friendly and very supportive”.

There are a few parents and carers however, who report that they have found it difficult for their son/daughter to be referred, that the activities do not always meet the needs of all children and a lack of communication when parents and carers have tried to contact the service. There are also some parents and carers who reported that they were not aware of the service.

“I tried to self-refer and was told it has to be done by a professional. No services are providing support so he can’t access it”.

“Supposed to access but does not meet needs”.

“Takes multiple phone calls and then weeks for any communication”.

“No help or information offered regarding this service”.

Some parents and carers did also report that their son/daughter attend other youth and play activities in the local community, ranging from after-school clubs, uniform groups, Buddy Up, Bootle Bucks and other sporting clubs and attend the local libraries and museums and value these activities but there are a few parents and carers who report that it is difficult to find extra-curricular activities that cater for children with complex needs.

In relation to social care, there are some examples where parents and carers have had positive experiences:

“Catherine Blevin our early help worker has been excellent”.

“Myself, the college SENCO, safe guarding officer and ASD mental health team all work together to support my son”.

Generally, however, the reported feedback is that whilst there is some acknowledgment of staff being ‘over-stretched’, parents and carers’ experience focusses on the limited or no contact with a social worker or changes to their social worker, the assessment, referral and review processes and information, including on the criteria and support available for both parents and carers and children and young people, including those who aged 18 plus, not being readily available or communicated.

“I’m waiting for 2 weeks for social care to contact me”.

“Takes multiple phone calls and then weeks for any communication”.

“Have tried to apply to adoption support fund and got no answer. There are not the teams available in Sefton to meet my son's needs”.

“Trying to find out what’s available is so difficult. There’s no help or guidance offered when trying to find support suitable for my child...”

Some parents report that they use direct payments and there are mixed reports. Whilst these are valued in respect of enabling short breaks, the packages may not always be enough, and it was reported that social workers are not always able to explain or seem to understand direct payments. A few parents and carers also seemed to be unaware of the Children with Disabilities Team.

INFORMATION, ADVICE AND GUIDANCE

In relation to Transitions/Preparation for Adulthood, there are mixed experiences from parents and carers in relation to their child/young person. There are some positive examples where information and support has been forthcoming from the school and college and examples where parents and carers have received no information about the transition process and the offer/support available, including the pathway available after college and where meetings have been set up which haven’t been attended by caseworkers.

“I feel school helped us very much with the transition from school to day centre. I felt I was given lots of help and support through various channels and it seemed a (sic) easy (ish) transition for my son too”.

“There had been no communication regarding transition”.

“At my child’s transition, I was informed beforehand that the caseworker and someone from careers connect would be present and they where (sic) not”.

The parents and carers experience and feedback on SENDIASS was very positive. They value the service and the support given/received, however they did acknowledge that there is a shortage in staff available which results in it being difficult to contact the service and for the service to respond to queries.

“Do a great job when you can get hold of them. SENDIASS are great”.

“SENDIASS is excellent but very overworked so it’s impossible to get the help required”.

“SENDIASS are very knowledgeable and helpful but seriously undermanned!!!”.

The feedback on the Local Offer was focussed on being aware of the website, the information on the website being kept up to date and the information not being very easy to navigate.

“The Local Offer is not very user friendly, and often does not make it easy to find the information you need. It is better than it was but there’s still a long way to go.”

“Not looked on the local offer for over 12 months as every time I tried looking for information, I just kept getting links that lead to more links....”.

“The local offer should be explained and promoted more to parents”.

SEND SYSTEM IMPROVING

When asked whether parents and carers thought the SEND system was improving, there was some recognition that there was a lack of resources and cuts to services and a few examples that highlight their positive experiences, however in addition to the findings above, the general feeling from parents and carers is that they are being ‘let down’ and having to ‘fight’ for everything – for an EHCP, for an appointment, the right support and funding. They feel that there are not enough funds available to deal with the current demands put on the teams and that there should be regular funding for their child/young person.

Parents and carers report that they are having to constantly ‘chase’ and follow-up appointments and contact with services, including the EHCP process around delays, plans being updated and monitoring and reviews.

“Austerity has had a devastating effect on all public services despite the best efforts and professionalism of those involved. You are doing your best”.

“...also feel it's battle fight just to get what's right help for your child in Sefton with Sen”.

“We can live with the disabilities it is the constant fighting for services that affects the whole family physical, mental, emotional and social health”.

“I truly believe everyone cares and tries to support but it appears overstretched in certain areas and to get what you require for your child in my experience you have to chase/follow up to be done”.

A parent and carer also offered a suggestion to help improve the support for parents and carers:

“Please consider having parent/council liaison officers to liaise with parents. It can be a lonely road to travel with a child with extra needs and the support of someone like this to navigate the system would be invaluable and make it less stressful and complicated”.

Complaints Analysis

To validate the analysis from the consultation, given the relatively low proportion of respondents, we have considered the complaints raised to the Local Authority about SEND services over the last 12-month period.

Generally, the themes emerging from complaints are consistent with those issues identified through the consultation exercise in both the quantitative and qualitative analysis, namely:

- Communication and contact during and after the EHC assessment and planning process
- Timeliness of EHC assessments and reviews
- Placement offer meeting/not meeting the needs of the child/young person or parental preference

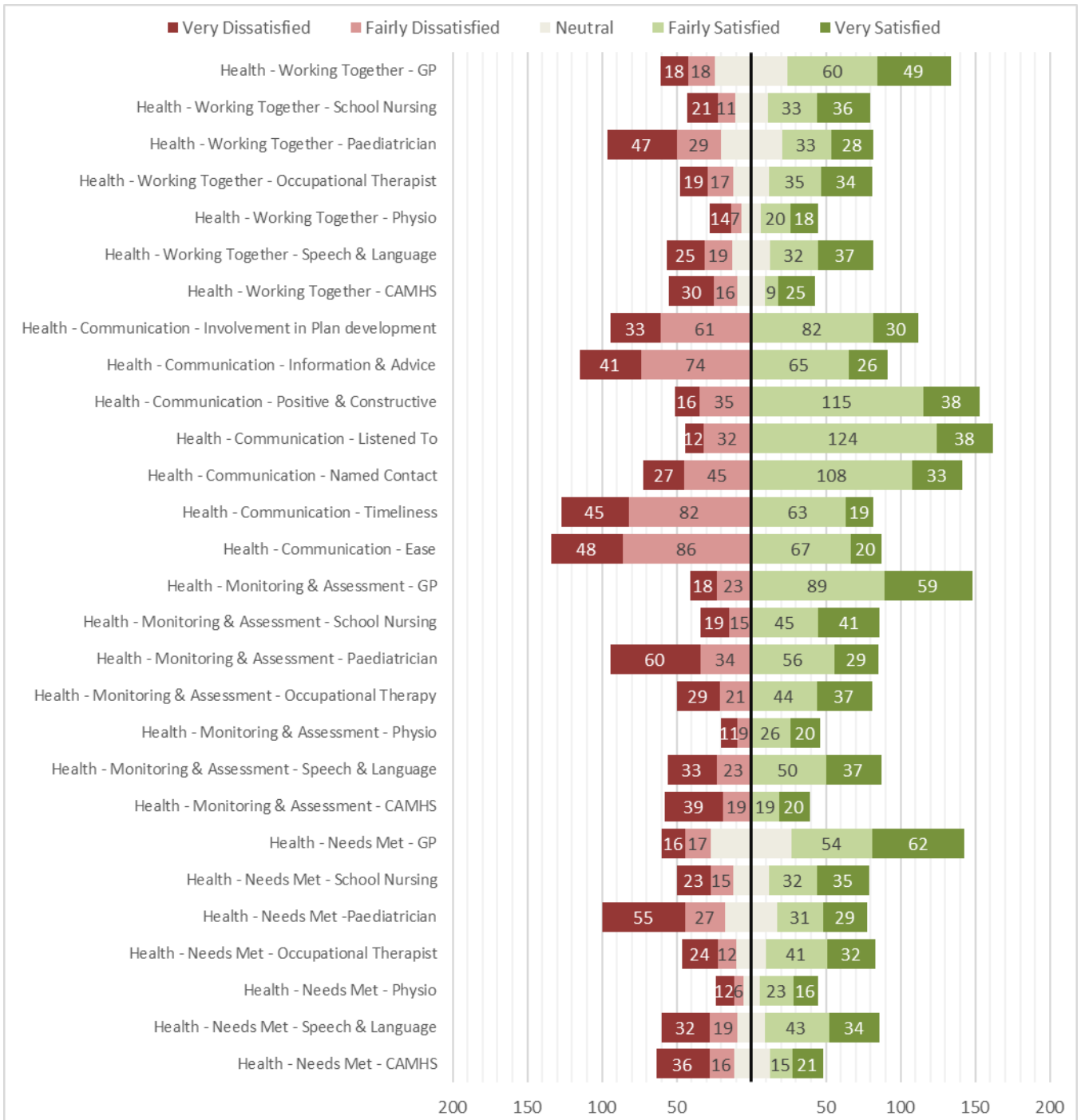
Complaint	No. of complaints	Outcome	
EHCP delay	6	Upheld	4
		Partly upheld	1
		Not upheld	1
		Withdrawn	
EHCP review delay	7	Upheld	5
		Partly upheld	1
		Not upheld	1
		Withdrawn	
EHCP provision	5	Upheld	2
		Partly upheld	1
		Not upheld	2
		Withdrawn	
LA school offer	4	Upheld	1
		Partly upheld	
		Not upheld	3
		Withdrawn	
Staff attitude	3	Upheld	1
		Partly upheld	1
		Not upheld	1
		Withdrawn	

Request for assessment	2	Upheld Partly upheld Not upheld Withdrawn	2
Request for extra funding	2	Upheld Partly upheld Not upheld Withdrawn	1 1
Incorrect EHCP content	1	Upheld Partly upheld Not upheld Withdrawn	1
Delay providing support	1	Upheld Partly upheld Not upheld Withdrawn	1
Request to repeat assessment	1	Upheld Partly upheld Not upheld Withdrawn	1
Mobility car	1	Upheld Partly upheld Not upheld Withdrawn	1
Payments to nursery	1	Upheld Partly upheld Not upheld Withdrawn	1
Elective home education	1	Upheld Partly upheld Not upheld Withdrawn	1
Data breach	1	Upheld Partly upheld	1

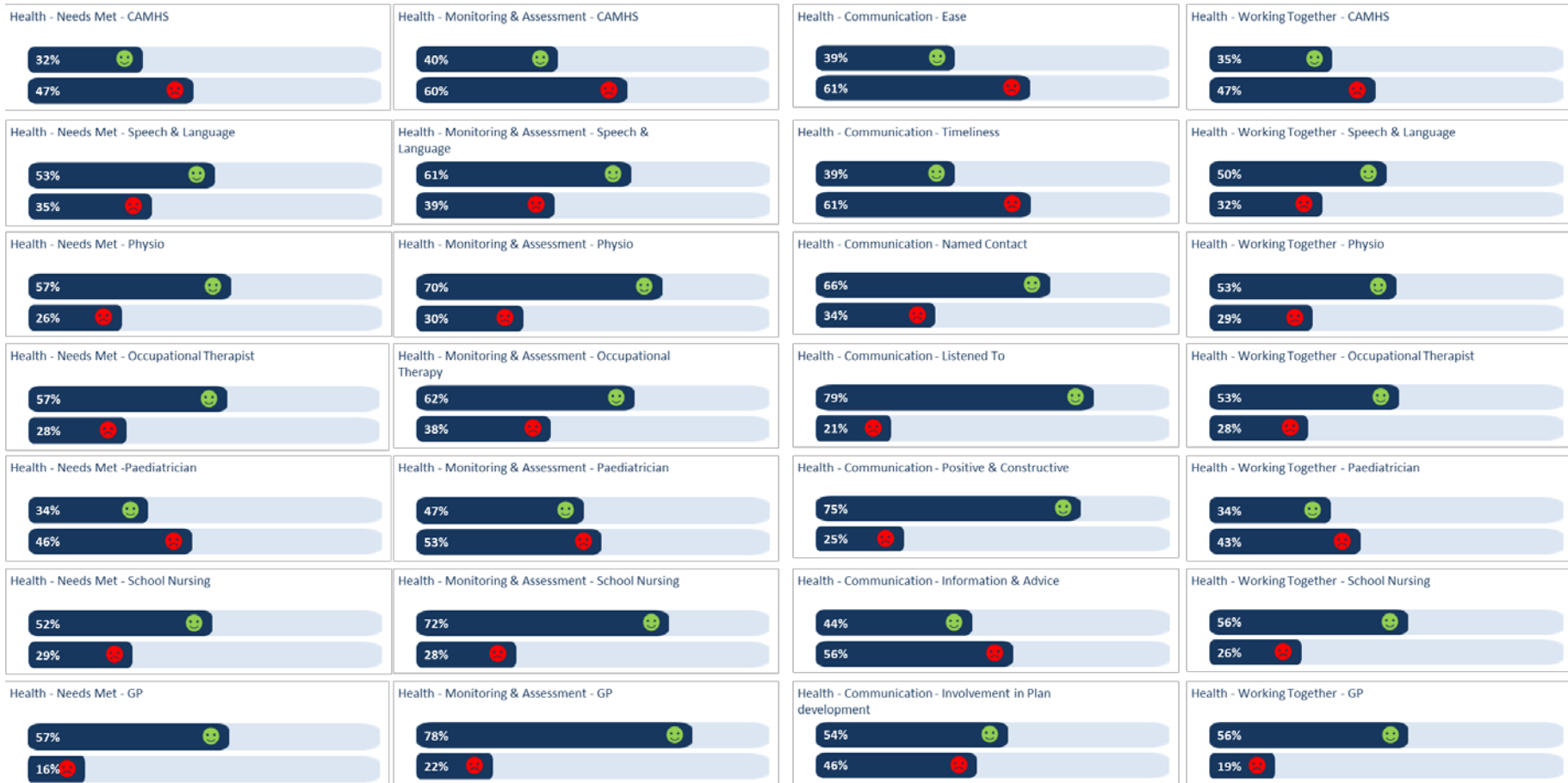
		Not upheld Withdrawn	
Total	36	Upheld Partly upheld Not upheld Withdrawn	15 7 12 2

Annexe.1

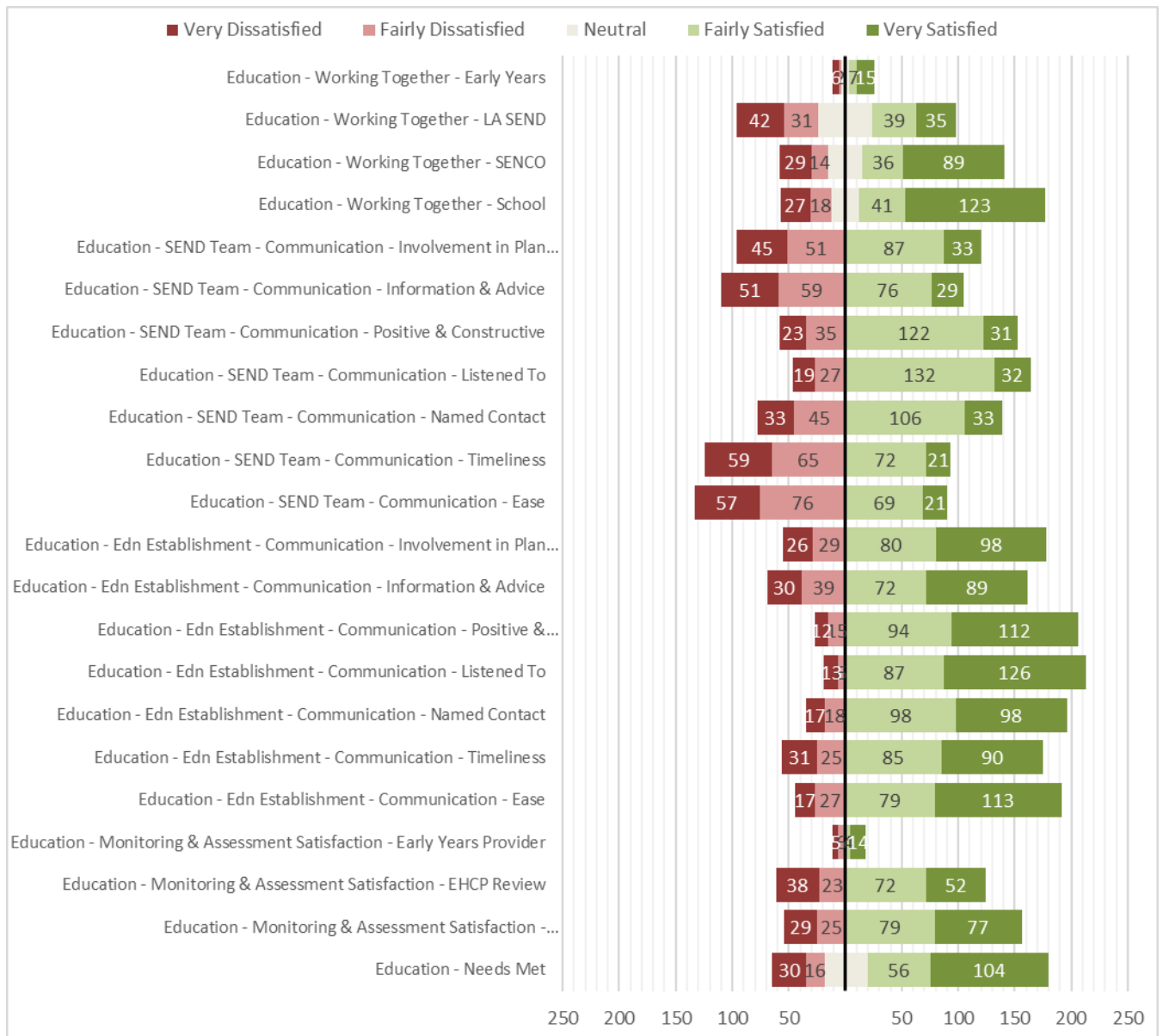
Quantitative Analysis of Responses to Health Questions



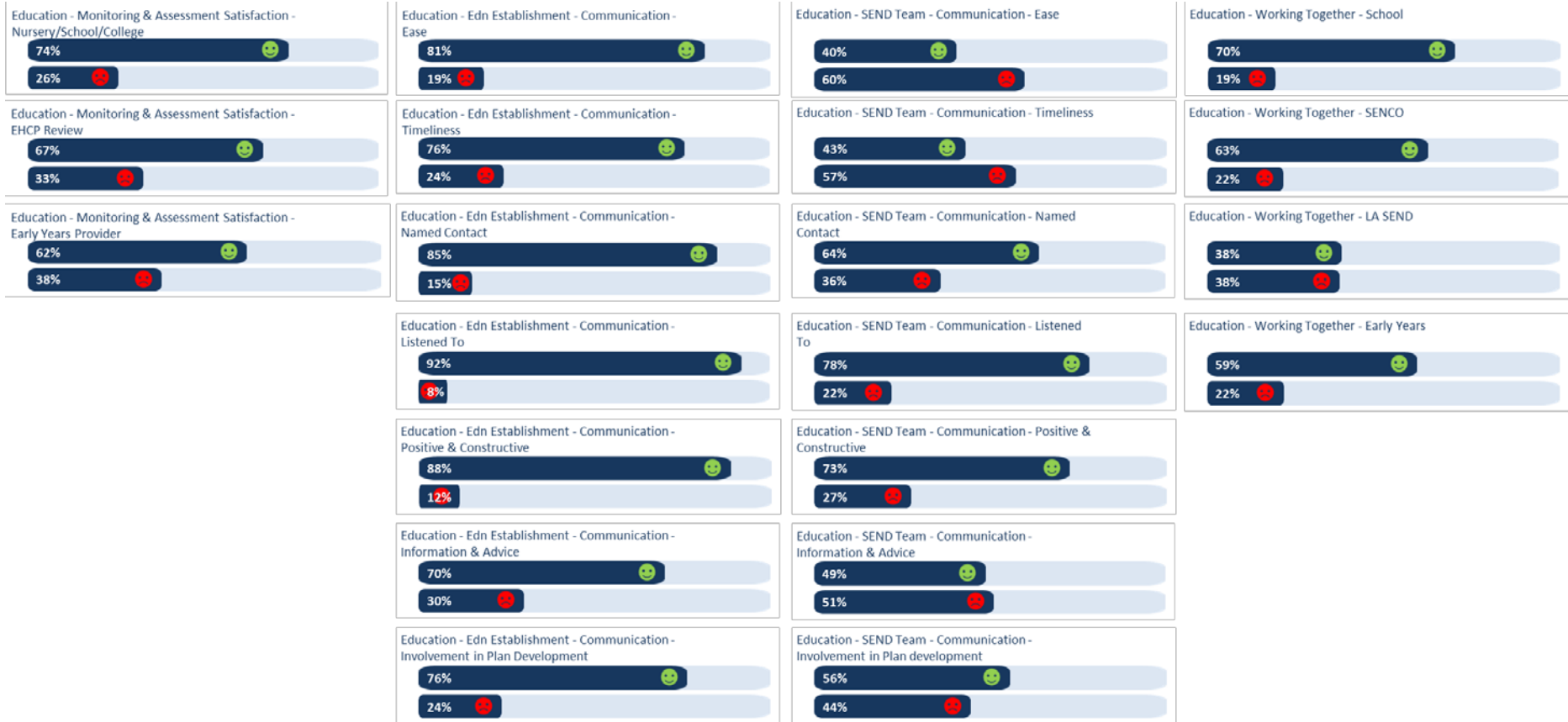
Question	Question Summary	Strongly agree	Agree	Just OK	Disagree	Strongly disagree	Not applicable	Positive %	Negative %
		Very satisfied	Fairly satisfied	Not very well	Very dissatisfied	Not applicable			
		Very well	Quite well	Just OK	Not very well	Very poorly	Not applicable		
Please tell us how well you think your child or young person's needs are being met by HEALTH e.g. Child & Adolescent Mental Health Service (CAMHS), Speech and Language Therapy (SALT), Physio, Occupational Therapist (OT) and Paediatrician? - Health and needs - CAMHS	Health - Needs Met - CAMHS	21	15	23	16	36	122	32.4	46.8
Please tell us how well you think your child or young person's needs are being met by HEALTH e.g. Child & Adolescent Mental Health Service (CAMHS), Speech and Language Therapy (SALT), Physio, Occupational Therapist (OT) and Paediatrician? - Health and needs - Speech & Language Therapy	Health - Needs Met - Speech & Language	34	43	18	19	32	85	52.7	34.9
Please tell us how well you think your child or young person's needs are being met by HEALTH e.g. Child & Adolescent Mental Health Service (CAMHS), Speech and Language Therapy (SALT), Physio, Occupational Therapist (OT) and Paediatrician? - Health and needs - Physio	Health - Needs Met - Physio	16	23	11	6	12	159	57.4	26.5
Please tell us how well you think your child or young person's needs are being met by HEALTH e.g. Child & Adolescent Mental Health Service (CAMHS), Speech and Language Therapy (SALT), Physio, Occupational Therapist (OT) and Paediatrician? - Health and needs - Occupational Therapist	Health - Needs Met - Occupational Therapist	32	41	20	12	24	99	56.6	27.9
Please tell us how well you think your child or young person's needs are being met by HEALTH e.g. Child & Adolescent Mental Health Service (CAMHS), Speech and Language Therapy (SALT), Physio, Occupational Therapist (OT) and Paediatrician? - Health and needs - Paediatrician	Health - Needs Met - Paediatrician	29	31	35	27	55	59	33.9	46.3
Please tell us how well you think your child or young person's needs are being met by HEALTH e.g. Child & Adolescent Mental Health Service (CAMHS), Speech and Language Therapy (SALT), Physio, Occupational Therapist (OT) and Paediatrician? - Health and needs - School Nursing	Health - Needs Met - School Nursing	35	32	24	15	23	106	51.9	29.5
Please tell us how well you think your child or young person's needs are being met by HEALTH e.g. Child & Adolescent Mental Health Service (CAMHS), Speech and Language Therapy (SALT), Physio, Occupational Therapist (OT) and Paediatrician? - Health and needs - GP's	Health - Needs Met - GP	62	54	54	17	16	40	57.1	16.3
Overall how satisfied are you with the ongoing monitoring and assessment of your child or young person's needs by HEALTH? - Education and satisfaction - CAMHS	Health - Monitoring & Assessment - CAMHS	20	19	0	19	39	136	40.2	59.8
Overall how satisfied are you with the ongoing monitoring and assessment of your child or young person's needs by HEALTH? - Education and satisfaction - Speech and Language Therapy	Health - Monitoring & Assessment - Speech & Language	37	50	0	23	33	93	60.8	39.2
Overall how satisfied are you with the ongoing monitoring and assessment of your child or young person's needs by HEALTH? - Education and satisfaction - Physio	Health - Monitoring & Assessment - Physio	20	26	0	9	11	164	69.7	30.3
Overall how satisfied are you with the ongoing monitoring and assessment of your child or young person's needs by HEALTH? - Education and satisfaction - Occupational Therapy	Health - Monitoring & Assessment - Occupational Therapy	37	44	0	21	29	107	61.8	38.2
Overall how satisfied are you with the ongoing monitoring and assessment of your child or young person's needs by HEALTH? - Education and satisfaction - Paediatrician	Health - Monitoring & Assessment - Paediatrician	29	56	0	34	60	60	47.5	52.5
Overall how satisfied are you with the ongoing monitoring and assessment of your child or young person's needs by HEALTH? - Education and satisfaction - School Nursing	Health - Monitoring & Assessment - School Nursing	41	45	0	15	19	117	71.7	28.3
Overall how satisfied are you with the ongoing monitoring and assessment of your child or young person's needs by HEALTH? - Education and satisfaction - GP's	Health - Monitoring & Assessment - GP	59	89	0	23	18	55	78.3	21.7
To what extent do you agree with the following statements in connection to communication within HEALTH? - Health and communication - It is easy to contact the person I need to	Health - Communication - Ease	20	67	0	86	48	22	39.4	60.6
To what extent do you agree with the following statements in connection to communication within HEALTH? - Health and communication - Queries or requests for information are responded to in a timely manner	Health - Communication - Timeliness	19	63	0	82	45	30	39.2	60.8
To what extent do you agree with the following statements in connection to communication within HEALTH? - Health and communication - Written communication includes a named contact	Health - Communication - Named Contact	33	108	0	45	27	27	66.2	33.8
To what extent do you agree with the following statements in connection to communication within HEALTH? - Health and communication - Staff listen to me in a calm and respectful manner	Health - Communication - Listened To	38	124	0	32	12	36	78.6	21.4
To what extent do you agree with the following statements in connection to communication within HEALTH? - Health and communication - Language is positive and constructive	Health - Communication - Positive & Constructive	38	115	0	35	16	37	75.0	25.0
To what extent do you agree with the following statements in connection to communication within HEALTH? - Health and communication - I receive the right level of information and advice about the assessment process	Health - Communication - Information & Advice	26	65	0	74	41	34	44.2	55.8
To what extent do you agree with the following statements in connection to communication within HEALTH? - Health and communication - I feel listened to in the development and review of my child's/young person's plans	Health - Communication - Involvement in Plan development	30	82	0	61	33	34	54.4	45.6
How well do HEALTH professionals work together to support your child or young person? - Education and working together - CAMHS	Health - Working Together - CAMHS	25	9	18	16	30	138	34.7	46.9
How well do HEALTH professionals work together to support your child or young person? - Education and working together - Speech & Language	Health - Working Together - Speech & Language	37	32	25	19	25	96	50.0	31.9
How well do HEALTH professionals work together to support your child or young person? - Education and working together - Physio	Health - Working Together - Physio	18	20	13	7	14	161	52.8	29.2
How well do HEALTH professionals work together to support your child or young person? - Education and working together - Occupational therapist	Health - Working Together - Occupational Therapist	34	35	24	17	19	108	53.5	27.9
How well do HEALTH professionals work together to support your child or young person? - Education and working together - Paediatrician	Health - Working Together - Paediatrician	28	33	41	29	47	62	34.3	42.7
How well do HEALTH professionals work together to support your child or young person? - Education and working together - School Nursing	Health - Working Together - School Nursing	26	33	22	11	21	119	56.1	26.0
How well do HEALTH professionals work together to support your child or young person? - Education and working together - GP's	Health - Working Together - GP	60	49	18	18	18	51	56.2	18.6



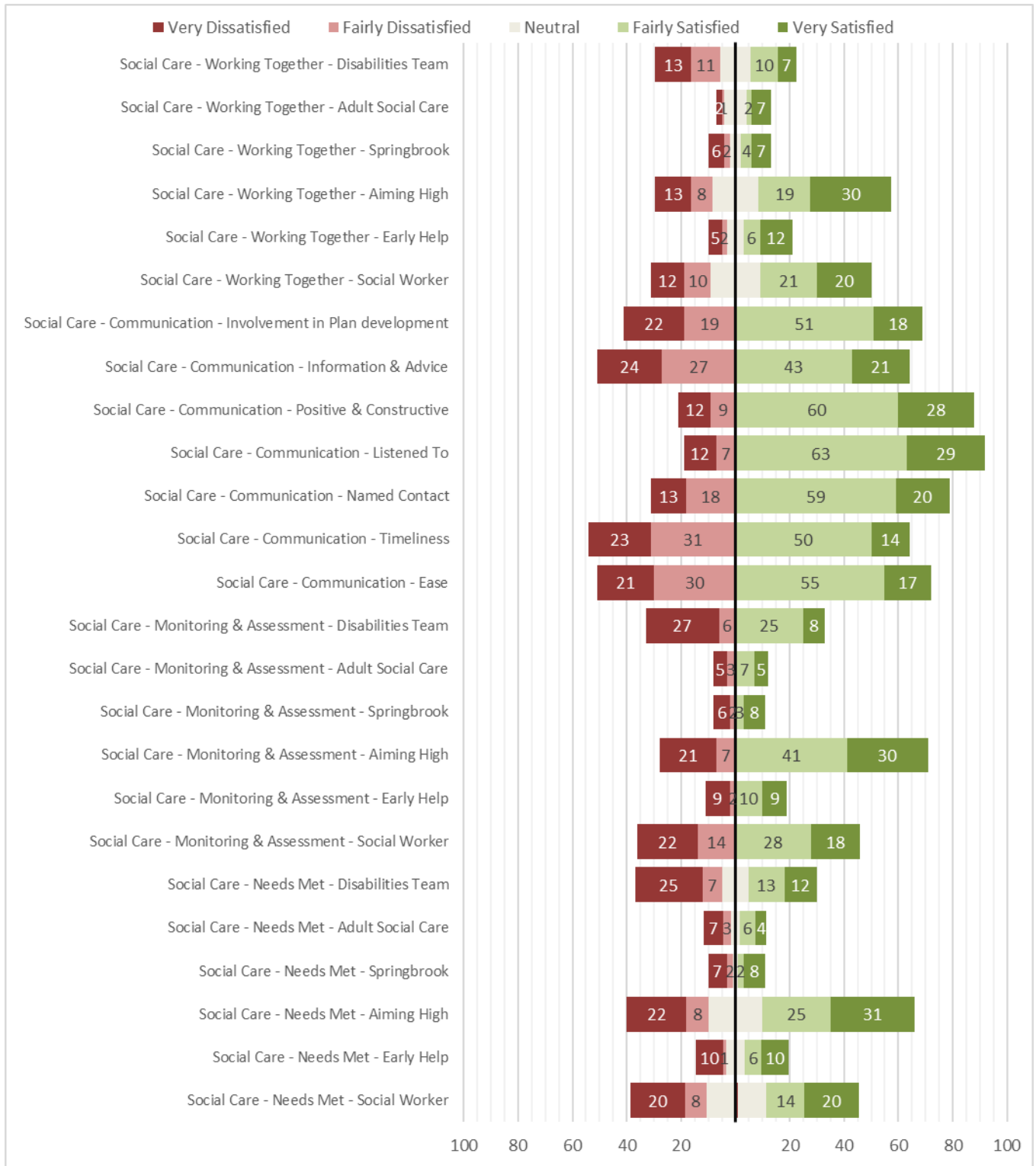
Quantitative Analysis of Responses to Education Questions



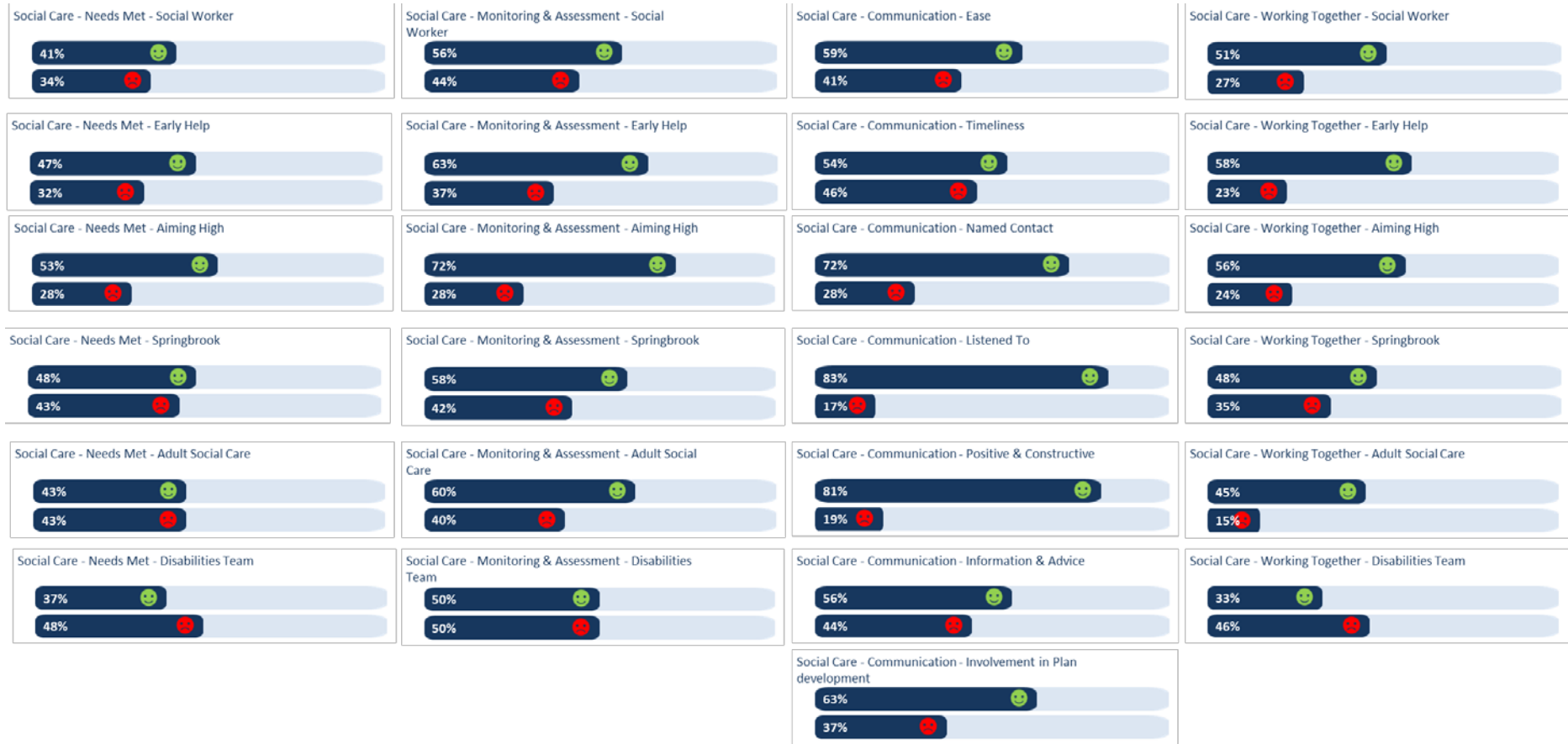
Question	Question Summary	Strongly agree	Agree		Disagree	Strongly disagree	Not applicable	Positive %	Negative %
		Very satisfied	Fairly satisfied	Just OK	Not very satisfied	Very dissatisfied	Not applicable		
		Very well	Quite well	Just OK	Not very well	Very poorly	Not applicable		
Please tell us how well you think your child or young person's needs are being met by EDUCATION? (for example, Nursery, School, College or Early Years Provider, e.g. Childminder/playgroup etc) - Needs and education	Education - Needs Met	104	56	37	16	30	8	65.8	18.9
Overall how satisfied are you with the ongoing monitoring and assessment of your child or young person's needs by EDUCATION? - Education and satisfaction - Nursery/School/College	Education - Monitoring & Assessment Satisfaction - Nursery/School/College	77	79	0	25	29	12	74.3	25.7
Overall how satisfied are you with the ongoing monitoring and assessment of your child or young person's needs by EDUCATION? - Education and satisfaction - EHCP's Review Process	Education - Monitoring & Assessment Satisfaction - EHCP Review	52	72	0	23	38	29	67.0	33.0
Overall how satisfied are you with the ongoing monitoring and assessment of your child or young person's needs by EDUCATION? - Education and satisfaction - Early Years Provider (Childminder, playgroup etc)	Education - Monitoring & Assessment Satisfaction - Early Years Provider	14	4	0	6	5	104	62.1	37.9
Thinking about your communication with your child's/young person's NURSERY/SCHOOLS/COLLEGES/CHILDMINDER/ PLAY GROUP to what extent do you agree with the following statements? - Education and communication - It is easy to contact with the person I need to	Education - Edn Establishment - Communication - Ease	113	79	0	27	17	11	81.4	18.6
Thinking about your communication with your child's/young person's NURSERY/SCHOOLS/COLLEGES/CHILDMINDER/ PLAY GROUP to what extent do you agree with the following statements? - Education and communication - Queries or requests for information are responded to in a timely manner	Education - Edn Establishment - Communication - Timeliness	90	85	0	25	31	13	75.8	24.2
Thinking about your communication with your child's/young person's NURSERY/SCHOOLS/COLLEGES/CHILDMINDER/ PLAY GROUP to what extent do you agree with the following statements? - Education and communication - Written communication includes a named contact	Education - Edn Establishment - Communication - Named Contact	98	98	0	18	17	14	84.8	15.2
Thinking about your communication with your child's/young person's NURSERY/SCHOOLS/COLLEGES/CHILDMINDER/ PLAY GROUP to what extent do you agree with the following statements? - Education and communication - Staff listen to me in a calm and respectful manner	Education - Edn Establishment - Communication - Listened To	126	87	0	6	13	12	91.8	8.2
Thinking about your communication with your child's/young person's NURSERY/SCHOOLS/COLLEGES/CHILDMINDER/ PLAY GROUP to what extent do you agree with the following statements? - Education and communication - Language is positive and constructive	Education - Edn Establishment - Communication - Positive & Constructive	112	94	0	15	12	12	88.4	11.6
Thinking about your communication with your child's/young person's NURSERY/SCHOOLS/COLLEGES/CHILDMINDER/ PLAY GROUP to what extent do you agree with the following statements? - Education and communication - I receive the right level of information and advice about the assessment process	Education - Edn Establishment - Communication - Information & Advice	89	72	0	39	30	16	70.0	30.0
Thinking about your communication with your child's/young person's NURSERY/SCHOOLS/COLLEGES/CHILDMINDER/ PLAY GROUP to what extent do you agree with the following statements? - Education and communication - I feel listened to in the development and review of my child's/young person's plans	Education - Edn Establishment - Communication - Involvement in Plan Development	98	80	0	29	26	13	76.4	23.6
Thinking about your communication with the LOCAL AUTHORITY SEND TEAM to what extent do you agree with the following statements? - Education and communication - It is easy to contact with the person I need to	Education - SEND Team - Communication - Ease	21	69	0	76	57	26	40.4	59.6
Thinking about your communication with the LOCAL AUTHORITY SEND TEAM to what extent do you agree with the following statements? - Education and communication - Queries or requests for information are responded to in a timely manner	Education - SEND Team - Communication - Timeliness	21	72	0	65	59	29	42.9	57.1
Thinking about your communication with the LOCAL AUTHORITY SEND TEAM to what extent do you agree with the following statements? - Education and communication - Written communication includes a named contact	Education - SEND Team - Communication - Named Contact	33	106	0	45	33	28	64.1	35.9
Thinking about your communication with the LOCAL AUTHORITY SEND TEAM to what extent do you agree with the following statements? - Education and communication - Listening is calm and respectful	Education - SEND Team - Communication - Listened To	32	132	0	27	19	36	78.1	21.9
Thinking about your communication with the LOCAL AUTHORITY SEND TEAM to what extent do you agree with the following statements? - Education and communication - Language is positive and constructive	Education - SEND Team - Communication - Positive & Constructive	31	122	0	35	23	36	72.5	27.5
Thinking about your communication with the LOCAL AUTHORITY SEND TEAM to what extent do you agree with the following statements? - Education and communication - I receive the right level of information and advice about the assessment process	Education - SEND Team - Communication - Information & Advice	29	76	0	59	51	32	48.8	51.2
Thinking about your communication with the LOCAL AUTHORITY SEND TEAM to what extent do you agree with the following statements? - Education and communication - I feel listened to in the development and review of my child's/young person's plans	Education - SEND Team - Communication - Involvement in Plan development	33	87	0	51	45	29	55.6	44.4
How well do EDUCATION professionals work together to support your child or young person? - Education and working together - School staff	Education - Working Together - School	123	41	25	18	27	12	70.1	19.2
How well do EDUCATION professionals work together to support your child or young person? - Education and working together - SENCOs	Education - Working Together - SENCO	89	36	31	14	29	33	62.8	21.6
How well do EDUCATION professionals work together to support your child or young person? - Education and working together - Local Authority SEND Team	Education - Working Together - LA SEND	35	39	47	31	42	34	38.1	37.6
How well do EDUCATION professionals work together to support your child or young person? - Education and working together - Early Years Provider (Childminder, playgroup etc)	Education - Working Together - Early Years	15	7	7	2	6	133	59.5	21.6



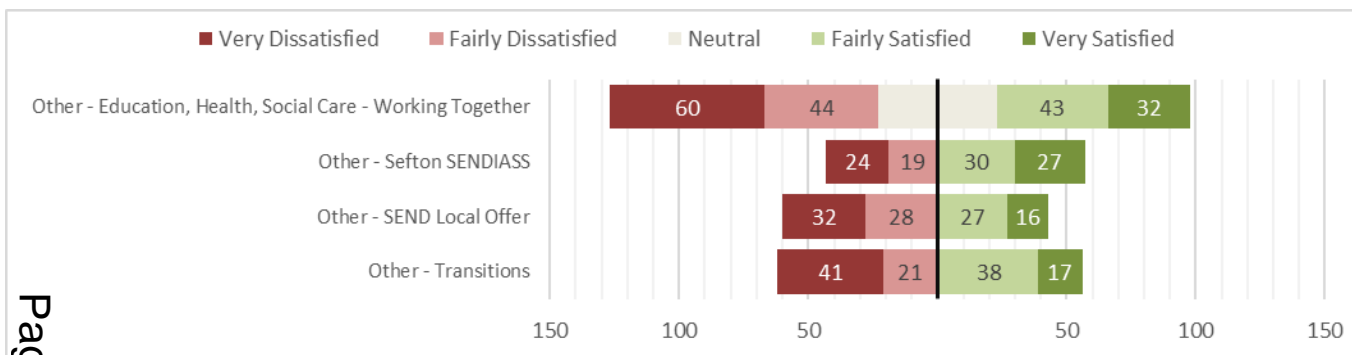
Quantitative Analysis of Responses to Social Care Questions



Question	Question Summary	Strongly agree	Agree		Disagree	Strongly disagree	Not applicable	Positive %	Negative %
		Very satisfied	Fairly satisfied		Not very satisfied	Very dissatisfied	Not applicable		
		Very well	Quite well	Just OK	Not very well	Very poorly	Not applicable		
Please tell us how well you think your child or young person's needs are being met by SOCIAL CARE? - Social Care and needs - Social Worker	Social Care - Needs Met - Social Worker	20	14	21	8	20	164	41.0	33.7
Please tell us how well you think your child or young person's needs are being met by SOCIAL CARE? - Social Care and needs - Early Help practitioner	Social Care - Needs Met - Early Help	10	6	7	1	10	198	47.1	32.4
Please tell us how well you think your child or young person's needs are being met by SOCIAL CARE? - Social Care and needs - Aiming High	Social Care - Needs Met - Aiming High	31	25	20	8	22	130	52.8	28.3
Please tell us how well you think your child or young person's needs are being met by SOCIAL CARE? - Social Care and needs - Springbrook	Social Care - Needs Met - Springbrook	8	2	2	2	7	209	47.6	42.9
Please tell us how well you think your child or young person's needs are being met by SOCIAL CARE? - Social Care and needs - Adult Social Care (if over 18)	Social Care - Needs Met - Adult Social Care	4	6	3	3	7	204	43.5	43.5
Please tell us how well you think your child or young person's needs are being met by SOCIAL CARE? - Social Care and needs - Children with Disabilities Team	Social Care - Needs Met - Disabilities Team	12	13	10	7	25	162	37.3	47.8
Overall how satisfied are you with the ongoing monitoring and assessment of your child or young person's needs by SOCIAL CARE? - Social Care and satisfaction - Social Worker	Social Care - Monitoring & Assessment - Social Worker	18	28	0	14	22	160	56.1	43.9
Overall how satisfied are you with the ongoing monitoring and assessment of your child or young person's needs by SOCIAL CARE? - Social Care and satisfaction - Early Help practitioner	Social Care - Monitoring & Assessment - Early Help	9	10	0	2	9	200	63.3	36.7
Overall how satisfied are you with the ongoing monitoring and assessment of your child or young person's needs by SOCIAL CARE? - Social Care and satisfaction - Aiming High	Social Care - Monitoring & Assessment - Aiming High	30	41	0	7	21	132	71.7	28.3
Overall how satisfied are you with the ongoing monitoring and assessment of your child or young person's needs by SOCIAL CARE? - Social Care and satisfaction - Springbrook	Social Care - Monitoring & Assessment - Springbrook	8	3	0	2	6	207	57.9	42.1
Overall how satisfied are you with the ongoing monitoring and assessment of your child or young person's needs by SOCIAL CARE? - Social Care and satisfaction - Adult Social Care (if over 18)	Social Care - Monitoring & Assessment - Adult Social Care	5	7	0	3	5	203	60.0	40.0
Overall how satisfied are you with the ongoing monitoring and assessment of your child or young person's needs by SOCIAL CARE? - Social Care and satisfaction - Children with Disabilities Team	Social Care - Monitoring & Assessment - Disabilities Team	8	25	0	6	27	160	50.0	50.0
To what extent do you agree with the following statements in connection to communication within SOCIAL CARE? - Social Care and communication - It is easy to contact with the person I need to	Social Care - Communication - Ease	17	55	0	30	21	116	58.5	41.5
To what extent do you agree with the following statements in connection to communication within SOCIAL CARE? - Social Care and communication - Queries or requests for information are responded to in a timely manner	Social Care - Communication - Timeliness	14	50	0	31	23	117	54.2	45.8
To what extent do you agree with the following statements in connection to communication within SOCIAL CARE? - Social Care and communication - Written communication includes a named contact	Social Care - Communication - Named Contact	20	59	0	18	13	122	71.8	28.2
To what extent do you agree with the following statements in connection to communication within SOCIAL CARE? - Social Care and communication - Staff listen to me in a calm and respectful manner	Social Care - Communication - Listened To	29	63	0	7	12	123	82.9	17.1
To what extent do you agree with the following statements in connection to communication within SOCIAL CARE? - Social Care and communication - Language is positive and constructive	Social Care - Communication - Positive & Constructive	28	60	0	9	12	126	80.7	19.3
To what extent do you agree with the following statements in connection to communication within SOCIAL CARE? - Social Care and communication - I receive the right level of information and advice about the assessment process	Social Care - Communication - Information & Advice	21	43	0	27	24	118	55.7	44.3
To what extent do you agree with the following statements in connection to communication within SOCIAL CARE? - Social Care and communication - I feel listened to in the development and review of my child's/young person's plans	Social Care - Communication - Involvement in Plan development	18	51	0	19	22	124	62.7	37.3
How well do SOCIAL CARE professionals work together to support your child or young person? - Social Care and working together - Social Worker	Social Care - Working Together - Social Worker	20	21	18	10	12	158	50.6	27.2
How well do SOCIAL CARE professionals work together to support your child or young person? - Social Care and working together - Early Help practitioner	Social Care - Working Together - Early Help	12	6	6	2	5	190	58.1	22.6
How well do SOCIAL CARE professionals work together to support your child or young person? - Social Care and working together - Aiming High	Social Care - Working Together - Aiming High	30	19	17	8	13	140	56.3	24.1
How well do SOCIAL CARE professionals work together to support your child or young person? - Social Care and working together - Springbrook	Social Care - Working Together - Springbrook	7	4	4	2	6	198	47.8	34.8
How well do SOCIAL CARE professionals work together to support your child or young person? - Social Care and working together - Adult Social Care (if over 18)	Social Care - Working Together - Adult Social Care	7	2	8	1	2	201	45.0	15.0
How well do SOCIAL CARE professionals work together to support your child or young person? - Social Care and working together - Children with Disabilities Team	Social Care - Working Together - Disabilities Team	7	10	11	11	13	167	32.7	46.2



Quantitative Analysis of Responses to Other Questions



Other - Transitions



Other - SEND Local Offer



Other - Sefton SENDIASS



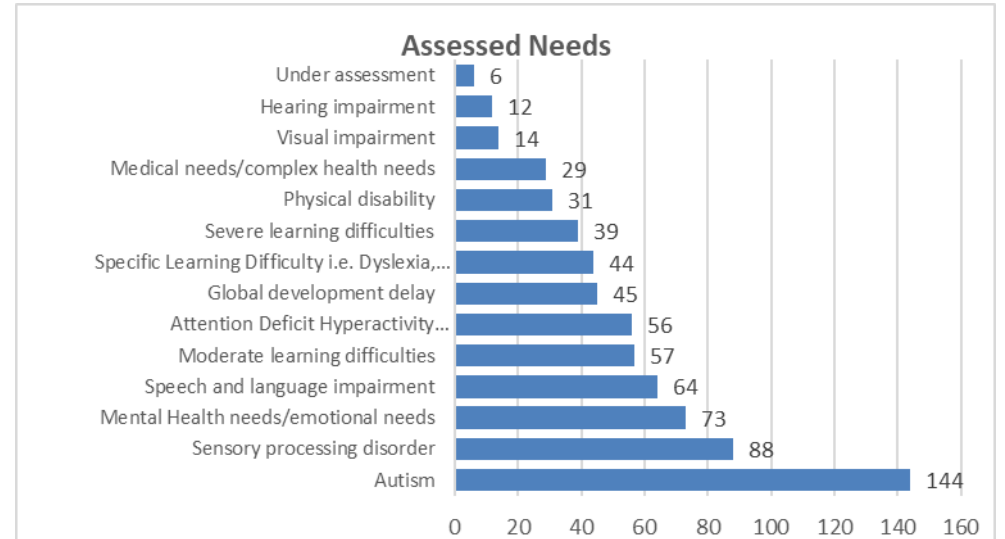
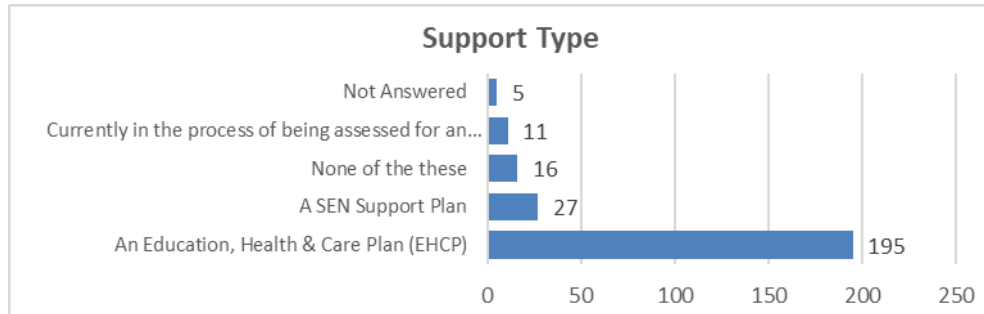
Other - Education, Health, Social Care - Working Together



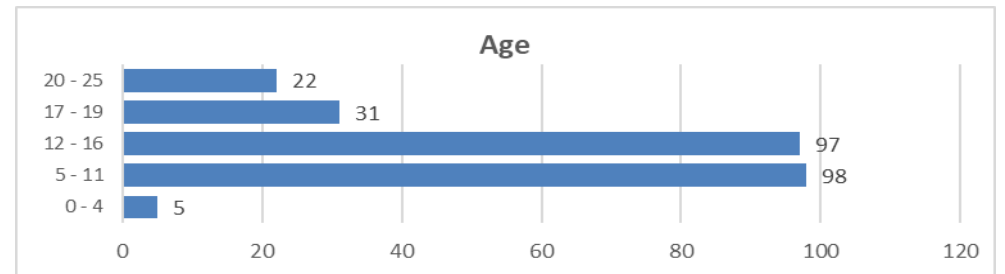
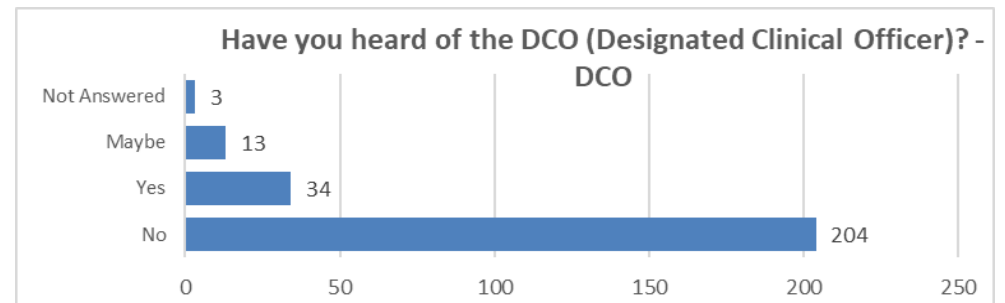
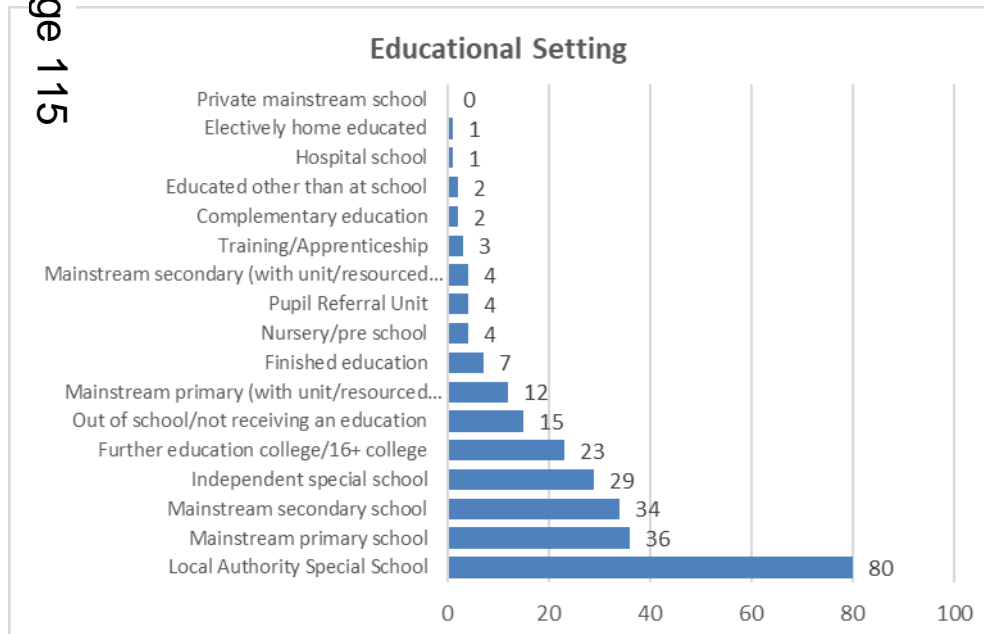
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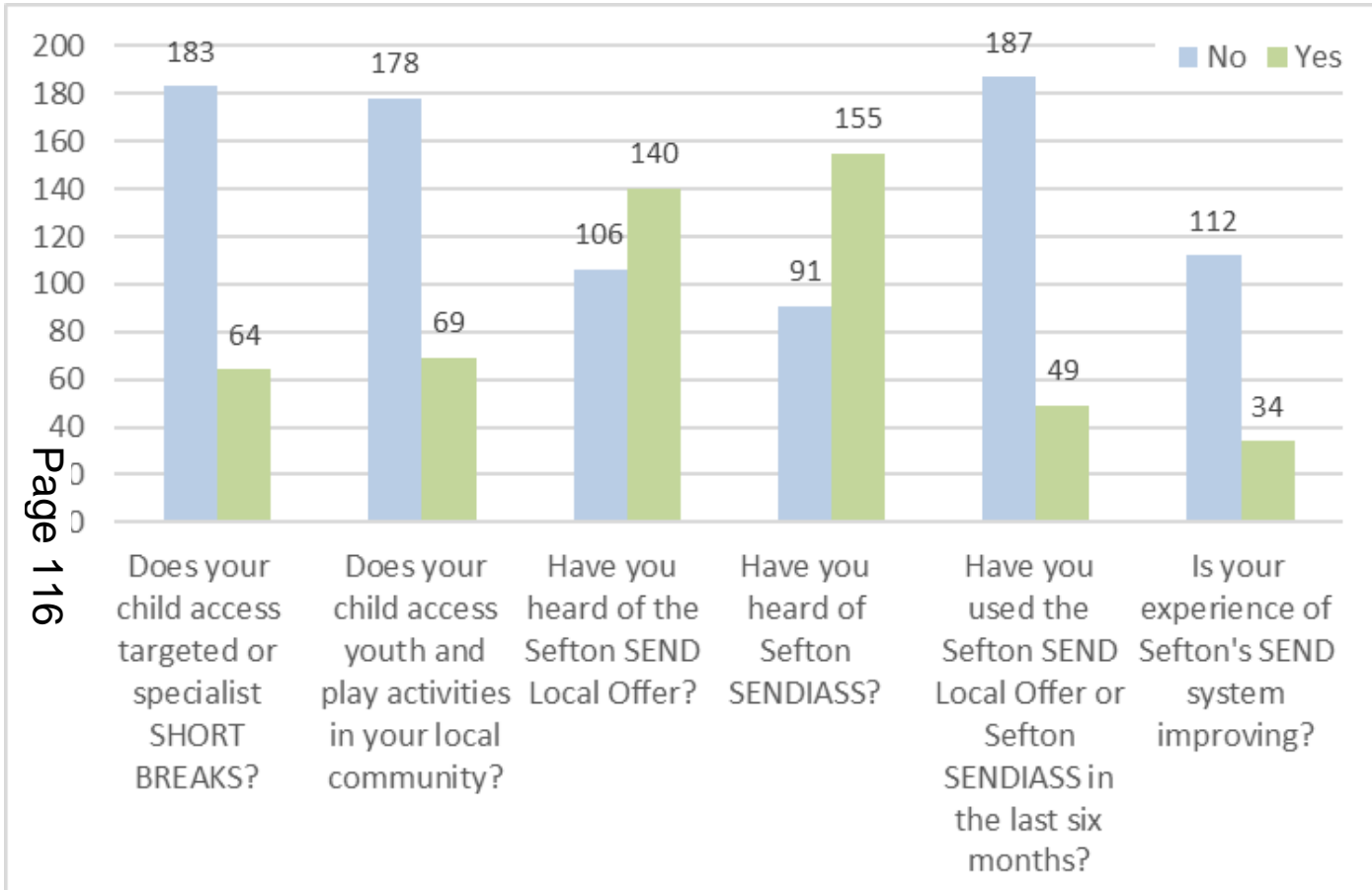
Question	Question Summary	Strongly agree	Agree	Just OK	Disagree	Strongly disagree	Not applicable	Positive %	Negative %
		Very satisfied	Fairly satisfied		Not very satisfied	Very dissatisfied	Not applicable		
		Very well	Quite well		Not very well	Very poorly	Not applicable		
If your young person is aged 14 - 25 years old, please tell us how satisfied you are of your experience with TRANSITION / PREPARING FOR ADULTHOOD - Satisfaction Transitions	Other - Transitions	17	38	0	21	41	0	47.0	53.0
How satisfied are you with the following at meeting your information and support needs? - Satisfaction Information and support - The Sefton SEND Local Offer	Other - SEND Local Offer	16	27	0	28	32	123	41.7	58.3
How satisfied are you with the following at meeting your information and support needs? - Satisfaction Information and support - Sefton SENDIASS	Other - Sefton SENDIASS	27	30	0	19	24	124	57.0	43.0
How well do you find Education, Health and Social Care work together for your child or young person to help them reach their full potential? - Working together	Other - Education, Health, Social Care - Working Together	32	43	46	44	60	17	33.3	46.2

Other Graphs



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Joint Strategic Needs Assessment

What we know about Special Educational Needs and/or Disabilities (SEND) in Sefton

“A profile of the Sefton children and young people with special educational needs and/or disabilities.”

Released: October 2019

Wayne Leatherbarrow

Commissioning Support & Business Intelligence Service
Data, Insight, Business Intelligence, & Performance

Agenda Item 5

Distribution: *Confidential – working draft.*

Document Control

Issue/Amendment Record

Version	Date of Issue	Reason for Issue
V0	01/07/2019	Internal Draft
V1	14/10/2019	Second Draft for Comment

Document Ownership

Role	Name/Title
Author	Wayne Leatherbarrow Service Manager - Performance & Intelligence Lead
Release Authority	Dwayne Johnson Chief Executive
Location	\\Smbc-File-04.Smbc.Loc\Business_Intelligence\ASC\Analysis\Extra Care\LTRN & Dom Care Overview 201910 V1.Docx (16/10/2019)

Distribution

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SEND Continuous Improvement Board

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Introduction

Sefton is committed to meeting the needs of children and young people with special educational needs and/or disabilities (SEND) living within the borough. The development of this Joint Strategic Needs Assessment (JSNA) will help to understand and identify the needs of this population and build them into local commissioning plans.

Support for children and young people with special educational needs and/or disabilities (SEND) has undergone radical reform. The Children and Families Act 2014 extends the SEND system from birth to 25; replacing statements of special educational need with a new birth-to-25 Education Health and Care plan (EHCP); broadening the definition of special educational needs and/or disabilities (SEND) to include any disability including mental health; and, offers personal budgets to those families with children affected by SEND.

The Act puts children, young people, parents and carers at the centre of the process. Partners in the local system are required to make available and easily accessible, the full range of information and support in the Local Offer. A key feature of the Act is that health, (locally this is Sefton's two Clinical Commissioning Group (CCG), and NHS England), are required to make joint commissioning arrangements to secure Education, Health and Care provision for children and young people for whom the authority is responsible for as well as those who have special educational needs.

The Special Educational Needs and Disability Code of Practice (SEND Code of Practice 2014) requires Health and Wellbeing Boards to consider the needs of vulnerable groups, including those with special educational needs and disabled children and young people, those needing palliative care and looked after children. To ensure that the reforms are implemented successfully the Department for Education introduced a new SEND Ofsted and Care Quality Commission (CQC) Inspection Framework for Local Areas. An up-to-date JSNA is a mandated part of the Ofsted and CQC measurement framework. As a result, Ofsted and CQC have chosen to assess the strength of arrangements in local areas, rather than the

contribution of individual agencies, against 3 broad strands:

1. What we know about children and young people with special educational needs and/or disabilities (SEND), including risk factors for SEND and vulnerable groups? (Systems to identify need)
2. What are the key services within the local offer and how do they work together? (Assessing and meeting needs)
3. How effective is the local area in improving outcomes for children and young people who have special educational needs and/or disabilities (SEND)? (Outcomes achieved).

This JSNA looks at all the evidence available for children and young people with special needs and/or disabilities within Sefton Council and all health partners, combined with nationally published statistics and research materials, focussing on prevalence and trends. It explores the characteristics of the children and young people and discusses the factors which can lead to a child having special educational needs and/or disabilities.

The Code of Practice sets out the relationship between population needs, what is procured for children and young people with special educational needs and/or disabilities (SEND), and individual EHC plans (see Figure 1).

Figure 1 JSNA Process, SEND Code of Practice.
Source: SEND code of practice, Department for Education/Department of Health (June 2014)



In line with guidance from the SEND Code of Practice, the Sefton SEND Joint Strategic Needs Assessment (JSNA) is how the Health and Wellbeing Board, SEND Continuous Improvement

Board and other decision makers understand and agree the needs of all local people.

The JSNA considers the needs of the local community, including specific analysis of the needs of vulnerable groups including disabled children and young people and those with special educational needs and/or disabilities (SEND), those with life limiting conditions and looked after children. Local partners across education, health and social care work together to establish what targeted commissioning is needed to address the needs identified.

The JSNA helps to inform the joint commissioning decisions made for children and young people with special educational needs and/or disabilities (SEND), which will in turn be reflected in the services set out in the Local Offer. Emerging themes from recent consultation in localities across the borough illustrate that the following are areas that parents and/or professionals have identified as areas for consideration.

The JSNA represents an accurate picture of known data and information available at the time of publishing.

Definition and Scope

The following definitions are summarised from the SEND Code of Practice 2014.

Special educational needs (SEN)

- A child or young person has SEN if they have a learning difficulty or disability that means they need special educational provision or support to help them learn.
- This means they have a significantly greater difficulty in learning than most of their peers, or they are not able to use the universal provision available within their school because of their disability.
- The term 'SEN' applies across ages 0–25, although the term 'learning difficulties and disabilities' (LDD) is often used post 16 through to adult services.

Disability

- Under the Equality Act 2010, a disability is defined as 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.

- The definition includes sensory impairments and long-term conditions such as asthma, diabetes, epilepsy and cancer.
- Children and young people with disabilities do not necessarily have SEN, but there is a significant overlap. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition.

Broad areas of SEND

- Communication and interaction
- Cognition and learning
- Social, emotional and mental health
- Sensory and/or physical needs

This needs assessment will encompass all areas of SEND as defined above. It will focus on the needs of children and young people with special educational needs and/or disabilities (SEND), rather than the needs of their parents and carers, although services will inevitably impact on the needs of both.

Please note that where the abbreviated term 'SEND' is used within this document, it refers to special educational needs and/or disabilities.

Sefton School and Pupil Numbers

This summary report uses the most recent validated Sefton data for population, school, children and young people from January 2019 census information.

Sefton has a resident population of **274,589** people. There are **59,066** children and young people in Sefton (age 0-19) and **75,829** children and young people in Sefton (age 0-25).

There are **109** school settings in Sefton and **42,249** children and young people attending those settings, as summarised below.

40,003 children and young people are educated in **104** Sefton state-funded, maintained nursery, primary, secondary, special schools and pupil referral units (PRUs).

2,246 children and young people attend **5** non-maintained and independent settings.

Table 1. School and Children Numbers

State funded Nursery	State funded Primary	State funded Secondary	State funded Special	Non-maintained Special	Pupil Referral Unit	Independent	All Schools
4	75	18	5	1	2	4	109
<i>Children and young people:</i>							
340	23,012	15,939	620	46	92	2,200	42,249
<small>January 2019 School Census</small>							

21% of children and young people in Sefton are living in low income households and **17%** in poverty. (A child is defined as being in poverty when living in a household with an income below 60% of the UK's average).

Continual increases can be seen in Sefton's rate of hospital admission for self-harm in children and young people aged 10 to 24, and this has increased to 602 per 100,000. This is significantly higher than the England average, which has shown only small changes over the past five years. Nationally self-harm admissions have been found to be higher for young women than young men.

Sefton's rate of hospital admission for mental health affecting those aged under 18 has fluctuated over the same period, with a high 146.6 per 100,000 in 2015/16. There has been a reduction in 2016/17 yet Sefton is still higher than England (like self-harm rates mental health admissions in England have shown minimal changes year on year).

The rate of young people not in employment, education or training (NEET) aged 16 to 17 within Sefton has been higher than the rate seen across England since the measure's introduction (2016); however, these have shown a year on year reduction.

The rate of children looked after in Sefton has shown an overall increase from 2012 to 2017, and has continually been above the rate seen across England during this period.

The rates of Sefton young people who have received a custodial sentence have fluctuated, the current year is below the national rate. However, three of the past six years have had higher rates than that of England. First time entrants to the youth justice system rates in Sefton have shown

year on year reductions and have been below the England rate in for the past four years.

Sefton validated SEN statistics for 2018

In January 2019, **4,134** (9.78%) children and young people were receiving 'SEN support' (*previously school action and school action plus*) in a Sefton maintained schools or post 16 provision.

The information collected via the SEN2 provides the major source of data for children and young people with statements of special educational need (statements) or Education, Health and Care (EHC) plans for whom the local authority has responsibility for the management of the SEND processes, under the 1996 Education Act and the 2014 Children and Families Act. The SEN2 provides data for the previous calendar year, so statistics labelled 2019 are for the calendar period 01/01/2018 to 31/12/2018.

In January 2019, the local authority reported it maintains an EHC Plan for **1,445** (3.32%) children and young people. The following chart shows the age distribution of those children and young people.

When we aggregate the number of children and young people for whom the local authority maintains an EHC plan (1,445) and those children and young people that are receiving SEN support in a Sefton maintained school or post 16 provision (4,134), the total number of pupils that had an EHC plan or where receiving 'SEN support' was **5,579** (13.2%), compared to a national average of 14.6% and a northwest average of 14.8%.

Table 2. Number of children and young people with special educational needs

Total Pupils	Pupils with statements or EHC plans		Pupils receiving SEN support		Total pupils with SEN	
	Number	%	Number	%	Number	%
42,249	1,445	3.4	4,134	9.8	5,579	13.2

Table 2 source: Statistics on pupils in schools in England as collected in the January 2019 school census. SEN Support numbers are for state funded maintained schools/settings.

Number of Sefton children and young people with an EHC plan.

Chart.1 shows the age distribution for those 1,445 children and young people for whom the local authority maintains an EHC plan at January 2019.

- 40% aged 11-15yrs,
- 27% aged 16-19yrs and
- 23% aged 5-10yrs.
- Noticeably 103 (7%) of EHC Plans where for young people/adults aged 20-25yrs.

Chart 1. Children and young people with a Sefton maintained EHC plan by age groups

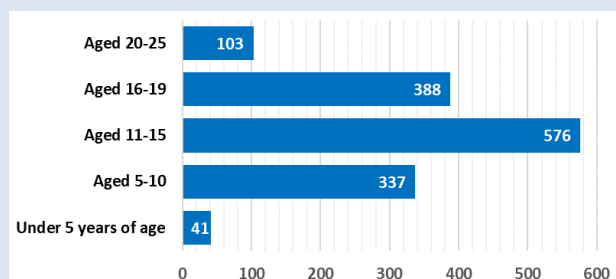


Chart.1 source: Sefton SEN2 & Gov.uk National Statistics Statements of SEN and EHC Plans: England 2019: Children and young people with an EHC plan by age group.

Placement of children and young people with a Sefton maintained EHC plan

Nationally **47.9%** of children and young people with an EHC Plan attend a mainstream school. However, there is a national increase in pupils attending special schools and reasons for this were identified by the National Audit Office as;

- a growth in the number of pupils with complex needs;
- funding pressures leading to mainstream schools having less capacity to provide tailored support;
- the focus of the school accountability system on attainment and progress measures making mainstream schools less inclined to be inclusive; and
- the 2014 reforms making parents better informed about the choices available to them and involving them more in decision-making.

Table 3 below summarises the placement information for those **1,445** children and young people for whom Sefton maintains an EHC plan.

Table 3. Children and young people for whom Sefton maintains an EHC plan

Quantity	Description
971	Children and young people attending mainstream LA maintained schools, Academies, Free schools, Special schools and Pupil Referral Units
99	Children and young people attending non-maintained and independent schools
354	Young people attending post 16 provision, including general FE and tertiary colleges/HE, sixth form colleges and specialist post-16 Institutions
21	Children and young people educated elsewhere:
(8)	<ul style="list-style-type: none"> Other arrangements made by the LA in accordance with Section 319 of the Education Act 1996 or Section 61 of the Children and Families Act 2014, include children and young people who are within Secure units or Young offenders' institutions
(12)	<ul style="list-style-type: none"> Other - arrangements made by parents in accordance with Section 7 of the Education Act 1996
(1)	<ul style="list-style-type: none"> Awaiting provision - final statement/EHC plan issued but awaiting placement.

Further detail of the placement information in Table 4 shows the number of children and young people for whom the authority maintains an EHC plan by placement type. In January 2019, the local authority reported that **362** children and young people received education in mainstream provision. A further **708** children and young people are educated in maintained and independent Special Schools.

This equates to approximately **25%** of children and young people for whom the local authority maintains an EHC plan integrated in mainstream education provision. This is significantly below the national average and could suggest the need for

greater exploration of increasing mainstream schools' capacity to offer inclusive support to SEND pupils.

There are a further **354** young people in post 16 further education, including specialist post 16 schools.

The top 3 primary needs in Sefton primary schools are:

- speech, language and communication needs,
- moderate learning difficulties
- social, emotional and mental health needs.

In secondary schools' we see this change to:

- Specific learning difficulty (this is at 24.3% compared to 20.7% nationally),
- moderate learning difficulty,
- social, emotional or mental health needs.

In Sefton special schools the largest primary need is :

- Autism, at **44.6%** compared to 28.2% nationally. This is a marked difference and shows the importance of good joint commissioning in this area, there is a need to more fully understand this and perhaps suggests the need to focus on promoting greater inclusivity and cascading of best practice to our universal offers.
- The second highest primary need in Sefton special schools is social, emotional, or mental health needs.
- The third is moderate learning difficulty at **10.07%** in Sefton compared to 23.3% nationally.

Universally this demonstrates a specific need in Sefton around

- SALT services and
- CAMHS Services.

Table 4. Number of children and young people for whom the authority maintains a statement of SEN or EHC plan by placement (2019 SEN2 return)

	Non-maintained early years settings in the private and voluntary sector	Mainstream school: LA maintained (including foundation schools)	Mainstream school: LA maintained (SEN Unit)	Mainstream school: LA maintained (resourced provision)	Mainstream school: academy	Mainstream school: academy (SEN Unit)	Mainstream school: academy (resourced provision)	Mainstream school: independent school		
	2	118	138	17	56	30	1	1		
Page 126	Special school: LA maintained (including foundation schools)	Special school: academy/free	Special school: non-maintained	Special school: independent special schools	Alternative Provision (AP)/Pupil Referral Unit (PRU): LA maintained	Post-16: general FE and tertiary colleges/HE	Post-16: Other FE	Post-16: sixth form college	Post-16: Specialist post-16 institutions	Number of children and young people with EHC plans who are educated elsewhere
	605	4	41	55	2	243	27	17	67	21
	Number of children and young people with EHC plans undertaking Apprenticeship	Number of children and young people with EHC plans undertaking Traineeships	Number of children and young people with EHC plans undertaking Supported Internships							
	3	8	4							

Chart 3. Primary Need of SEN Pupils in Sefton Primary Schools

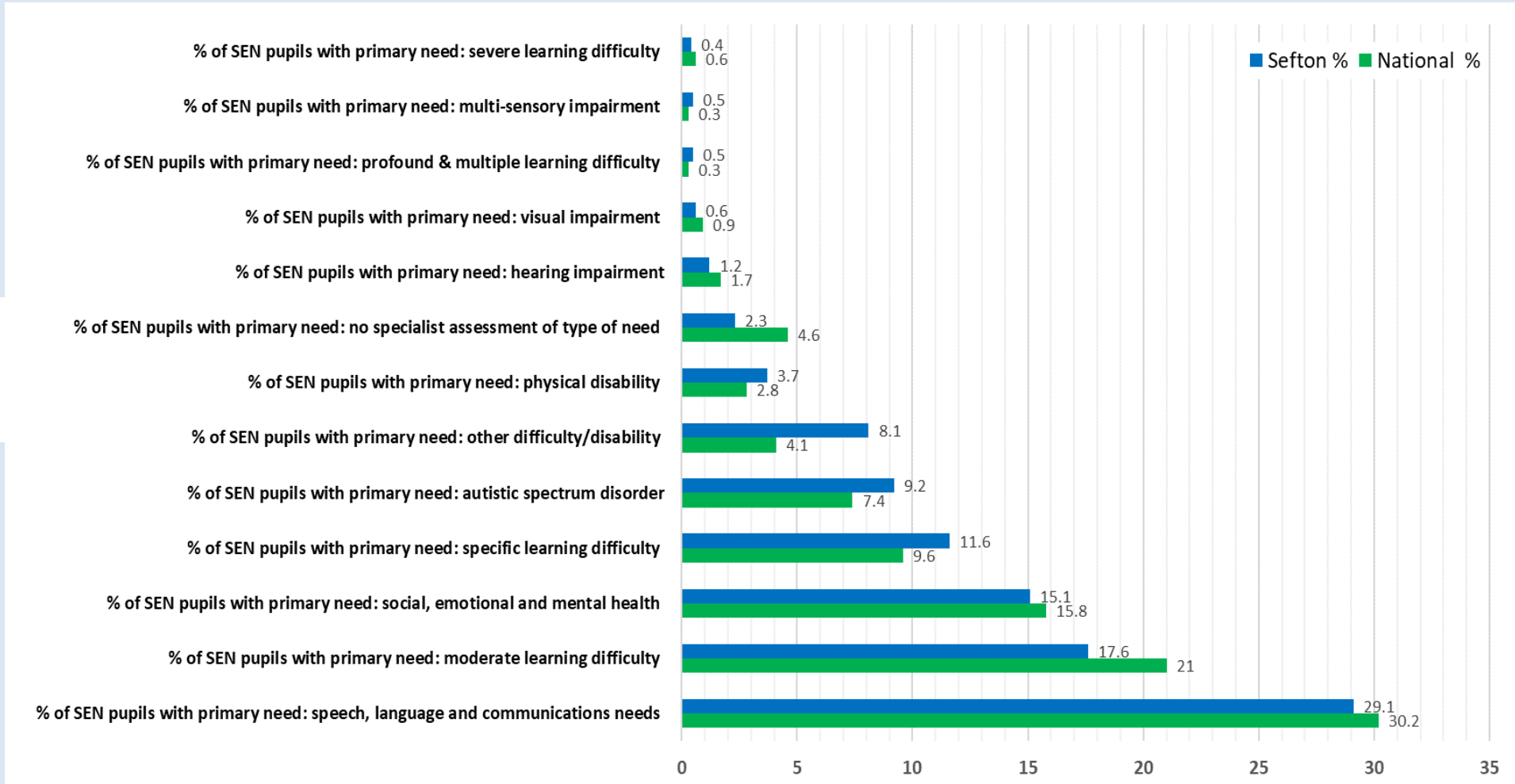


Chart 4. Primary Need of SEN Pupils in Sefton Primary Schools

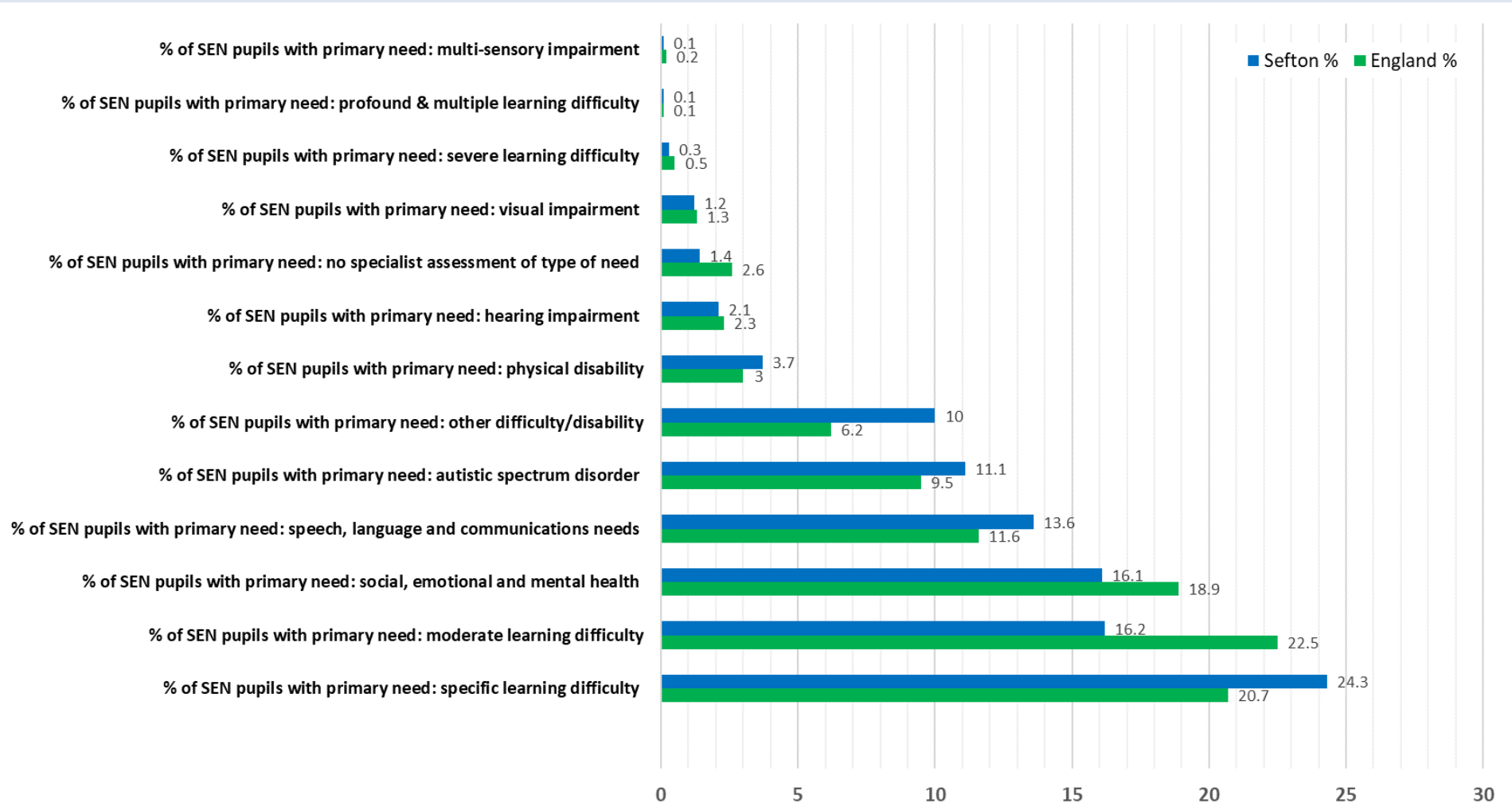
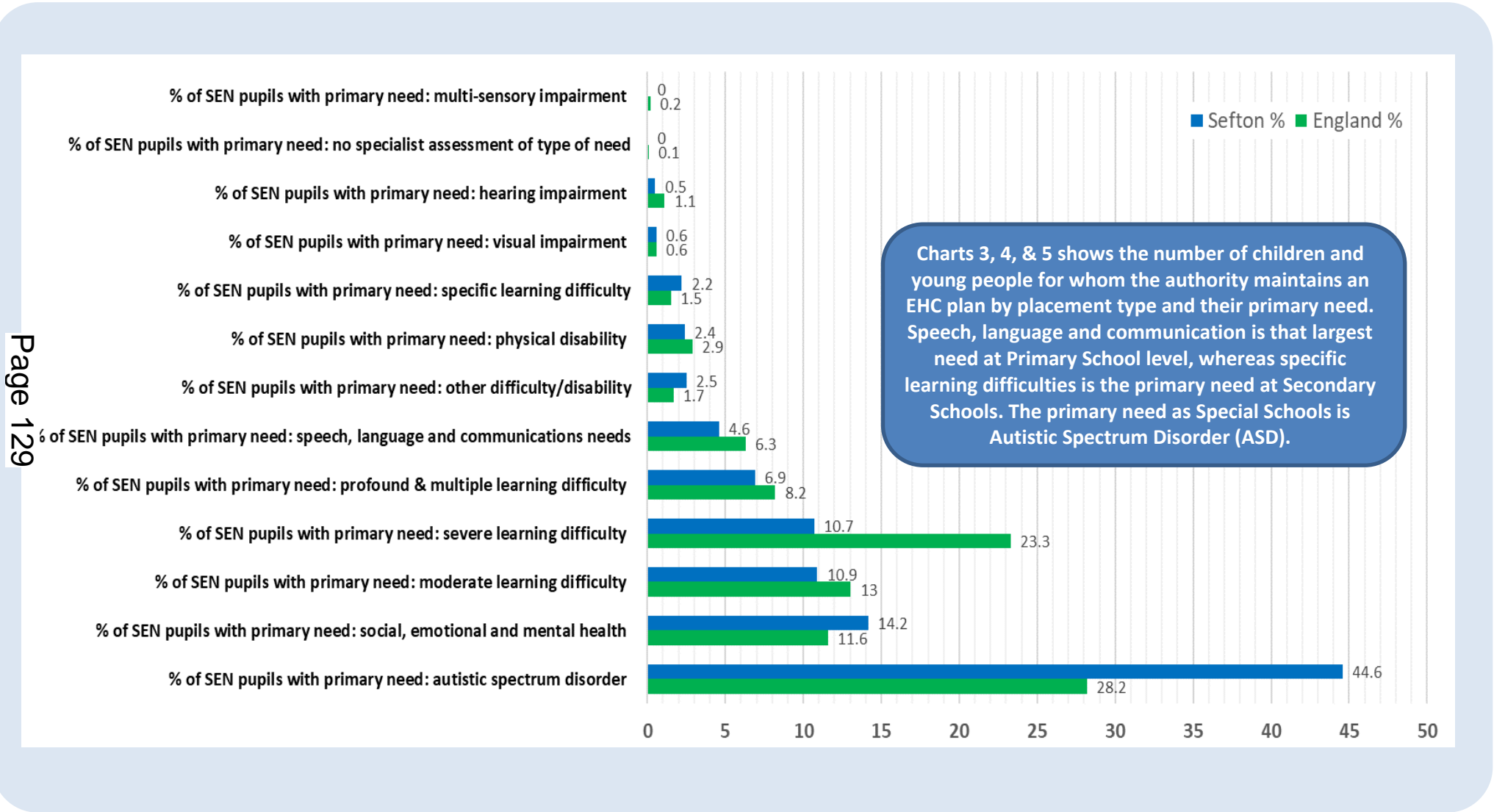


Chart 5. Primary Need of SEN Pupils in Sefton Special Schools



Charts 3, 4, & 5 shows the number of children and young people for whom the authority maintains an EHC plan by placement type and their primary need. Speech, language and communication is that largest need at Primary School level, whereas specific learning difficulties is the primary need at Secondary Schools. The primary need as Special Schools is Autistic Spectrum Disorder (ASD).

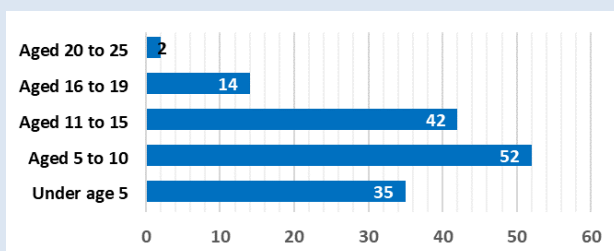
Number of EHC Assessments.

In 2018 **364** requests were made for assessment for an EHC plan, compared to a national average of 509 and a Northwest average of 442. This is a growth of **46.15%** from 168 requests in 2016 and 303 requests in 2017.

- **112** of those initial requests were refused during the 2018 calendar year (**30.8%**), compared to a national average of 24.7% and a Northwest average of **21.6%**.
- **145** children and young people were assessed and decision taken whether or not to issue an EHC plan during the 2018 calendar year.
- **145** EHC plans were made for the first time during the 2018 calendar year, compared to a national average of **339** and a Northwest average of **307**.
- **20** of the 145 EHC plans made for the first time during the 2018 calendar year were issued within 20 weeks (**13.8%**), compared to a national average of **60.1%** and a Northwest average of **63.1%**.
- A further **63** children and young people were still being assessed or their assessment has been completed but no decision had been made for an EHC plan.
- **44** initial requests for assessment for an EHC plan during the 2018 calendar year were pending.

Chart 6 below shows the age distribution for the 145 EHC plans that were made for the first time during the 2018 calendar year. 36% were for children aged 5-10 yrs; 29% for children and young people aged 11-15 yrs. The smallest demand was for young people and adults aged 20-25yrs, representing only 1.4%.

Chart 6. Number of children and young people for whom an EHC plan was made for the first time during 2018



'SEN Support' statistical trends

Number of School pupils receiving SEN Support (2014 - 2018)

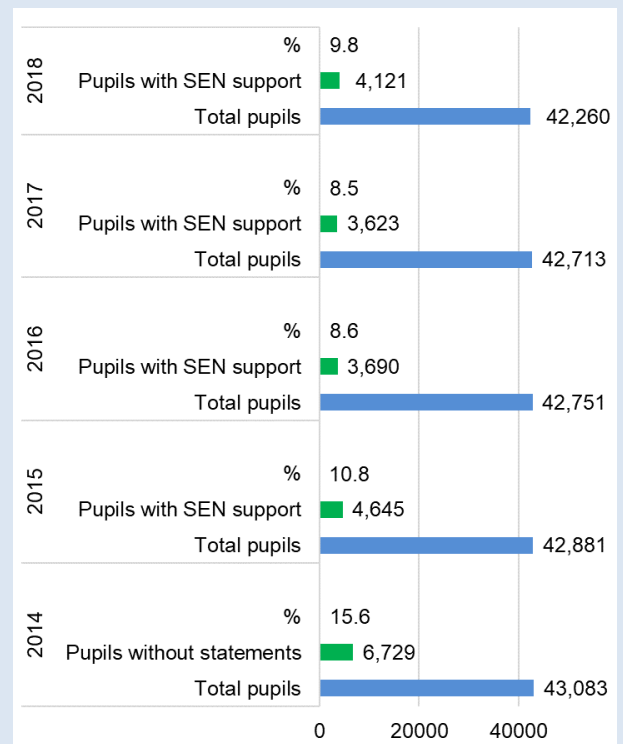
Over the last decade the number of children educated in the borough has remained at approximately **43,000** pupils (+/- 0.7%).

Chart 10 below details the number of children and young people for whom the authority provides 'SEN support' in schools and illustrates the trend in numbers in Sefton over the previous five-year period (2014 – 2018), including the reported 'SEN support' in January 2019. The average number of children and young people receiving 'SEN support' in a Sefton school setting is **10.66%**.

In 2018 4,121 (**9.8%**) of school pupils were in receipt of 'SEN support', compared to a national average of **11.7%** and a northwest average of **11.8%**. However, disability is likely to be under-reported within this number.

Population projections for Sefton suggest that the younger population will remain relatively stable and it is anticipated that the trend in pupil numbers and the associated demand for 'SEN support' will remain relatively consistent at approximately **10%** of all pupils (+/- 0.7%).

Chart 10. Pupils Receiving SEN Support



Children & Young People with a Sefton Maintained EHC Plan (2014 - 2018)

The following chart 11 shows the total number of children and young people for whom the local authority has maintained statements of SEN or EHC plan over the previous five-year period (2014 – 2018).

It illustrates the trend for Sefton over that period, with a clear shift from SEN Statements to EHC plans in 2016 & 2017, in accordance with the SEND reform expectation that all statements should have been converted to EHC plans by 1st April 2017.

Sefton has seen a considerable **47.3%** rise in number of children and young people with a Sefton maintained EHC plan over the five-year period 2014 – 2018 inclusive, from 981 to 1,445, an increase of **464**.

This increase in demand is likely to be related to the 2014 SEND reform, extending the rights and protection to children and young people by introducing a new education, health and care plan, which saw a subsequent increase in demand. The National Audit Office reported in September 2019 a national rise of 16.8% in EHC plans between 2014 and 2019. The rise is also attributable to the law extended the special educational needs system to young people up to the age of 25. In Sefton, this increased the cohort by more than 100 young people and adults aged 20-25yrs.

Population projections for Sefton suggest that the younger population will remain relatively stable and it is anticipated that the trend in demand for EHC plans will continue to grow at an average rate of at least **12%** per annum.

Chart 11. Children and young people with a SEN Statement or EHC plan

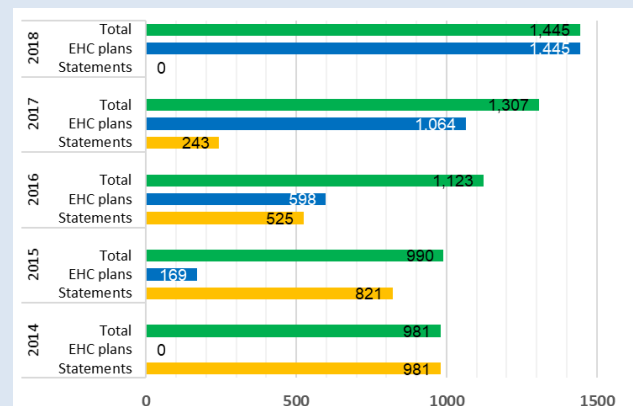
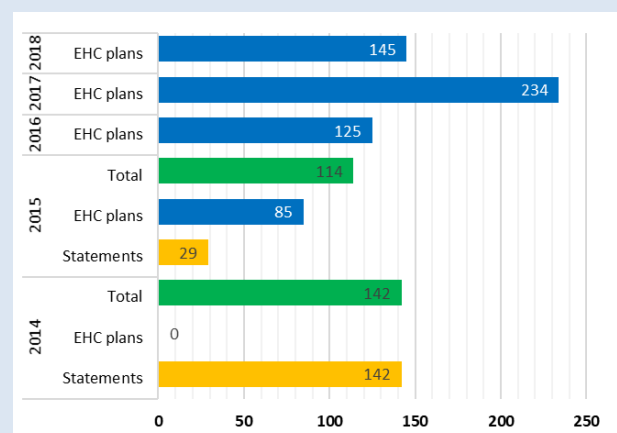


Chart 11 source: Gov.uk National Statistics Statements of SEN and EHC Plans: England 2019: Statistics and analysis on statements of special educational needs (SEN) and education, health and care (EHC) plans in Sefton.

Number of SEN Statements & EHC Plans issued by Sefton (2014 - 2018)

The following chart 12 shows the number of statements and EHC Plans issued annually over the previous five-year period (2014 – 2018). The average number over the five-year period was **152** EHC Plans per annum. Given the backlog of requests carried forward from 2018 to 2019, coupled with the increased number of requested received for assessment to date, it is anticipated that the number of EHC plans issued in 2019 will increase significantly to approximately **338** plans, a projected increase of **233%**.

Chart 12. Number of children and young people with a new statement or EHC plan by calendar year



Percentage of new EHC Plans issued within 20 weeks (2014 - 2018)

Chart 13. Percentage of new EHCP issued within 20 weeks

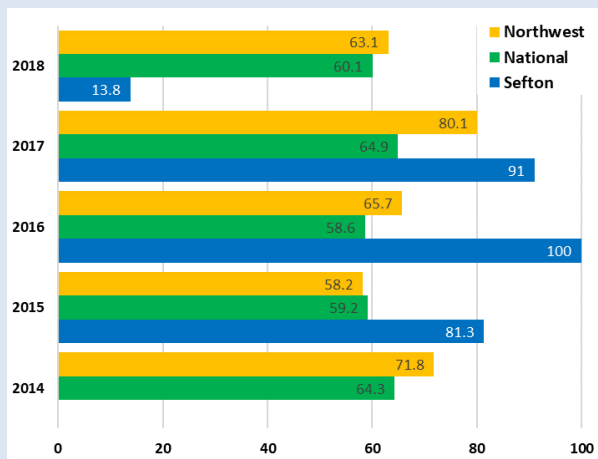


Chart 13 above, shows the percentage of new EHC plans issued within the statutory recommended 20-week period, over the last five years (2014-2018) inclusive.

It shows that Sefton’s overall performance was better than both the national and northwest averages consecutively for 2015, 2016 and 2017, at a three-year average of **90.8%**. However, this performance dropped significantly in 2018 to **13.8%**. In 2019, at the time of the Ofsted/CQC revisit to monitor progress against the written statement of action (WSOA), the performance had dropped to **3%**.

Since the beginning of July 2019 targets have been set to completed the backlog of EHCP requests by December 2019 also to ensure, as far as reasonably practical, that all new requests for assessment received since the 1st July 2019 are completed within the statutory recommended 20-week period. The number of EHC Plans being finalised in each month is increasing and the percentage completed within the statutory recommended 20-week period is also increasing. It is very unlikely that the Council’s overall performance for those EHC Plans being finalised within a 20-week period will exceed **30%** because of the delay’s incurred by accumulating the backlog of assessments. However, the local system will be able to demonstrate sustained improvement on the number of finalised plans and the timeliness of completing assessment and plans.

SEN Appeals

Parents, carers and young people can appeal to the Special Educational Needs and Disability Tribunal if they disagree with a decision that Sefton Council has made about an education, health and care (EHC) Plan.

Disagreement Resolution in Sefton is provided by Global Mediation. The percentage of cases going to tribunal following mediation has fluctuated in Sefton, 33.3% in 2016 (compared to 24.9% Nationally) went to tribunal, 44.4% in 2017 (nationally this was 25.3%) and 20% in 2018 (nationally 25.2%).

Reported Council Expenditure on SEND (2014 - 2018)

Chart 14. Reported Expenditure (SEN - S251 outturn)

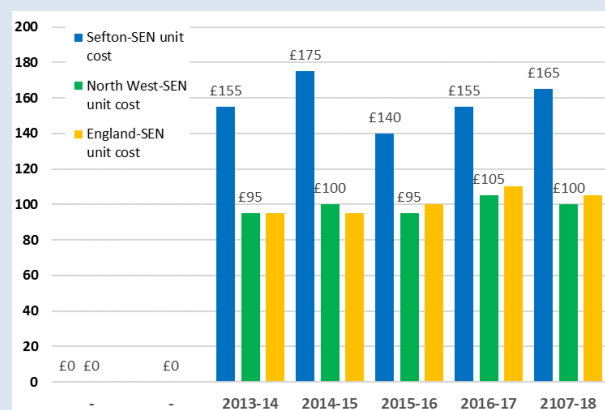


Chart 14 above shows the average spend per week per child/young person for whom the local authority maintains an EHC Plan. The metrics show the reported expenditure in Sefton over the previous four financial year period (2014 – 2018). The figure is based on the total reported weekly expenditure on SEND for the local authority, divided by the number of pupils with statements or EHC plans.

In Sefton, this figure was **£165** per week per child, compared to the average for all English single tier and county councils of **£105** and a Northwest average of **£100**. This includes the cost of support services, direct payments, specialist transport, administration, assessment, coordination and monitoring.

The figures suggest that Sefton spent approximately **£3.3m** more than all English single tier and county councils over the typical 38-week

academic year in 2017/18 for those 1,445 children and young for whom it maintains and EHC plan.

Table.5 below shows a summary of the 2018/19 financial year spend on high needs funding in Sefton.

High needs funding is intended to provide the most appropriate support package for children and young people (from early years up to aged 25) with special educational needs and/or disabilities (SEND) in a range of settings, taking account of parental and student choice.

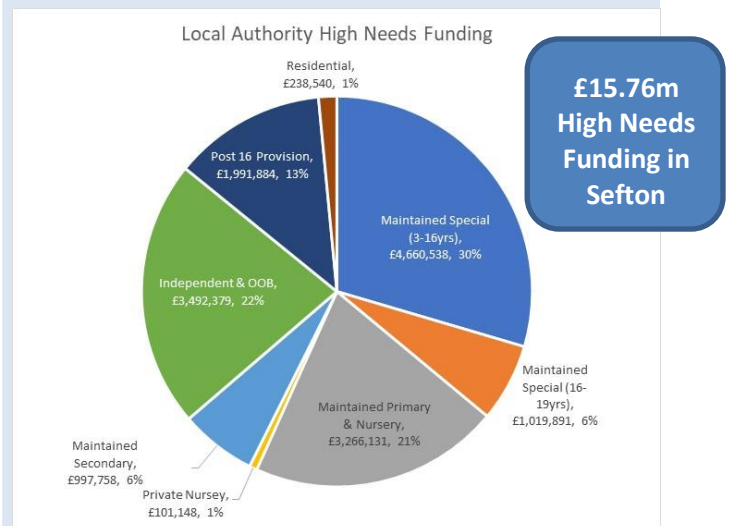
Table 5. 2018/19 High Needs Funding in Sefton

Spend Analysis (2019)			
Setting	Age	Qty.	£ Total
Maintained Special	(3 - 16)	504	£4,660,538
Maintained Special	(16 -19)	121	£1,019,891
Maintained Primary & Nursery	(3 - 11)	611	£3,266,131
Private Nursey	(2 - 5)	48	£101,148
Maintained Secondary	(11 - 16)	182	£997,758
Independent & OOB	(3 - 19)	75	£3,492,379
Post 16 Provision	(16 - 24)	158	£1,991,884
Residential	(5-16)	4	£238,540
			1703 £15,768,269

- **£5.68m (36%)** of the spend is attributed to 625 pupils (aged 3-19yrs) educated in the local authority's five special schools, at an average cots of £8,838 per pupil.
- **£3.49m (22%)** of the spend is attributed to 75 children and young people (aged 3-19yrs) who are educated out of borough or at an independent setting, at an average cost of £49,700 per annum.
- **£3.27m (21%)** is attributable to 'top-ups' for 611 pupils (aged 3-11yrs) across the Seftonmaintained nursery and primary schools, at an average cost of £5,346 per pupil.
- **£1.22m** is attributed to 215 children with maintained EHC Plans. £1.85m is attributed to 357 children receiving 'SEN support'. A further £200k is attributed to 39 children who's SEND requirement is not recorded, a matter that is currently beign adressed.
- **£1.99m (12.7%)** is attributed to 158 students (aged 16-24yrs) who are educated at post-16 provision both within and outside of the borough. Allocations vary significantly for individual students, ranging from £97 to £197,678 per annum.

- **(6.3%)** is attributable to 'top-ups' for 182 pupils (aged 11-16yrs) across the Sefton maintained secondary schools, at an avergae cost of £5,482 per pupil. £559k is attributed to 95 young people with maintained EHC plans. £408k is attributed to 82 children receiving 'SEN support'. A further £30k is attributed to 5 young people who's need is not classified, a matter that is currently beign adressed.
- **£238.5k (1.5%)** is attributed to 4 children and young people (aged 5-16yrs) who are educated at specialist residential provision, at an avergae cost of £59,635 per pupil.
- **£101k (0.64%)** is attribtue to 48 children attending private nursery provisions for a collective total of 684 hours of childcare per week, at an average cost of £9.05 per hour.

Chart 15. 2018/19 High Needs Funding in Sefton



Whilst the annual expenditure on children and young people with special educational needs and/or disabilities (SEND) has increased by an overall figure of 17.7% between 2014 and 2018, the2018/19 high needs budget overspent by £2.3m. In September 2019, the National Audit Office highlighted that *nationally funding has not kept a pace with demand, with a reduction of 2.5 % in real terms from 2013/14 – 2017/18*. This highlights the acute need to ensure that the local area maximised the opportunity for and the value of integrated expenditure available.

It is anticipated that the demand against the high needs block of the Sefton dedicated schools grant (DSG) will continue to grow, accounting for the

12% forecast growth in demand for EHC Plans. It is estimated that the growth could be approximately 6% (£936k) per annum.

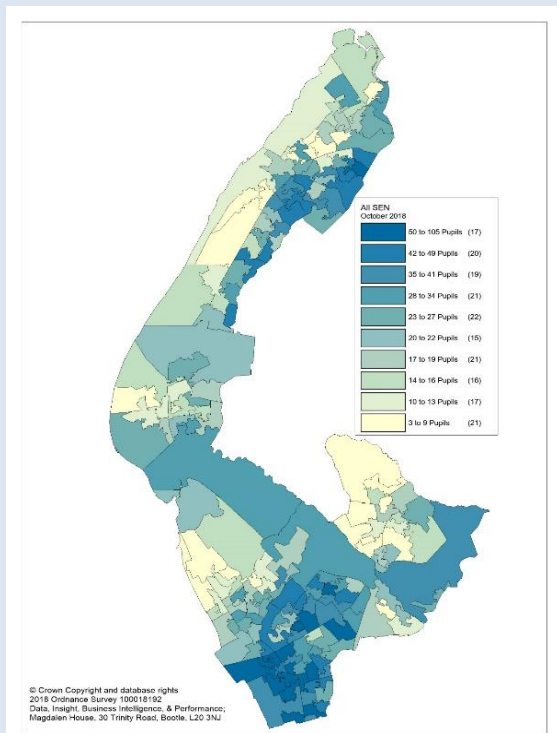
Sefton SEND Cohort by Locality

Maps 1 to 4 show the distribution of the children and young people with special educational needs and/or disabilities (SEND) in Sefton, including total need (Map 1), those for whom the local authority maintains and EHC Plan (Map 2), those receiving SEN Support in a maintained school setting (Map 3) and the distribution of high needs funding (Map 4).

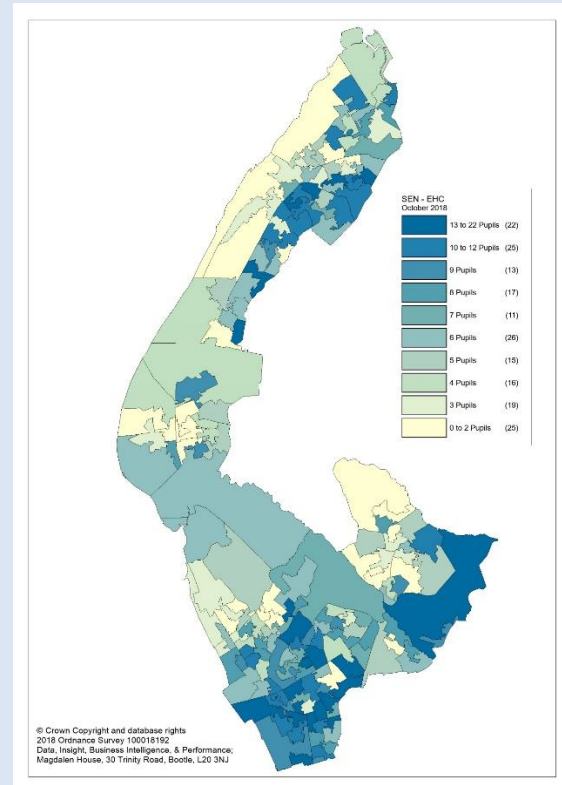
Although there is some disparity between the most deprived and most affluent areas across the borough, the distribution of SEND largely follows that of the general child population.

In Linacre Ward for example we see 12% of all SEN Children and 136 children and young people with a EHC Plan whereas Birkdale Ward sees 8.7% and 65 Children. This demonstrates the need for locality based commissioning, exploring opportunities for co-location of services, matrix management, locality aligned staff, and locality focussed needs analysis and strategic response.

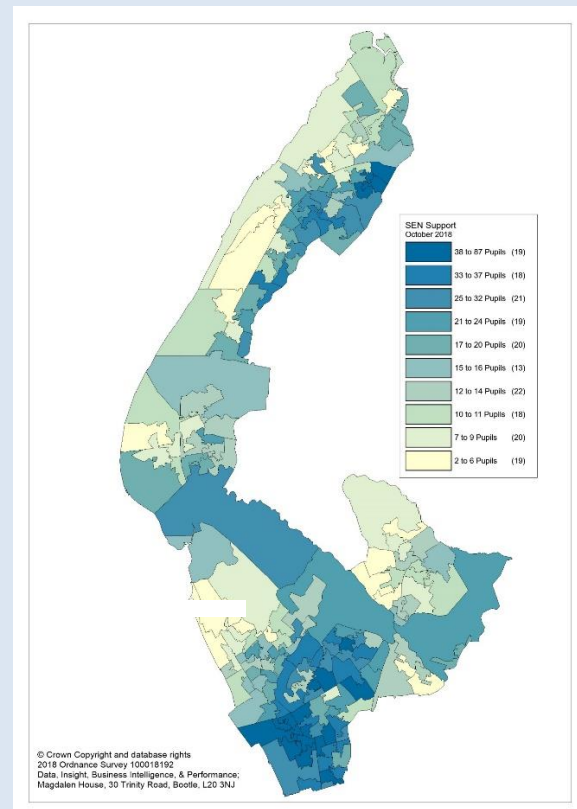
Map 1. Sefton SEN cohort, including EHC Plan and SEN Support (count by LSOA)



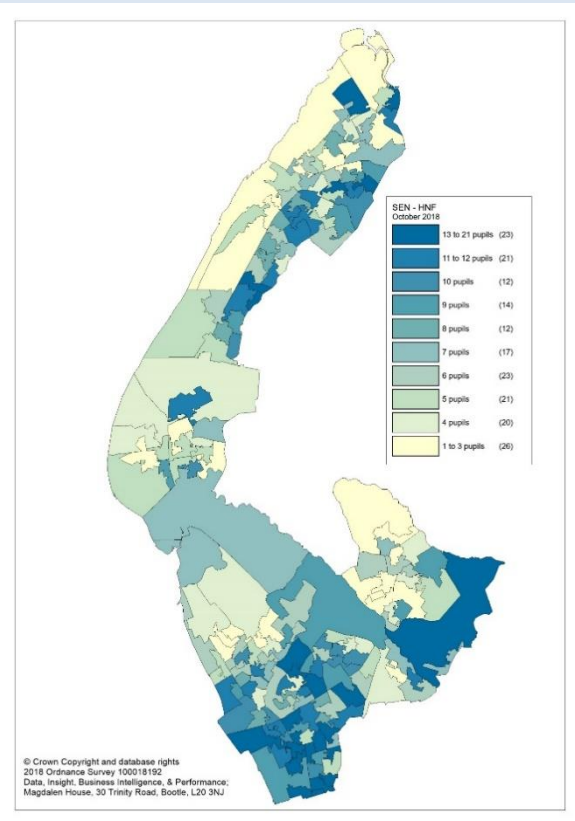
Map 2. Sefton SEND cohort with an EHC Plan (count by LSOA)



Map 3. Sefton SEND cohort receiving SEN Support (count by LSOA)



Map 4. Sefton SEND cohort receiving High Needs Funding (count by LSOA)



Sefton School SEN population educational outcomes

The percentage of children receiving 'SEN support' at KS2 meeting expected standards in reading, writing and maths is moderately below national and statistical neighbour averages, although progress scores at KS2 are positive and above national and statistical neighbour averages,

Those children with an EHC Plan at KS2 meeting expected standards in reading, writing and maths is significantly below national and statistical neighbour averages.

The progress scored at KS2 are also below national and statistical neighbour averages.

Children with an EHC plan at the end of key stage 2 are making better progress in reading, writing and mathematics than at the time of the last inspection. In reading, the progress made is better than for similar pupils nationally. In writing, the progress made is improving but still lags

significantly behind the national average. In mathematics, improvements are inconsistent.

The Attainment 8 score for young people receiving 'SEN support' at KS4 is moderately below national and statistical neighbour averages.

The Attainment 8 score for young people with an EHC Plan at KS4 is marginally better than national and statistical neighbour averages.

Progress 8 scores for both young people receiving 'SEN support' and those with an EHC Plan at KS4 are broadly like their peers nationally, but below statistical neighbour averages.

The percentage of KS4 SEN pupils with an EHC plan going to, or remaining in education & employment/training overall is above national and statistical neighbour averages. However, the percentage of KS4 SEN pupils who received 'SEN support' in secondary school going to, or remaining in education & employment/training overall is marginally below National and statistical neighbour averages.

This is illustrated in Chart.16.

Agenda Item 5

Distribution: Confidential- working draft

Chart 16. 2018/19 High Needs Funding in Sefton

The metrics below show the range of educational and other outcomes for Sefton children and young people with special educational need and/or disabilities (SEND), compared to statistical neighbours and national comparators.

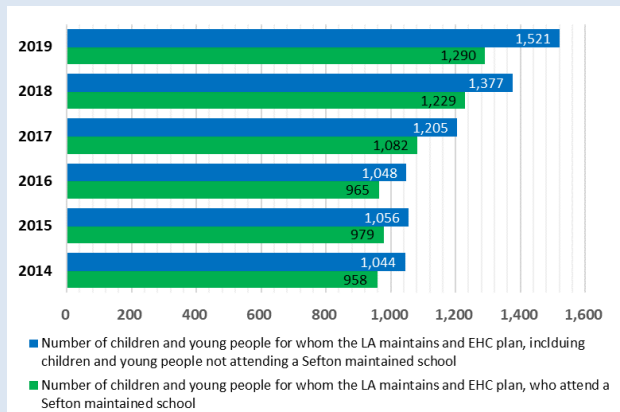
	2015/16 (Sefton)	2016/17 (Sefton)	2017/18 (Sefton)	Statistical Neighbour Comparison	National Comparison
Percentage of children achieving expected standard at Key Stage 2 in Reading, Writing and Maths for pupils with EHCP	8.00%	5.00%	1.00%	10.20%	9.00%
Percentage of children achieving expected standard at Key Stage 2 in Reading, Writing and Maths - SEN pupils without EHCP	10.00%	15.00%	21.00%	24.50%	24.00%
Progress scores at Key Stage 2 in Reading for pupils with EHCP	not available	-3.00	-4.50	-3.15	-3.80
Progress scores at Key Stage 2 in Writing -for pupils with EHCP	not available	-6.10	-6.70	-4.10	-4.10
Progress scores at Key Stage 2 in Maths - for pupils with EHCP	not available	-3.10	-6.20	-3.47	-3.80
Progress scores at Key Stage 2 in Reading - SEN pupils without EHCP	not available	-0.70	1.10	-0.44	-1.00
Progress scores at Key Stage 2 in Writing - SEN pupils without EHCP	not available	-2.40	-1.60	-1.55	-1.80
Progress scores at Key Stage 2 in Maths - SEN pupils without EHCP	not available	0.30	1.00	-0.45	-1.00
Average Attainment 8 score per pupil at end of Key Stage 4 for pupils with EHCP	17.30	12.80	14.30	13.34	13.50
Average Attainment 8 score per pupil at end of Key Stage 4 for SEN pupils without EHCP	33.50	30.40	29.50	32.20	32.20
Average Progress 8 score per pupil at end of Key Stage 4 for pupils with EHCP	-0.95	-0.97	-1.12	-1.12	-1.09
Average Progress 8 score per pupil at end of Key Stage 4 for SEN pupils without EHCP	-0.63	-0.32	-0.70	-0.49	-0.43
Percentage of SEN children and young people who are persistent absentees - with an EHCP	0.82	0.88	0.79	not available	not available
Percentage of SEN children and young people who are persistent absentees - without EHCP	2.34	2.35	2.59	not available	not available
Percentage of SEN children and young people who are subject to a fixed term exclusion - with an EHCP	0.27	0.30	0.23	not available	not available
Percentage of SEN children and young people who are subject to a fixed term exclusion - without an EHCP	0.63	0.67	0.72	not available	not available
Percentage of SEN children and young people who are subject to a permanent exclusion - with an EHCP	0.00	0.00	0.00	not available	not available
Percentage of SEN children and young people who are subject to a permanent exclusion - without an EHCP	0.02	0.07	0.04	not available	not available
Percentage of KS4 SEN pupils with an EHCP going to, or remaining in education & employment/training overall	86.00%	92.00%	92.00%	91.80%	91.00%
Percentage of KS4 SEN pupils without EHCP going to, or remaining in education & employment/training overall	90.00%	89.00%	85.00%	89.00%	88.00%
% KS4 SEN pupils with EHCP going to, or remaining in education & employment/training overall (inc special schools)	not available	92.0%	89.0%	90.0%	90.0%
% KS4 SEN Pupils With SEN Support going to, or remaining in education & employment/training overall (inc special schools)	not available	89.0%	85.0%	89.0%	88.0%
16-17 yr olds with SEN in education & training, as at 31 December	87.2%	85.3%	84.4%	86.5%	88.5%
Percentage of KS4 SEN cohort in Education, Employment or Training at 17	90.0%	89.0%	86.0%	89.2%	89.0%
Percentage of KS4 SEN cohort in Education, Employment or Training at 17 (inc special schools)	not available	90.0%	86.0%	89.2%	89.0%
%19 year olds qualified to Level 2, inc English & Maths - with EHCP	16.8%	17.3%	13.8%	14.5%	14.8%
%19 year olds qualified to Level 2, inc English & Maths - SEN pupils without EHCP	34.9%	32.6%	31.5%	35.4%	35.6%
%19 year olds qualified to Level 3 - with EHCP	15.0%	18.3%	12.1%	12.3%	13.2%
%19 year olds qualified to Level 3 - SEN pupils without EHCP	21.0%	34.2%	28.2%	29.8%	30.8%

Sefton local SEN statistics (2019)

Further analysis of the placement information for children and young people with special educational need and/or disabilities (SEND) taken at the beginning of each financial year, shows that the number of children and young people for whom Sefton maintained an EHC plan increased to **1,521** in April 2019. The following chart shows a summary of the growth in EHC Plans maintained by the local authority, with a continuing upward trend.

A further snapshot of data taken at the beginning of July 2019 shows that the number of children and young people for whom the authority provides 'SEN support' in schools had increased to **4,298** and the number of children and young people for whom Sefton maintains an EHC plan had increased to **1,584**.

Chart 17. Children and young people with an EHC plan (April 2019).



Equality & Diversity

The protected characteristics for the cohort of children and young people with special educational need and/or disabilities (SEND), as outlined in the Equality Act (2010) as described below.

Chart 18. Children and young people with an EHC plan (Gender)

SEN Need	Cohort	Gender	
		Female	Male
Autistic Spectrum Disorder	624	106	518
Behavioural, Emotional and Social Difficulty	12	2	10
Hearing Impairment	13	4	9
Moderate Learning Difficulty	274	106	168
Multi-Sensory Impairment	3	2	1

Other Difficulty/Disability	6	2	4
Physical and Medical Difficulty	5	2	3
Physical Disability	39	15	24
Profound & Multiple Learn Difficulty	18	11	7
Severe Learning Difficulty	173	58	115
Social, Emotional and Mental Health	223	40	183
Speech, Lang or Communication Difficulty	109	26	83
Specific Learning Difficulty	74	25	49
Visual Impairment	11	7	4
Sefton SEN EHCP Cohort	1,584	406	1,178

Chart 18 shows that there are significantly more males than females for whom the local authority maintains and EHC plan, with males accounting for over **74.3%** of the cohort.

The age distribution for those 1,584 children and young people for whom the local authority maintains an EHC plan is:

- 29 (**less than 2%**) are under the age of five
- 425 (**27%**) are aged 5-10yrs.
- 628 (**40%**) are aged 11-15yrs,
- 350 (**22%**) are aged 16-19yrs and
- Noticeably 152 (**10%**) of EHC Plans were for young people and adults aged 20-25yrs.

This shows a slight rise in the number of 5-10yr olds, a maintained percentage of 11-15yr olds, a reduction in the number of 16-19yr olds and an increase in the number of 20-25yr olds from the January 2019 analysis.

91% of the cohort of children and young people with special educational need and/or disabilities (SEND) are classified as 'white/British', with less than **6%** classified as other nationality and **3%** unclassified.

Only **4%** of the cohort have English as an additional language.

Chart 19. Children and young people with an EHC plan (Ethnicity)

SEN Need	Ethnicity WBRI	Ethnicity Other than WBRI	Ethnicity NOBT / REF / Blank
Autistic Spectrum Disorder	568	33	23
Beh., Emotional and Social Diff	11	1	0
Hearing Impairment	12		1
Moderate Learning Difficulty	260	13	1



Multi-Sensory Impairment	3	0	0
Other Difficulty/Disability	6	0	0
Physical and Medical Diff	5	0	0
Physical Disability	34	3	2
Profound & Multiple Learn Diff	18	0	0
Severe Learning Difficulty	146	16	11
Soc., Em. and Ment. Health	203	13	7
Speech, Lang or Comm. Diff	91	15	3
Spl. Learning Diff(Dyslexia)	72	1	1
Visual Impairment	10	1	
Sefton SEN Cohort	1,439	96	49

Specialist Transport

Parents and carers are responsible for ensuring that their children attend school regularly and on time. Most pupils in Sefton.

- walk to school, accompanied, if necessary, by a parent/carer; or
- travel to school on public transport; or
- are driven to school by parents.

Wherever possible the local authority expects parents to make similar arrangements for children and young people with special educational need and/or disabilities (SEND) attending mainstream schools. However, the local authority has a statutory duty, and in appropriate circumstances discretionary powers, to help with home to school travel, based on a pupil’s individual needs and circumstances. The following chart shows the number of children and young people (aged 5-16yrs) with special educational needs and/or disabilities (SEND) who received specialist transport provision over the last four-year period:

Chart 20. Children and young people with an EHC plan (Specialist Transport Provision)

Academic Year	C&YP (5-16yrs)
2014-15	399
2015-16	469
2016-17	557
2017-18	640

The chart illustrates a growth in demand of over **160%** over the four-year period for the 5-16yrs cohort.

In 2019 Sefton Council is providing specialist transport provision for:

- 725 5-16 year olds with SEND
- 123 post-16 with SEND

This is an overall increase of 3.4% on the 2018 academic year, from a total of 820 last year to 848 this year.

A Personal Transport Budget (PTB) is funding which can be paid to families to help get their child (who has special educational needs or disabilities (SEND)) to school or college, rather than their child travelling on a vehicle contracted by the Council. There are currently 100 children and young people in receipt of a personal transport budget, an increase of 43% on the previous 70 last year.

However, Children and young people with special educational needs and/or disabilities (SEND) who attended the Youth Participation Conferences have said that they would like further support in travel training.

Sefton Aiming High

Disabled children in Sefton & their families are supported by Aiming High for Disabled Children. Aiming High for Disabled Children is a Sefton Council service that ensures disabled children, young people and their families have the same access to fun, fulfilling activities and life chances as those without disabilities by providing specially tailored sessions during term-time and holidays that young people can access and specialist support when our young people reach key 'transition points', such as moving from education into employment.

On average 234 children and young people attend, with an average of 1,847 visits; more than 8,773 hours of provision. The total number of visits increases to an average of 2,365 days including parents and siblings at Family Days, increasing the provision to 11,329 hours. On average 99 staff are engaged in the Aim Higher provision, working 6,220 casual hours to support the programme at a cost of £59,894. 12 regular volunteers also contribute 636 hours of time to the cause.

Short Breaks in Spirngbrook Residential Unit

Springbrook's primary role is to provide short residential breaks to disabled young people usually between the ages of 8-17 years who have been identified as needing such a service by a Social Worker assessment. Springbrook can accommodate up to 5 young people at any one time, dependant on the assessed care needs of individual people. Pre-planned stays are available for two to three nights to young people, male or female, between the ages of 8 and 17yrs with a learning difficulty.

There is a rolling programme of stays and an allocation group for the young person, devised on age and on compatibility for young people, so they can mix with others with similar interests and needs.

The residential unit is committed to offering individualised programmes of stays for service users in a homely, friendly, fun environment.

40 young people currently make use of the residential unit and on average a total of 871 nights stay is offered each year, equating to 16, 558 hours of provision.

Qualitative Evaluation of Sefton's SEND Provision

In December 2018 Edge Hill University completed a Consultative Qualitative Evaluation of the local are SEND provision in Sefton.

The report highlights the lack of accessibility and consistency in provision within the community, especially around travel.

The participants reflected low awareness of SEND issues in the community and in general for teachers and health professionals suggesting the need for a wide spread training programme.

The report highlights long wait times, cancelled appointments and inadequate pathways in our Health offer. There is a highlighted need for greater use of adaptations and equipment in the home to ensure the home is viewed as a safe environment for children and young people with SEND. The results call for a greater and wider

range of activities that are equitably spread across the borough to help address the identified growing need to address social isolation.

The report calls for an increase in mainstream school's capacity to adequately support and make reasonable adjustments for children with SEND. The report suggests a rise in electively home educated children and young people with special educational needs and/or disabilities (SEND). The latest statistics on this show an overall rise of 100 Children educated at home from January 2016 to June 2019 (from 0.23% to 0.49% of the school population), and of these children and young people home educated, 8% cited SEND provision as the reason.

The report calls for the need for children and young people and their families to feel they are being listened to. Transitions from primary to secondary school is highlight as inadequate. There is a call for the local offer to co-ordinate child health and education professionals better to improve communication, such as child health and wellbeing hubs.

Between October 2018 and January 2019 WAVES consultants were commissioned to review high needs funding in Sefton, with the local joint commissioning arrangements as a line of enquiry. Along with recommendations on educational provision and sufficiency the report made the following recommendations and observations;

- There must be a joint formal commissioning forum bringing together education, health and care, as well as the forum for producing EHCPs, which must consider arrangements for personal budgets, and have a clear structure for decisions making and allocation of responsibilities.
- The report noted an overspend, a rise in out of area placements, a lack of capacity in specialized schools, and a rise in the number of primary school kids receiving support.
- The report recommended building in annual parent carer satisfaction surveys.
- The report notes that inclusion and access to services for BEM groups is not specifically monitored (the SEND Code of practice requires this) and corporately this should be part of Sefton's commitment to Equality. The National

Audit Office report in September 2019 referenced the significance within traveller communities.

- The report noted that there is no information on specialised health care services on the Council’s Local Offer. These are services which are commissioned by NHS England on a regional basis and should form part of the whole pathway commissioning activity.
- Sefton is lacking a Swift Access arrangement protocol. The local offer must publish the Joint Commissioning Strategy and arrangements for joint commissioning and the strategy must consider effective ways of harnessing local community’s needs.

The Youth Participation Conferences held in March 2019 was attended by 117 pupils, representing 22 schools and 2 colleges in Sefton.

On the day children and young people gave their views on the 4 Preparation for adult outcomes.

The comments received suggested that children and young people with a special educational need and/or disabilities (SEND) still feel that they can meet friends in their local community, playing out in the street, in local parks, at youth groups such as Brownies and sporting activities, and on-line.

70% of primary pupils stated they did not attend Aiming High activities with this rising to 83% of the young people aged over 11. It was felt that Aiming High was done through parents and you had to be referred to it. Aiming High needed to be more child/young person friendly, advertising what is on offer to children and young people for example posters up in school.

The participants identified that they would like more sports clubs, youth clubs that they could just opt in to and out of without a referral form.

Within the ‘Transition’ workshop the young people identified several ways in which they were supported at times of transition. They identified that they would like further support in travel training, help with life skills and longer taster sessions in college.

Young people identified many barriers for them gaining employment including academic achievement, health needs and ability to travel independently.

Community Health Activity and Average Waiting Times

Waiting times to access health services such as speech and language therapy, occupational therapy, physiotherapy, autistic spectrum disorder (ASD) diagnostic assessment and community paediatrics were an area of concern during that last SEND inspection and had worsened at the time of the 2019 re-visit.

Below are summary tables of Community Services commissioned by South Sefton Clinical Commissioning Group and Southport & Formby Clinical Commissioning Group. They provide a snapshot of key service activity and demand information.

South Sefton Activity and Average Waiting Times

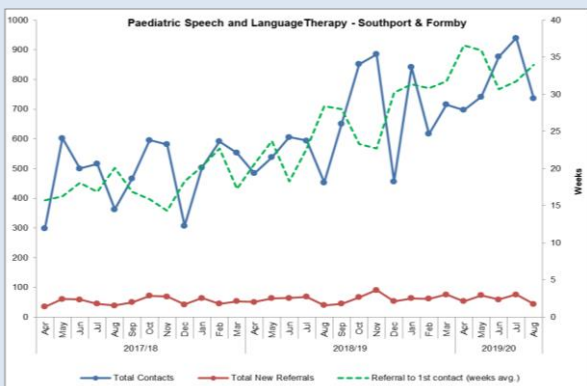
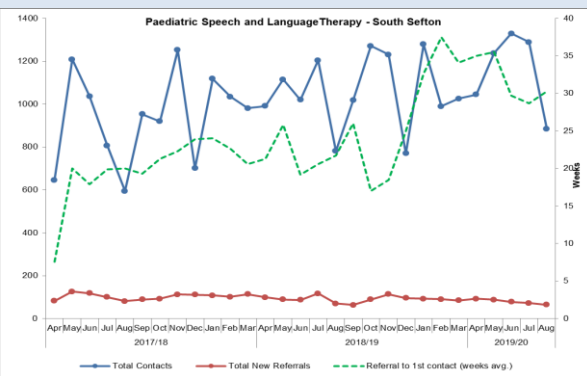
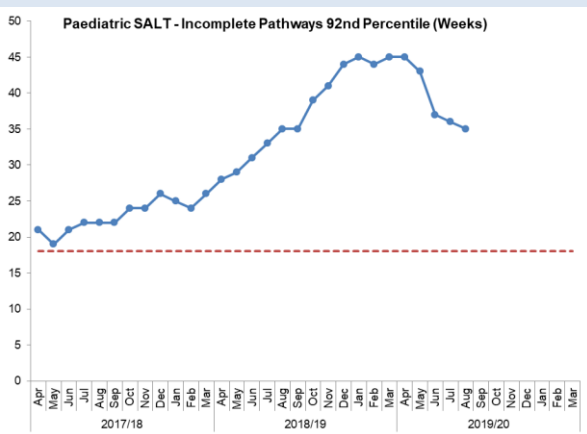
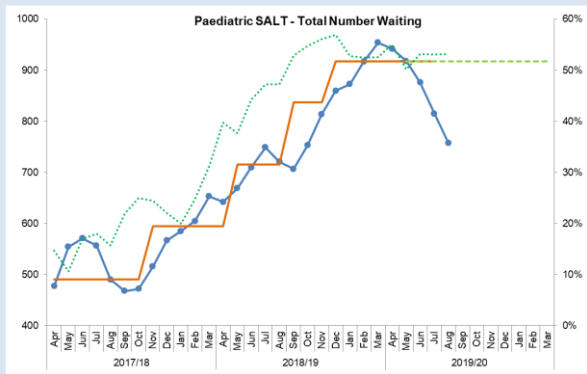
CCG	Service	Measure	2018/19 Outturn	2019/20 Plan	Forecast
South Sefton CCG	Paediatric Continence	Caseload at Month End	264	264	254
		Total Contacts (Domiciliary)	1734	1734	1618
		Total New Referrals	171	171	194
	Paediatric Dietetics	Caseload at Month End	5	5	203
		Referral to 1st Contact (weeks Ave)	8.6	8.6	6.9
		Total Contacts	356	356	487
		Total Contacts (Domiciliary)	64	64	77
	Paediatric Occupational Therapy	Total Contacts (Clinic)	292	292	408
		Total New Referrals	280	280	262
		Caseload at Month End	201	201	139
		Referral to 1st Contact (weeks Ave)	15.9	15.9	12.8
	Paediatric SALT	Total Contacts (Domiciliary)	4878	4878	4006
		Total New Referrals	619	619	535
		Referral to 1st Contact (weeks Ave)	24.8	20	31.8
		Total Contacts (Domiciliary)	12833	12833	13874
Total Contacts Complex Cochlear (N&S Sefton)		507	507	281	
	Total New Referrals	1097	1097	953	
	Total New Referrals Complex Cochlear (N&S S	6	6	0	

Southport & Formby Activity and Average Waiting Times

CCG	Service	Measure	2018/19 Outturn	2019/20 Plan	Forecast
Southport & Formby CCG	Paediatric Continence	Caseload at Month End	212	212	216
		Total Contacts (Domiciliary)	1584	1584	1562
		Total New Referrals	135	135	161
	Paediatric Dietetics	Caseload at Month End	90	90	281
		Referral to 1st Contact (weeks Ave)	8.5	8.5	6.1
		Total Contacts	541	541	718
		Total Contacts (Domiciliary)	40	40	65
	Paediatric Occupational Therapy	Total Contacts (Clinic)	501	501	653
		Total New Referrals	291	291	302
		Caseload at Month End	150	150	118
		Referral to 1st Contact (weeks Ave)	14.3	14.3	13.3
	Paediatric Physiotherapy	Total Contacts (Domiciliary)	3343	3343	3259
		Total New Referrals	566	566	521
		Caseload at Month End	64	64	63
		Referral to 1st Contact (weeks Ave)	5.8	5.8	6.4
Paediatric SALT	Total Contacts (Domiciliary)	6103	6103	4740	
	Total New Referrals	553	553	562	
	Referral to 1st Contact (weeks Ave)	26.1	20	33.9	
	Total Contacts (Domiciliary)	7786	7786	9559	
	Total New Referrals	746	746	739	

Two services: Dietetics and Speech and Language (SALT) are showing notable levels of increased activity in 2019/2020. This reflects increased levels of investment to address either waiting times or access.

Paediatric Speech and Language Therapy (SALT)

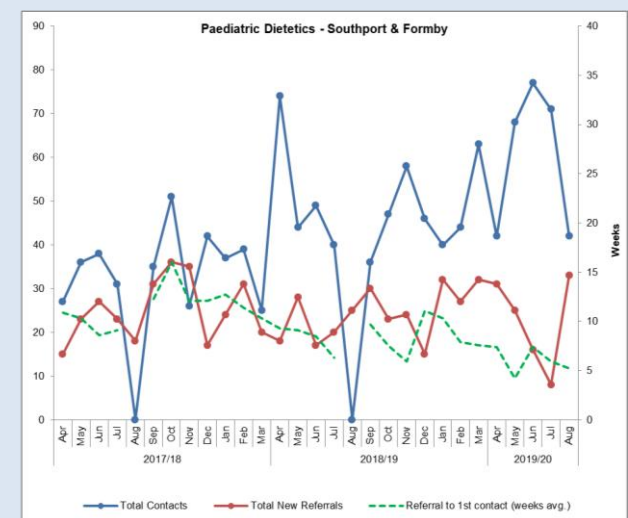
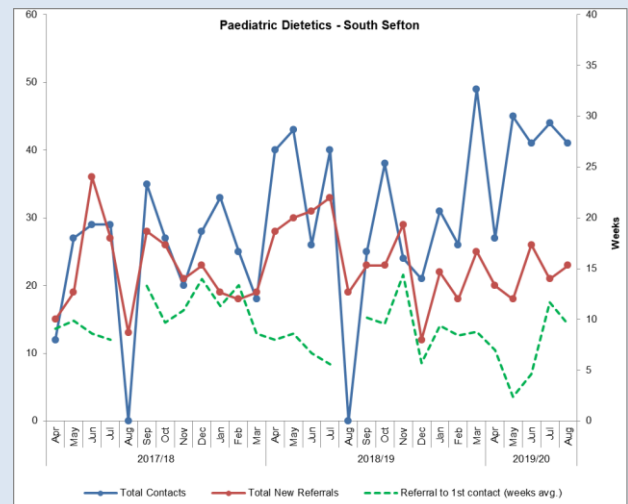


The charts indicate fluctuating referral levels with no sustained increase noted but waiters remain above the 18-week target for Sefton.

There is no pattern of increased referrals, but the number of contacts have risen steadily since 2017/18. This has seen a corresponding increase in the time people are waiting for their first contact. This has risen from below 18 weeks in 2017/18 to 30 weeks +, with more than 50% now waiting more than 18 weeks. This indicates that the capacity of the service has been affected not by increased referrals but increase in the average length or frequency of support.

It should be noted that a reduction in the total number waiting and the percentage of those waiting above 18 weeks has reduced from the start of 2019, this reflects new investment to provide extra capacity to reduce the waiting list and provide recurrent increased capacity. The agreed trajectory is to achieve 18 weeks by February 2020.

Paediatric Dietetics



Since 2017/2018 there has been no notable change in the numbers of new referral. The

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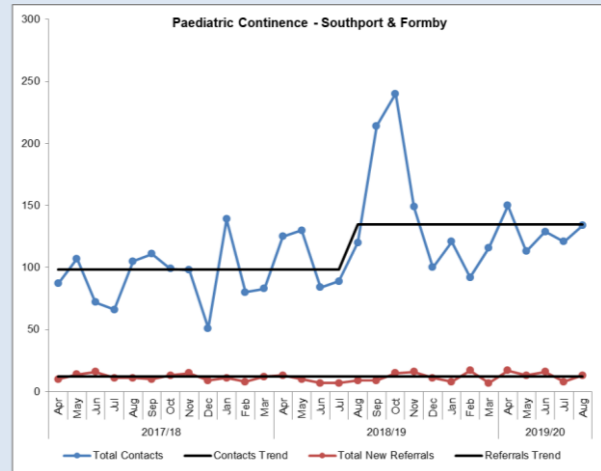
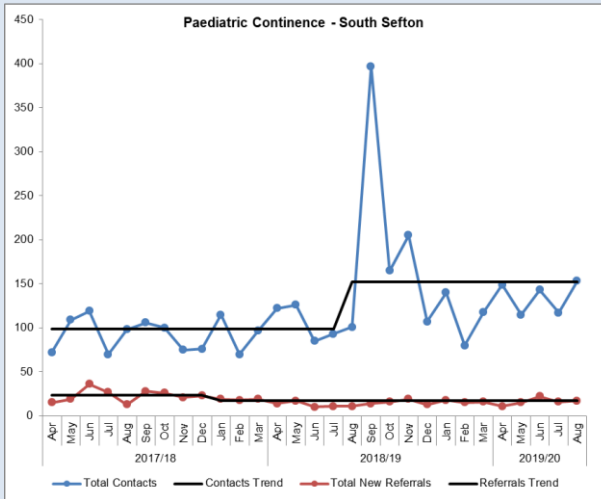
average wait to first contact being under 18 weeks. There has been an upward trend in terms of total contacts in the last 12 months reflecting increased investment in the service to address stability, quality and equity of access.

Dietetics DNAs & Cancellations

	13/14	14/15	15/16	16/17	17/18	18/19	19/20 YTD
Appointments	327	532	429	647	528	698	377
DNA	66	53	41	147	68	116	83
Provider Cancellations	6	0	5	29	0	44	25
Client Cancellations	27	63	63	207	128	184	116
DNA Rate	16.8	9.1	8.7	18.5	11.4	14.3	18.0
Provider Cancellations Rate	1.8	0.0	1.2	4.3	0.0	5.9	6.2
Client Cancellations Rate	7.3	10.6	12.8	24.2	19.5	20.9	23.5

The % of do not attend (DNAs) and patient cancelled appointments is higher than other community services and further investigation of appointment management will need to take place.

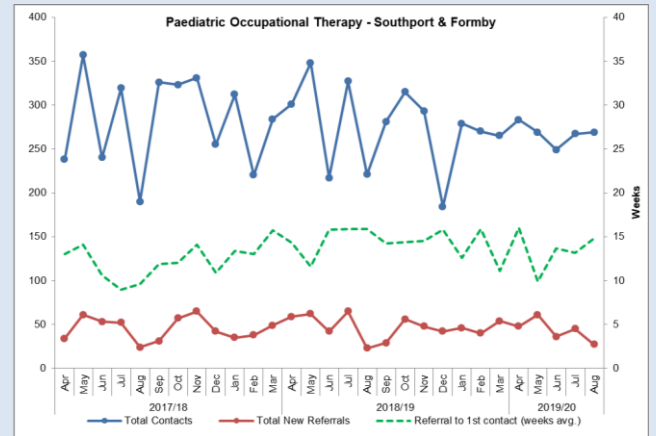
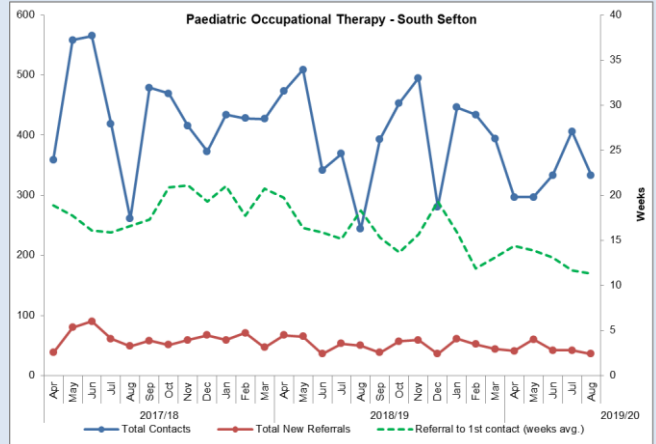
Paediatric Continence



There has been no significant change in demand in new referrals since 2017/18. There is a reported surge in total contact mid-2018, this is

being assigned to a data issue, as the pattern has not been repeated.

Occupational Therapy



There has been no significant change in demand – new referrals since 2017/18. Although referral to first contact has been generally less than 18 weeks, there is a trend of specific improvement in South Sefton.

Children's Wheelchair Services

This is the percentage of children or young people who wait less than 18 weeks for a wheelchair (NHSE commission South Sefton activity).

Waiting Times			
Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
40.0%	57.1%	85.7%	100%

This indicate improved performance and current compliance in the timeliness of issuing wheelchairs.

Paediatric Community Audiology Services – Contacts and Average Waits

Data and information on this service was formally flowed to the CCG from 2019/2020.

South Sefton CCG

	Activity			Av Waiting Time (Weeks)
	New	Follow Up	Total	
Apr-19	25	25	50	21
May-19	25	21	46	18
Jun-19	22	16	38	18
Jul-19	18	14	32	19
Aug-19	18	21	39	18
Sep-19	23	15	38	19
Oct-19	12	18	30	18

Southport & Formby CCG

	Activity			Av Waiting Time (Weeks)
	New	Follow Up	Total	
Apr-19	42	23	65	26
May-19	33	26	59	25
Jun-19	25	42	67	23
Jul-19	49	38	87	22
Aug-19	33	17	50	22
Sep-19	45	20	65	23
Oct-19	28	26	54	23

The current information shows that waits for South Sefton are being managed at around 18 weeks. The service for Southport & Formby was transferred to Alder Hey in the previous year before which there was a gap in provision. This is reflected in the opening wait times, which although over 18 weeks are improving.

Child and Adolescent Mental Health Services

Access to Children & Young People’s Mental Health Services.

There are national targets for increasing how many children and young people are being supported by commissioned NHS community services (Access rates)

	17/18 <u>(target 30%)</u>	18/19 <u>(target 32%)</u>	<u>% increase</u>
South Sefton	23.2%	29.4%	26.7%
Southport & Formby	30.6%	38.1%	24.5%
Sefton-wide	26.9%	33.8%	25.5%

Across Sefton the access rates are exceeding the national target. However, there is a different rate of access between the two CCG areas with Southport & Formby having a notably higher access rate. The rates in South Sefton are improving at a higher rate. In response, increased levels of activity have been commissioned in South Sefton.

Eating Disorders – South Sefton CCG

Routine – 4 Week Wait (100%)

Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
100.0%	90.9%	92.3%	86.96%

Urgent – 1 Week Wait (100%)

Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
100.0%	80.0%	66.7%	50.0%

Eating Disorders – Southport & Formby CCG

Routine – 4 Week Wait (100%)

Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
84.0%	85.2%	84.0%	95.24%

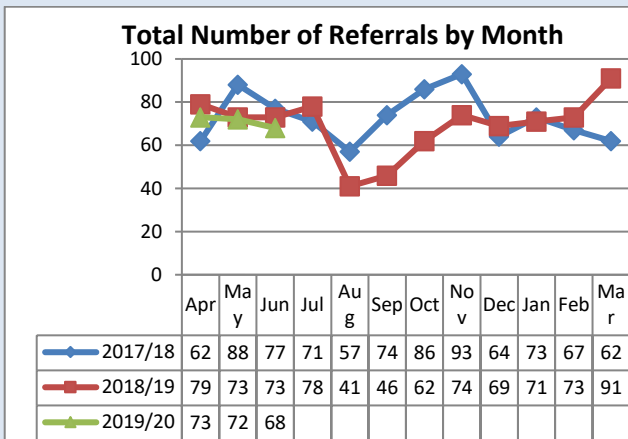
Urgent – 1 Week Wait (100%)

Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
66.7%	66.7%	50.0%	75%

Work is being under taken by the provider to reduce the number who do not attend (DNAs). The service works with small numbers and a single case can create a breach for this KPI, which is understood nationally. Activity commissioned on nationally indicated levels. The last year has seen activity levels exceed these levels by over 100%. Risk is being managed and is part of national reporting.

Nationally there has been a reported increase in demand for these services which is reflected in planned mental health investments flowing to CCGs for this purpose.

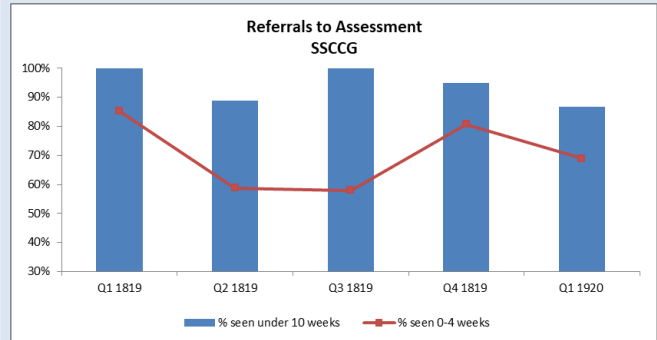
South Sefton CCG CAMHS Referrals



Outcome of Referral	% Of Total Referrals in Time Period				
	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
Declined	57.8%	43.6%	38.5%	41.7%	50.7%
Allocated	12.0%	38.2%	39.5%	33.2%	21.1%
Pending Action	30.2%	18.2%	22.0%	25.1%	28.2%
Total	100%	100%	100%	100%	100%

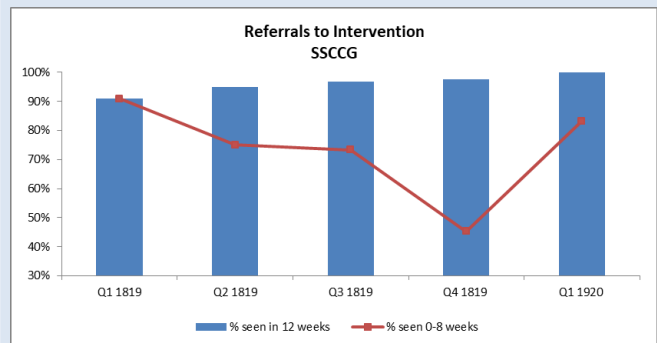
The proportion of referrals received by the service for South Sefton CCG; referrals that were declined has seen a slight decrease from 57.8% in quarter 1 2018/19, to 50.7% in quarter 1 2019/20. The proportion of referrals received that were accepted and allocated was higher in quarter 1 2019/20 (21.1%) compared to 12.0% in quarter 1 2018/19. Fluctuations across quarters have seen a larger proportion of referrals requiring some level of assessment or intervention.

Waiting Times - Referral to Assessment



The proportion of service users waiting less than 10 weeks from the point of referral to an assessment taking place has fluctuated between 87.0% in quarter 1 2019/20 to 100% in quarter 1 2018/19 and quarter 3 of 2018/19. There was a minimum of 58.0% of referrals waiting less than 4 weeks from their referral to assessment; this proportion was at its peak in quarter 1 2018/19 when 85.2% waited less than 4 weeks.

Waiting Times - Assessment to Intervention

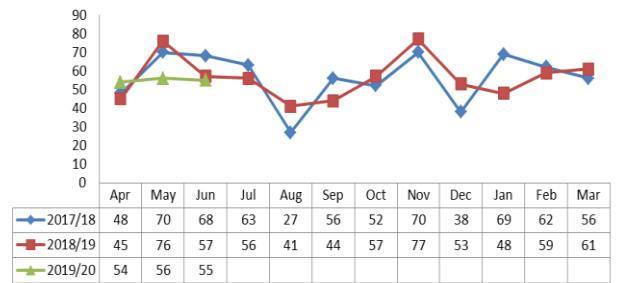


The proportion of referrals where an intervention had taken place waiting less than 12 weeks from referral to intervention has increased slightly across each quarter from quarter 1 2018/19 to the first quarter of 2019/20. The proportion of referrals waiting less than 8 weeks from their referral to intervention has reduced across the quarters of 2018/19 although this increased again in the first quarter of 2019/20.

Southport & Formby CCG CAMHS Referrals

Referrals

Total Number of Referrals by Month

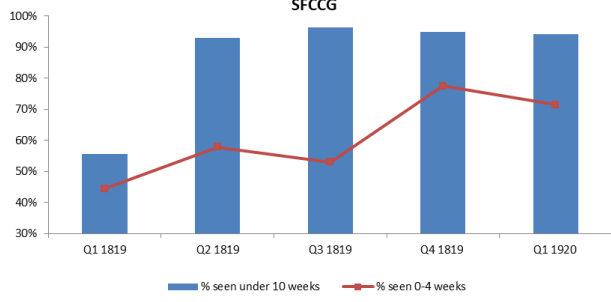


Outcome of Referral	% Of Total Referrals in Time Period				
	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
Declined	53.9%	41.1%	31.6%	48.2%	48.5%
Allocated	30.9%	40.4%	43.3%	28.0%	30.3%
Pending Action	15.2%	18.4%	25.1%	23.8%	21.2%
Total	100%	100%	100%	100%	100%

The proportion of referrals that were declined reduced from the first quarter of 2018/19 from 53.9% to 48.5% in the first quarter of 2019/20. The lowest proportion of referrals declined was during quarter two and three of 2018/19, during this period the proportion of referrals that were allocated and actioned was at its highest (40.4% and 43.3%). Fluctuations across quarters have seen a larger proportion of referrals requiring some level of assessment or intervention.

Waiting Times - Referral to Assessment

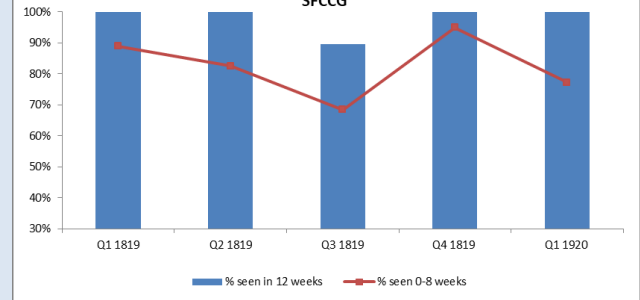
Referrals to Assessment SFCCG



The proportion of referrals that waited under 4 weeks from their referral to assessment taking place has seen an upward trend throughout 2018/19. The proportion of referrals that waited under 10 weeks from referral to assessment saw an increase in quarter 2 2018/19 and has remained above 93% from this point onward.

Waiting Times – Assessment to Intervention

Referrals to Intervention SFCCG



The proportion of referrals that waited less than 8 weeks from their referral to intervention decreased from quarter 1 to quarter 3 2018/19, but subsequently increased in quarter 4. In quarter 1 2019/20 77.3% of all referrals where an intervention took place waited less than 8 weeks from referral to intervention. Throughout 2018/19 and the first quarter of 2019/20, except for quarter 3, all referrals where an intervention has taken place occurred within 12 weeks from referral to intervention.

Although referral rates have not notably increased there has been an increased in the recorded access rates and a possible trend of larger numbers of cases requiring intervention and for longer. This indicates increased demand and pressure on this service.

Summary

The following points have been identified within the main body of this report and highlighted as area of opportunity for future partnership work, inform the Joint Commissioning Strategy for children and young people with special educational needs and/or disabilities (SEND) over the coming years.

- There are **59,066** children and young people in Sefton (age 0-19). Population projections suggest that generally over the next decade Sefton is likely to have a relatively stable younger population but an increasing number of 'older people.'
- **21%** of children and young people in Sefton are living in low income households and **17%** in poverty.
- **40,003** children and young people are educated in Sefton state-funded, maintained nursery, primary, secondary, special schools and pupil referral units (PRUs).
- In July 2019, the number of children and young people for whom the authority provides 'SEN support' in maintained schools had increased to **4,298** and the number of children and young people for whom Sefton maintains an EHC plan increased to **1,584**.
- The average percentage of children and young people receiving 'SEN support' in a Sefton school setting is **10.66%** of the maintained school cohort, compared to a national average of 11.7% and a Northwest average of 11.8%.
- The average percentage of children and young people for whom Sefton maintains an EHC Plan is **2.5%** compared to a national average of 2.9% and a Northwest average of 3%.
- **13.2%** of children in Sefton have an identified special educational need and/or disabilities, compared to an average of 14.6% across all English single tier and county councils and a northwest average of 14.8%.
- There are significantly more male than female children and young people for whom the local authority maintains and EHC Plan, with males accounting for over **74.3%** of the cohort.
- Children and young people aged 11-15yrs account for **40%** of the cohort with an EHC plan.
- Noticeably **10%** of EHC Plans are for young people aged 20-25yrs.
- 91% of the cohort with an EHC Plan are classified as 'white/British'.
- Only **4%** of the cohort with an EHC Plan have English as an additional language.
- In Sefton, only **25%** of children and young people with special educational needs and/or disabilities (SEND), for whom the local authority maintains an EHC plan, are integrating in mainstream school, significantly below the National 47.9%.
- The top 3 primary needs in primary schools are speech, language and communication needs, moderate learning difficulties, social, emotional and mental health needs.
- In secondary schools we see this change to specific learning difficulty (this is at **24.3%** compared to 20.7% nationally), moderate learning difficulty, and social, emotional or mental health needs.
- In our special schools the largest primary need is autism at **44.6%** compared to 28.2% nationally.
- Sefton has seen a considerable **47.3%** rise in number of children and young people with a Sefton maintained EHC plan over the five-year period 2014 – 2018.
- It is anticipated that the number of EHC plans issued in 2019 will increase significantly to approximately 338 plans, an estimated increase of **233%** on the 2018 figure of 145 plans.
- The percentage of new EHC plans issued within the statutory recommended 20-week period, for the three-year period 2014-2017 averaged of 90.8%, but dropped significantly in 2018 to 13.8%. It is very unlikely that the Council's overall performance for those EHC Plans being finalised within a 20-week period will exceed **30%**.
- The percentage of cases going to tribunal following mediation has fluctuated in Sefton, 33.3% in 2016 (compared to 24.9% Nationally)

went to tribunal, 44.4% in 2017 (nationally this was 25.3%) and 20% in 2018 (nationally 25.2%).

- The average local authority spend per week/per child for children in Sefton with an EHCP is significantly higher compared to the average for all English single tier and county councils and the Northwest average, suggesting that Sefton spent approximately **£3.3m** more over the typical 38-week academic year in 2017/18.
- Sefton's high needs funding is £15.76M and it is estimated that the growth in demand could be approximately **6%** (£936k) per annum.
- There are significant variances in the individual funding of the 158 students (aged 16-24yrs) who are educated at post-16 provision within and outside of the borough.
- The percentage of children receiving 'SEN support' at KS2 meeting expected standards in reading, writing and maths is moderately below national and statistical neighbour averages, although progress scores at KS2 are positive and above national and statistical neighbour averages. Those children with an EHC Plan at KS2 meeting expected standards in reading, writing and maths is significantly below national and statistical neighbour averages. The progress scored at KS2 are also below national and statistical neighbour averages.
- The Attainment 8 score for young people receiving 'SEN support' at KS4 is moderately below national and statistical neighbour averages. The Attainment 8 score for young people with an EHC Plan at KS4 is marginally better than national and statistical neighbour averages.
- Progress 8 scores for both young people receiving 'SEN support' and those with an EHC Plan at KS4 are broadly like their peers nationally, but below statistical neighbour averages.
- The percentage of KS4 SEN pupils with an EHCP going to, or remaining in education & employment/training overall is above national and statistical neighbour averages.
- In the last 4 years there has been a **160%** increase in demand for specialist transport

services for the 5-16yrs cohort. 848 children and young people (5-24yrs) receive specialist transport.

- **234** children and young people attend Aim Higher initiatives, with an average of 1,847 visits. However, **70%** of primary pupils who attended the Youth Participation Conferences stated they did not attend Aiming High activities with this rising to **83%** of the young people aged over 11.
- Children and young people with a special educational need and/or disabilities (SEND) who attended the Youth Participation Conferences still feel that they can meet friends in their local community, playing out in the street, in local parks, at youth groups such as Brownies and sporting activities, and on-line. However, the participants identified that they would like more sports clubs, youth clubs that they could just opt in to and out of without a referral form.
- Young people with special educational needs and/or a disabilities (SEND) have said that they would like further support in travel training, help with life skills and longer taster sessions in college.
- Young people with special educational needs and/or a disabilities (SEND) have said that barriers for them gaining employment include academic achievement, health needs and ability to travel independently.
- **40** young people currently make use of the Springbrook residential unit and on average a total of 871 nights stay is offered each year.
- Dietetics and Speech and Language (SALT) community health services are showing notable levels of increased activity in 2019/2020, however the increase is not sustained and the numbers waiting for a service remains considerably above the 18-week target for Sefton to 30 weeks +, with more than 50% now waiting more than 18 weeks.
- Since 2017/2018 there has been no notable change in the numbers of new referral for Paediatric Dietetics, with the average wait to first contact being under 18 weeks. However, the percentage of Do Not Attend (DNAs) and

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patient cancelled appointments is higher than other community services.

- Across Sefton the access rates to Children & Young People's Mental Health Services are exceeding the national target, with a different rate of access between the two CCG areas with Southport & Formby having a notably higher access rate.

Data Appendix

Demographics

Population projections by the Office for National Statistics (ONS) suggest that generally over the next decade Sefton is likely to have a relatively stable younger population but an increasing number of ‘older people’. Figure 1 illustrates the current Sefton population pyramid with its ‘fat middle’. As those people in the current ages 45 to 69 get older they begin to get to an age where they are much more likely to require support from Adult Social Care. This trend of people requiring additional support is likely to last for 25 years or so.

Tables 3, 4, 5 & 6 shows the population projections to 2041. The 0-24yr age groups are going to remain relatively consistent. However, whilst the population projections suggest that the younger population will remain relatively stable this does not mean that there will not be an increased demand for services for younger people support in Adult Social Care. This is because once someone ‘ages out’ of the 0-17 cohort (0-25 SEND) and if they require ongoing support they are likely to stay with a service for a significant period. This cohort of clients with physical or learning difficulties are also living for longer periods. As a result, the continual ‘filing up’ from below means that we will need to be able to support an increased number of people in younger age groups ‘in total’ even though annual demand of those transitioning from 17 to 18 will remain relatively stable.

Table 1. Sefton 2018 Mid-year Population Estimates by 5-Year Age Groups

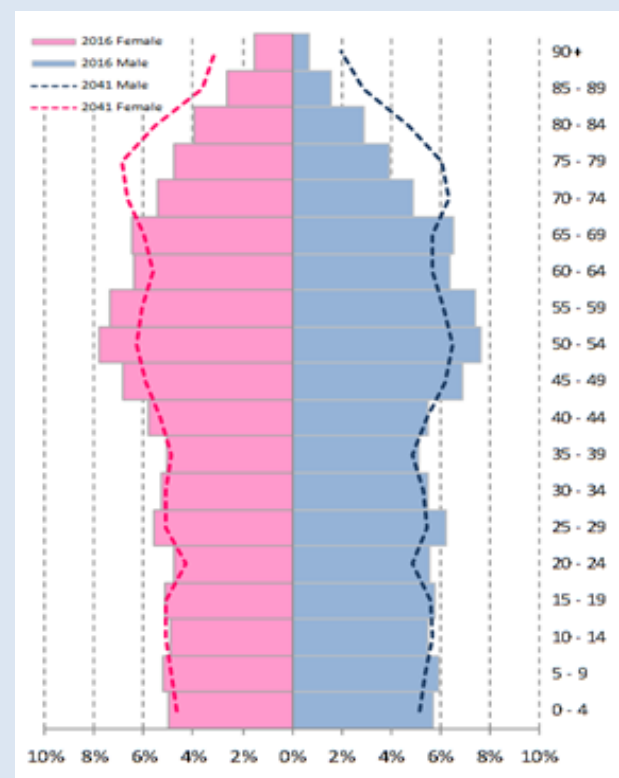
Age Ranges are Inclusive	Males	Females	Total
Early Years & Nursery (Aged 0-3)	5,800	5,500	11,300
Primary School Age (4-11)	12,900	12,100	25,000
Secondary School Age (12-16)	7,400	7,100	14,500
Aged 17-19	4,300	4,100	8,400
Aged 17-25	12,900	11,900	24,900

Table 2. Sefton 2018 Mid-year Population Estimates by 5-Year Age Groups

Age Group	Males	Females	Total	% of Total
0 - 4	7,400	7,000	14,400	5.2
5 - 9	8,100	7,500	15,600	5.7
10 - 14	7,700	7,300	14,900	5.4
15 - 19	7,200	6,900	14,200	5.2
20 - 24	7,000	6,500	13,500	4.9
25 - 29	8,100	7,800	15,900	5.8
30 - 34	7,400	7,900	15,300	5.6
35 - 39	7,100	7,700	14,800	5.4
40 - 44	6,800	7,600	14,400	5.2
45 - 49	8,700	9,500	18,300	6.6
50 - 54	9,800	10,700	20,500	7.4
55 - 59	10,100	10,800	20,900	7.6
60 - 64	8,900	9,800	18,700	6.8
65 - 69	8,100	8,600	16,700	6.1
70 - 74	7,600	8,600	16,200	5.9
75 - 79	5,300	6,700	12,000	4.4
80 - 84	4,100	5,800	9,900	3.6
85 - 89	2,200	3,800	6,000	2.2
90+	900	2,300	3,300	1.2
Total	132,500	142,900	275,400	

Rounded to nearest 100

Figure 1. Sefton Population Pyramid and 2041 Projections



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Table 3. Sefton 2016 Based Population Projections by 5-Year Age Groups

Age Group	2016	2020	2025	2030	2035	2040	2041
0-4	14,700	14,400	14,300	14,000	13,600	13,900	14,000
5-9	15,300	15,700	15,300	15,200	14,900	14,600	14,600
10-14	14,200	15,500	16,300	15,800	15,800	15,500	15,400
15-19	15,000	13,700	15,000	15,700	15,300	15,300	15,200
20-24	14,300	13,000	11,600	12,800	13,500	13,100	13,100
25-29	16,300	15,700	14,200	12,900	14,300	15,000	14,900
30-34	14,800	15,800	15,700	14,300	13,100	14,500	14,800
35-39	14,000	15,200	16,300	16,300	15,000	13,800	13,900
40-44	15,700	14,300	15,900	17,000	17,000	15,700	15,400
45-49	19,000	16,900	14,800	16,400	17,500	17,600	17,200
50-54	21,100	19,400	17,200	15,100	16,800	17,900	18,300
55-59	20,300	21,600	19,600	17,500	15,500	17,200	17,300
60-64	17,600	19,400	21,400	19,600	17,500	15,600	16,000
65-69	17,900	16,900	19,000	21,000	19,300	17,400	16,600
70-74	14,300	16,700	16,000	18,100	20,100	18,700	18,600
75-79	12,000	12,500	15,100	14,600	16,600	18,600	18,400
80-84	9,500	9,800	10,300	12,700	12,400	14,200	14,700
85-89	5,800	6,300	6,700	7,300	9,200	9,200	9,400
90+	3,100	3,500	4,100	4,700	5,500	7,100	7,300
All ages	274,900	276,100	278,600	280,900	282,900	284,700	285,000

Table 4. Sefton 2016 Based Population Projections by Child-level Age Cohorts

Age Ranges are Inclusive	2025	2030	2035	2040	% Change
Early Years & Nursery (Aged 0-3)	11,300	11,000	10,800	11,000	- 2.65
Primary School Age (4-11)	24,700	24,400	23,900	23,500	- 4.86
Secondary School Age (12-16)	16,300	16,100	16,000	15,800	- 3.07
Aged 17-19	8,600	9,100	8,800	8,900	3.49
Aged 17-25	22,800	24,600	25,300	24,900	9.21

Table 5. Sefton 2017 Based Small Area Population Estimates by 5-Year Age Groups

Ward	Total	Age Group						% 75+
		0-17	18-34	35-49	50-64	65-74	75+	
Ainsdale	12,700	2,200	1,800	2,000	2,700	2,000	1,900	15.0
Birkdale	12,900	2,800	2,400	2,400	2,800	1,400	1,100	8.5
Blundellsands	11,200	1,900	1,800	1,900	2,700	1,500	1,400	12.5
Cambridge	12,100	1,400	1,800	1,700	2,600	2,000	2,600	21.5
Church	11,900	2,200	2,600	2,300	2,700	1,200	900	7.6
Derby	12,600	2,900	2,800	2,300	2,600	1,200	900	7.1
Duke's	13,900	2,000	2,400	2,300	2,900	1,900	2,400	17.3
Ford	12,700	3,000	2,600	2,300	2,600	1,100	1,000	7.9
Harington	11,700	2,000	1,400	1,800	2,500	1,900	1,900	16.2
Kew	13,000	3,000	2,600	2,400	2,700	1,200	1,100	8.5
Linacre	13,100	3,100	3,300	2,400	2,500	1,100	700	5.3
Litherland	11,700	2,600	2,800	2,000	2,400	1,000	800	6.8
Manor	12,300	2,200	2,100	1,900	3,200	1,600	1,400	11.4
Meols	12,300	2,300	1,800	2,000	2,800	1,800	1,700	13.8
Molyneux	12,300	2,300	2,200	2,300	2,900	1,300	1,400	11.4
Netherton and Orrell	12,500	2,800	2,700	2,200	2,700	1,200	1,000	8.0
Norwood	15,100	3,600	3,100	3,000	3,100	1,400	1,000	6.6
Park	11,500	1,900	1,700	1,900	2,600	1,600	1,700	14.8
Ravenmeols	12,200	2,300	1,700	2,100	2,400	1,800	1,900	15.6
St Oswald	11,400	2,400	2,500	1,900	2,500	1,000	1,100	9.6
Sudell	12,200	2,900	2,000	2,000	2,700	1,700	1,800	14.8
Victoria	13,400	2,700	2,400	2,500	3,100	1,400	1,200	9.0

Table 6. Sefton 2017 Based Small Area Population Estimates by 5-Year Age Groups

Age Ranges are Inclusive	Early Years & Nursery (Aged 0-3)	Primary School Age (4-11)	Secondary School Age (12-16)	Aged 17-19	Aged 17-25	Total 0-25	% of Total Aged 0-25
Ainsdale	400	1,000	700	400	1,000	3,100	24.4
Birkdale	500	1,300	800	500	1,200	3,900	30.2
Blundellsands	400	900	500	300	900	2,700	24.2
Cambridge	300	700	400	200	900	2,200	18.2
Church	600	1,000	600	400	1,200	3,300	27.7
Derby	700	1,300	700	500	1,400	4,100	32.5
Duke's	500	800	500	300	1,100	3,000	21.6
Ford	700	1,400	800	400	1,300	4,100	32.3
Harington	300	1,000	700	400	900	2,800	23.9
Kew	600	1,400	800	400	1,200	4,000	30.8
Linacre	800	1,400	700	400	1,500	4,500	34.4
Litherland	700	1,200	600	400	1,300	3,800	32.6
Manor	400	1,000	600	400	1,100	3,100	25.2
Meols	400	1,000	700	400	1,000	3,100	25.1
Molyneux	500	1,100	700	400	1,100	3,300	26.8
Netherton and Orrell	600	1,200	800	400	1,300	3,900	31.2
Norwood	800	1,700	900	500	1,500	4,800	31.8
Park	400	900	500	300	1,000	2,700	23.5
Ravenmeols	400	1,000	700	400	900	3,000	24.7
St Oswald	500	1,100	600	400	1,200	3,500	30.6
Sudell	400	900	600	400	1,100	2,900	23.8
Victoria	600	1,300	800	400	1,200	3,800	28.4

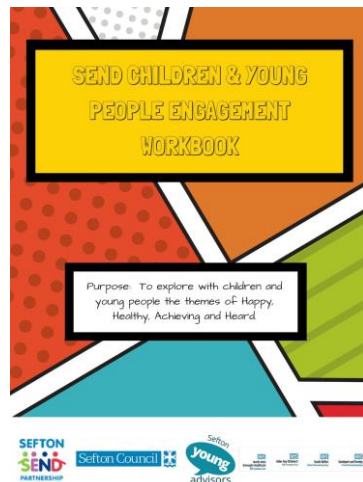


SEND JOINT COMMISSIONING STRATEGY 2020-2025

CHILDREN AND YOUNG PEOPLE CONSULTATION FEEDBACK REPORT

January 2020

Background



As part of the governance of the SEND Continuous Improvement Board, a sub group has been established for co-production, communication and consultation to provide assurance to the Board that:

- i) the voices of children and young people are heard
- ii) regular engagement sessions are being held with the Parent and Carer Forum and partners
- iii) parents and carers are involved in the identification of joint activity
- iv) trust and confidence in the system is growing and that corrective action is put in place where necessary
- v) Parents and Children and Young People have had input into the Performance and Quality Framework

A multi-agency co-production Task & Finish Group, that also includes parent and carer representatives was established to co-produce the engagement process for the SEND Joint Commissioning Strategy. In addition to this, the Consultation and Engagement Lead and the SEN & Inclusion Policy Development Officer met with several specialist practitioners who routinely engage with children and young people to seek their advice on how best to engage with children and young people. They recommended that the engagement methods for children and young people should be appropriate and were happy to help design the methodology and support the delivery of engagement activity.

At a subsequent meeting with practitioners, it was agreed to produce a workbook that could be used to engage children and young people to focus on the four identified themes of the Children and Young People's Plan that are also within the Joint Commissioning Strategy: Happy, Healthy, Achieving and Heard. The workbook was designed by the Sefton Young Advisors and was adapted into an easy read version. Practitioners were also informed that they could adapt the information further to suit the needs of the children & young people, i.e. non-verbal. To accompany the workbook there was a template to capture case study examples around the four themes.

The workbooks were distributed through partners identified in a stakeholder map, including Schools, Sefton Youth Service, Aiming High, Carers Centre and Young Carers, SENSIS, Buddy Up, Sefton Healthwatch and the Children with Additional Needs (CWAN) Network to be completed over a four-week period.

Results

Please note for the purposes of the results in this report, n = the number of respondents.

108 workbooks were returned from the following settings:

- Buddy Up (Sefton CVS) – Mentoring project for young people aged 15 – 18 with additional needs and disabilities
- Sefton Youth Service - (Queens Road / Stanley Road sessions and the New Beginnings LGBTQ group)
- Impact Pupil Referral Unit
- Waterloo Primary School ASD (Autism Unit)
- Hudson Primary School ASD (Autism Unit)
- St. Benedicts Catholic Primary School
- Prestfield High School & Specialist College
- St. Oswalds Church of England Primary School

Thirteen of the 108 responses did not indicate where they were completed, and 5 responses used the Easy Read version of the workbook. There were no case study templates returned. Not all children and young people completed all the questions and the results below are based on where a response has been provided.

Happy

Rather than a 'Yes' or 'No' answer, some children and young people answered that they were happy 'sometimes', however, most children and young people are happy at home (n=93), school (n=74) and after school (n=56). The majority are also happy in their community (n=88).

When asked what would make them happier, the prevalent response focussed on socialising - seeing family and friends and spending time with them as well as having friends and making new friends. The children and young people also said that having more activities to do/take part in would make them happier and would like people to listen and accept them. A few children and young people also said that going to mainstream school would make them happier as would a cleaner and safer environment.

"Spend more time with family and friends. E.g. going out with them".

"Get more things going on around the area".

"Having nicer friends. Being more included in things. People accepting me".

"To go to an after-school club. Being friends with everyone. Reading, football, cricket, hockey".

"Less litter".

Healthy

Again, rather than just answer a 'Yes' or 'No' response, some children responded 'sometimes' or 'middle', but most children and young people (n=76) said that they eat healthy food and more than three quarters of children and young people that responded (n=75) said that someone teaches them about healthy food and about being healthy (n=79). Just under two thirds of respondents (n=65) said they exercise at home, with just under a third (n=33) saying that they didn't exercise at home. Children and young people are exercising at school, with 90 positive responses to this question.

When asked about what they could do to be healthier, the responses focussed, in the main, around eating healthier – more fruit and vegetables, drinking water and exercising more, going to the gym and getting fit.

“Exercise, eating healthy foods, drinking water”.

“If I eat vegetables for my dinner”.

“I eat apples, water and milk. I play in the park. I do PE - the golden mile. To be healthier, I can do more running around, having PE for a full day each week. More swimming and not smoking”.

Achieving

We wanted to understand from children and young people about what they felt they had already achieved and what they wanted to achieve.

A small number of children (n=4) do not feel that they have achieved anything, however, most children and young people have achieved a lot already. Some have become members of voluntary organisations, such as Air Cadets, dancing, gymnastics, performing arts, swimming clubs, Duke of Edinburgh, football, choir and horse riding and achieved awards associated with those clubs. Other children and young people have taken steps to become more independent, for example, travelling independently, taking part in the National Citizen Service, getting a part time job and developing cooking skills. Children and young people also report that they have developed their confidence and are willing to go on residential with their peers.

Some children and young people have described how they started to attend school and others stated they have achieved 100% attendance in school, whilst others are pleased about passing their SATS and GCSE's and making academic progress in school/college. Children and young people also stated that they have developed friendships as one of their achievements and they also represent their school/college at sporting events.

“Passed air cadet test so I'm now first-class cadet. I got a job at Farmer Teds over the summer. Passed ICT GCSE. I can now horse ride - walk, trot and canter. I spent 3 hours tidying my room today”.

“Jumping a cross pole in horse riding. Getting public transport alone”.

“Made new friends”.

“Stayed in school and learning”.

"I represent school in sports teams. I also achieved the bronze medal in table tennis".

When asked what they wanted to achieve in the future, most children and young people want to build on what they have already achieved including returning to mainstream school, obtaining their exams and awards, improve their sporting abilities and independent skills and would like to be employed and aspire to become camera operator, teaching assistants, cabin crew, inventors and a successful YouTuber. The children and young people also aspire to learn to drive, raise money for charity and have a family of their own.

"A job as a cameraman in the future and/or be a successful gaming YouTuber and make my mum and dad proud".

"A family of my own and have fun with them".

"More GCSEs to earn my course at college".

"To get back into mainstream, bonus stars, reward trips".

"Raise money for charity. Black belt"

Heard

Children and young people were asked if they felt they were listened to at home and at school. Most children and young people felt they were listened to both at home (n=82) and at school (n=73); a small number reported that they felt they weren't listened to at home (n=14) and a fifth felt they weren't listened to at school.

Children and young people were able to identify who they would speak to if they were upset. They named a range of people including parents/carers/guardians and other family members, staff in school, friends and anti-bullying ambassadors, youth workers and staff at the voluntary organisations they attend. Seven children and young people said that they are listened to at home and at school 'sometimes'.

Children and young people were asked if speaking to someone helps them and the majority (n=72) said it does help them, a fifth (n=21) said it doesn't and a small number (n=7) said 'sometimes'. When asked if there was anything else that is needed to make them feel listened to, a few children and young people answered 'nothing' or 'not sure', however, some children and young people stated that they

would like staff and family members to spend time with them and listen to them more. One young person suggested that all the anti-bullying ambassadors wear their vests to identify themselves.

“Nothing. I am listened to by my mum and dad. Also, by school”.

“More staff need to listen”.

“I don't really know to be honest. I don't know honestly”.

“I like to be alone when I am upset. For people to look at me when I am talking. When people respond to what I have said”.

Acknowledgements

This report was compiled by Jayne Vincent, Business Intelligence and Performance, Sefton Council and Maria Simpson, Assessment Resource and Provision Planning, Sefton Council. They would like to acknowledge the involvement by the following individuals and organisations:

- Sefton Young Advisors
- Sefton Carers Centre
- Aiming High & Short Breaks
- Sefton Educational Psychology and Portage Service
- Sefton Special Educational Needs Team
- Cathy Harley, staff and pupils from Rowan Park School
- Staff and young people from Buddy-up
- Staff at Sefton Youth Service and young people from Queens Road / Stanley Road sessions and the New Beginnings LGBTQ group
- Staff and pupils at Impact Pupil Referral Unit
- Staff and pupils at Waterloo Primary School ASD (Autism Unit)
- Staff and pupils at Hudson Primary School ASD (Autism Unit)
- Staff and pupils at St. Benedicts Catholic Primary School
- Staff and pupils at Prestfield High School & Specialist College
- Staff and pupils at St. Oswalds Church of England Primary School

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Joint Commissioning Strategy for SEND 2020 - 2023

Welcome

As identified in our Children and Young People’s Plan 2020 -25 we want all children and young people in Sefton to be heard, happy, healthy and achieving.

Like many other Local Areas for SEND across the country Sefton faces several challenges. We believe that by taking a joined up strategic approach to our commissioning we will work better together to develop and sustain effective, whole system approaches to local support for children and young people with Special Education Needs and/or disabilities (SEND).

We believe that by taking this approach we will bring about positive improvements in information, advice and services, and most importantly we will improve outcomes for children and young people with SEND and their families.

Through this strategy our ambition is to ensure adequate services that can respond when people need it most. We are committing to working together to commission services that will allow us to deliver a system that is joined up, consistent and both efficient and effective. It should not matter which part of the system you enter, the service you receive should be the same and be easy to understand it is being received, what the next steps are, and a clear shared view on the outcomes that will be achieved for our Children and young People with Special Educational Needs and Disabilities.

Vicky Buchanan, Interim Director of Children’s Social Care and Education, Fiona Taylor, Chief officer of NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, Cllr John Joseph Kelly



Introduction

The Children and Families Act 2014 provides statutory guidance on duties, policies and procedures to local commissioners who are required to work together in the interests of children and young people with special education needs and disabilities. The SEND **Code of Practice** lays out the statutory duties which must be considered by bodies such as local authorities, clinical commissioning groups, governing bodies of schools, including non-maintained schools, the management committees of pupil referral units, independent schools and independent specialist providers.

This joint commissioning strategy is set in the context of our recently approved Children's and Young People Plan 2020-25 'My Sefton: happy, healthy, achieving, heard', as our vision for children with special educational needs and disabilities (SEND) is the same as for all children and young people.

In this document we describe how all partners in the system will work together to put in place joint commissioning arrangements 0-25yr old children and young people with SEN or disabilities, both with and without Education, Health and Care (EHC) plans. These arrangements will also take account of provision being commissioned by other agencies such as schools, further education colleges and other education settings and cover emergency provision. We will reference the universal local offer and champion inclusivity.

Sefton has a wealth and breadth of resources and assets in the community that can be better optimised to support improved outcomes for all children and young people with SEND. For some areas of support, we need to work better with providers to be able to deliver improved outcomes for children and families in a financially sustainable way that meets the assessed need. We are committed to commissioning together using the total resource in the system in the most effective way possible.

The purpose of this strategy is to:

- Deliver improved outcomes for children and young people with SEND across the local area.
- Provide a framework for effective joint planning, understanding and review of SEND services in Sefton.
- Identify a set of key commitments and priorities that will underpin all joint planning and commissioning decisions, informed by the SEND Joint Needs Assessment and in line with the requirements of the SEND Code of Practice: 0 to 25 years and feedback from our communities inclusive of children, young people, parents and carers.
- Provide a framework for effective joint planning, understanding and review of SEND services in the borough, which should inform all elements of the SEND Improvement Plan and working practices (including Emotional Health and Wellbeing Services, Speech and Language Therapy, Physiotherapy and Equipment Provision)
- Ensure that we jointly commission services with a clear assessment of local needs, delivering personalised integrated support that delivers outcomes and brings support together across the system
- Improves our local offer so that the experiences of children and young people with SEND and their families and carers receive joined up services that are easy to navigate, accessible and available to our children and young people and their families.
- The Strategy will inform the development of robust priorities and effective joint working which will inform commissioning intentions and meet local needs more effectively.



About Sefton

There is a wealth of information available about Sefton on the Council website that is refreshed on a regular basis. In Sefton we take a partnership approach and the Health and Wellbeing Board (HWB) has overall responsibility for joint commissioning arrangements between CCGs and the Council.

Sefton has a population of 274,589 people. There are 59,066 children and young people in Sefton (age 0-19) and 75,829 children and young people in Sefton (age 0-25). In January 2019, 1445 had an EHCP (3.42% of all pupils), those receiving SEN support was 4134 (9.78%). The total number of pupils with SEN was 5,579 (13.2%).

There are 109 school settings in Sefton and 42,249 children and young people attending those settings. 40,003 children and young people are educated in 104 Sefton state-funded, maintained Nursery, Primary, Secondary, Special schools and PRUs, and 2,246 children and young people attend 5 non-maintained and independent settings. Nationally 47.9% of children and young people with an EHCP attend a mainstream school in Sefton it is 25%. There has been a national increase in pupils attending special schools, reasons for this were identified by the National Audit Office as;

- a growth in the number of pupils with complex needs;
- funding pressures leading to mainstream schools having less capacity to provide tailored support;
- the focus of the school accountability system on attainment and progress measures making mainstream schools less inclined to be inclusive; and
- the 2014 reforms making parents better informed about the choices available to them and involving them more in decision-making.

We see a disparity between our most deprived and most affluent areas demonstrating the need for locality-based commissioning.

Our SEND partnership includes the Council, schools, health commissioners and providers working with our voluntary, community and faith sector, business sectors, and most importantly children, young people and their families.



SEND Need in Sefton – Key Information

Full information on need can be found in the Sefton SEND JSNA (weblink to be inserted once strategy agreed). We recognise this is not as complete as we would want or need and does not reflect recent investments made and the realisation of extensive, ongoing improvement work.

A refresh of the Joint Strategic Needs Assessment (JSNA) was conducted in 2018 to consider the needs of Sefton’s population. In 2019 we undertook a thorough review into the needs of population of children and young people aged 0 to 25 years who have SEND (See 2019 SEND Needs Assessment - summary of key findings, weblink to be inserted once strategy agreed). It provides an overview of the current SEND provision across the Borough, identifies gaps and sets out key themes. These themes have informed the commissioning priorities listed in this strategy and will continue to inform service review and planning objectives in the future.

In 2017/18 NHS Southport and Formby CCG saw a total of 679 referrals to CAMHS, an average of 57 referrals a month. In 2018/19 there was a slight drop with 674 referrals, on average 56 a month. NHS South Sefton saw 874 referrals in 2017/18 (an average of 73 referrals a month) and again a slight drop in 2018/19 to 830 in total and an average of 70 referrals per month. In 2018/19 there were 1633 (33.8%) children and young people with a diagnosable Mental Health Condition accessing community services.

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table below provides a breakdown of top 3 identified needs in Sefton schools -

<i>Primary schools</i>	<ul style="list-style-type: none"> ● speech, language and communication needs, ● moderate Learning Difficulty, social and emotional wellbeing and ● mental health needs.
<i>Secondary schools</i>	<ul style="list-style-type: none"> ● Specific Learning Disability ● Moderate Learning Difficulty, and ● Social, Emotional wellbeing or Mental Health Needs
<i>Special schools</i>	<ul style="list-style-type: none"> ● Supporting autism ● Social, Emotional wellbeing, or Mental Health needs and ● Moderate Learning Disability

This demonstrates a specific need for Sefton around SALT in full services and Social, Emotional and Mental Health services.

From 2014 to 2019 we have seen an increase in the number of children with an EHCP increase by 809 pupils in total, this is a 71% increase in 5 years. This is likely to be related to the 2014 SEND reform, which is one of the biggest education reforms in a generation for children and young people with special educational needs, extending the rights and protection to children young people by introducing a new education, health and care plan, which saw a subsequent increase in demand

In September 2019 the National Audit Office reported a national rise of 16.8% between 2014 and 2019. We saw a 49.43% rise in number of children and young people with a Sefton maintained SEN Statement or EHC plan over the six-year period 2013 – 2018 inclusive with

annual expenditure increasing by an overall figure of 17.7% during the same period.

The National Audit Office also highlighted that nationally finance has not kept pace with demand, with a reduction of 2.5 % in real terms from 2013/14 – 2017/18. This highlights the acute need to ensure we are maximising the value of integrated expenditure available to us.

The SEND Improvement Plan recognises the need for children and young people and their families to feel they are being listened to and there is a dedicated workstream on this area as part of the SEND Continuous Improvement Programme. Through recent and previous engagement and review the Local Area is also aware that families and partners have expressed concerns or made calls for the following

- to improve accessibility and consistency in provision within the community that meets need, especially around travel and social isolation
- long wait times, cancelled appointments and confusing pathways (in particular ASD) and these concerns are being addressed as part of the improvement Plan.
- a low awareness of SEN issues in the community and in general for teachers and health professionals suggesting the need for a widespread training programme and awareness raising
- the need for greater use of adaptations and equipment in the home to ensure the home is viewed as a safe environment for children and young people with SEND.
- include specialised health care services on the Local Offer (these are services which are commissioned by NHS England on a regional basis and should form part of our whole pathway commissioning activity).
- an increase in mainstream schools' capacity to adequately support and make reasonable adjustments for children with SEND.
- the need to improve transitions from Primary to Secondary school..



Our Approach to Joint Commissioning

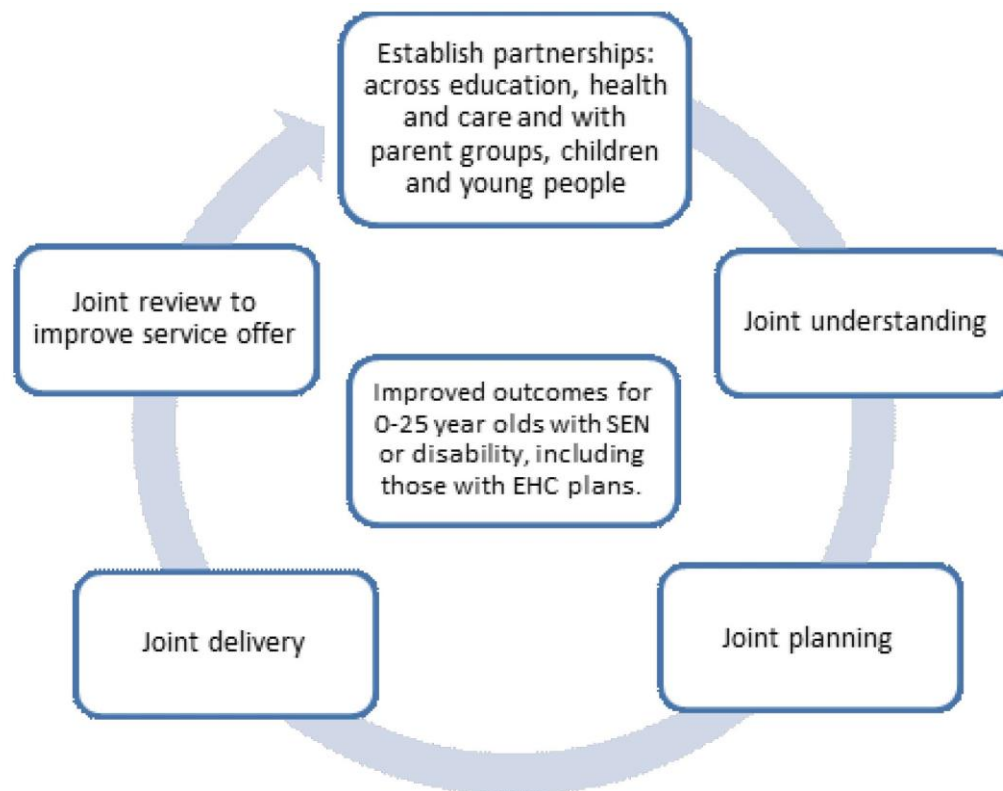
Commissioning is the process of identifying the needs of a community and planning services and activities to meet those needs within the resources that are available. Joint Commissioning is where the assessment of need and planning of services and activities is undertaken by two or more partners working together, striving for continuous improvement. The SEND Code of practice requires us to have a Joint Commissioning Strategy across education, health and Social Care and ensure services are commissioned in response to identified need.

We have a proven track record in partnership working but we recognise that we need to further improve our partnership working and co-production activity in respect of SEND. Our approach to joint commissioning for SEND is designed to ensure the best possible response to a child’s or young person’s needs, aligning and integrating needs assessment, planning and delivery of services/activities to achieve the best possible outcomes within the resources available. This includes jointly identifying current and future needs, any gaps in provision and maximising resources and sharing intelligence across all services to both improve outcomes for children as well as help inform commissioning and planning decisions across all aspects of SEND support.

Page 168 We will ensure we work with the local Safeguarding board and use its annual reports as part of our evidence base Commissioning.

We will continue to provide universal services that are accessible to everyone in the borough, through our localities and emerging Primary Care Networks.

We will adopt the Commissioning Cycle identified in the SEND Code of Practice as outlined in the diagram opposite.



Our Commitment

Agencies in Sefton are committed to providing the best quality education, care and support for all children and young people with special educational needs and disabilities (SEND) through our partnership. As Commissioners we will:

- put people at the heart of what we do
- listen, value and respect each other's views
- develop a culture of challenge, ownership, innovation and improvement
- be ambassadors for Sefton
- be responsive and efficient and design services that deliver in a timely manner as possible.

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be clear about what we can and cannot do

Sefton's commitment to outcome-based commissioning;

"Deciding how to use the total resource available to achieve desired outcomes in the most efficient, effective and sustainable way"

We will do this is through identification of needs of our population and focus on matching all our resources to deliver better outcomes across the borough. Then being clear on full Resource to deliver this including (Finance, Capital, Workforce, Markets, Citizens, Communities and Assets).

There is a clear relationship between population needs, what is commissioned for children and young people with SEN and disabilities, and individual EHCPs. We will consider the needs of our population as identified in our JSNA and the thorough review into the needs of population of children and young people aged 0 to 25 years who have SEND. In line with the Local Area's drive for early intervention and prevention we will take a preventative approach to manage rising demand from the earliest point in a child's life, encouraging independence where appropriate and building on the strengths of families and their inclusive networks.



Our joint commissioning in Sefton will be outcome based, designed around the needs of the people that live here, joined up, inclusive, measured to ensure the impact is the right one and continually reviewed and improved to ensure we are delivering the best possible outcomes. We will continually measure quality to ensure provision is targeted to local needs and inequalities. We will routinely review national best practice and expertise to understand we can improve our services and the Local Offer.

Our approach to this will be about

- Co-production, consultation, engagement and participation
- Outcome reviews
- Developing a Framework to help us decide how best deploy resource, utilising the best possible procurement routes to market and contract models to ensure the highest possible quality and value for money within our financial envelope.
- Seek to learn from good practice in other areas and make use of available research

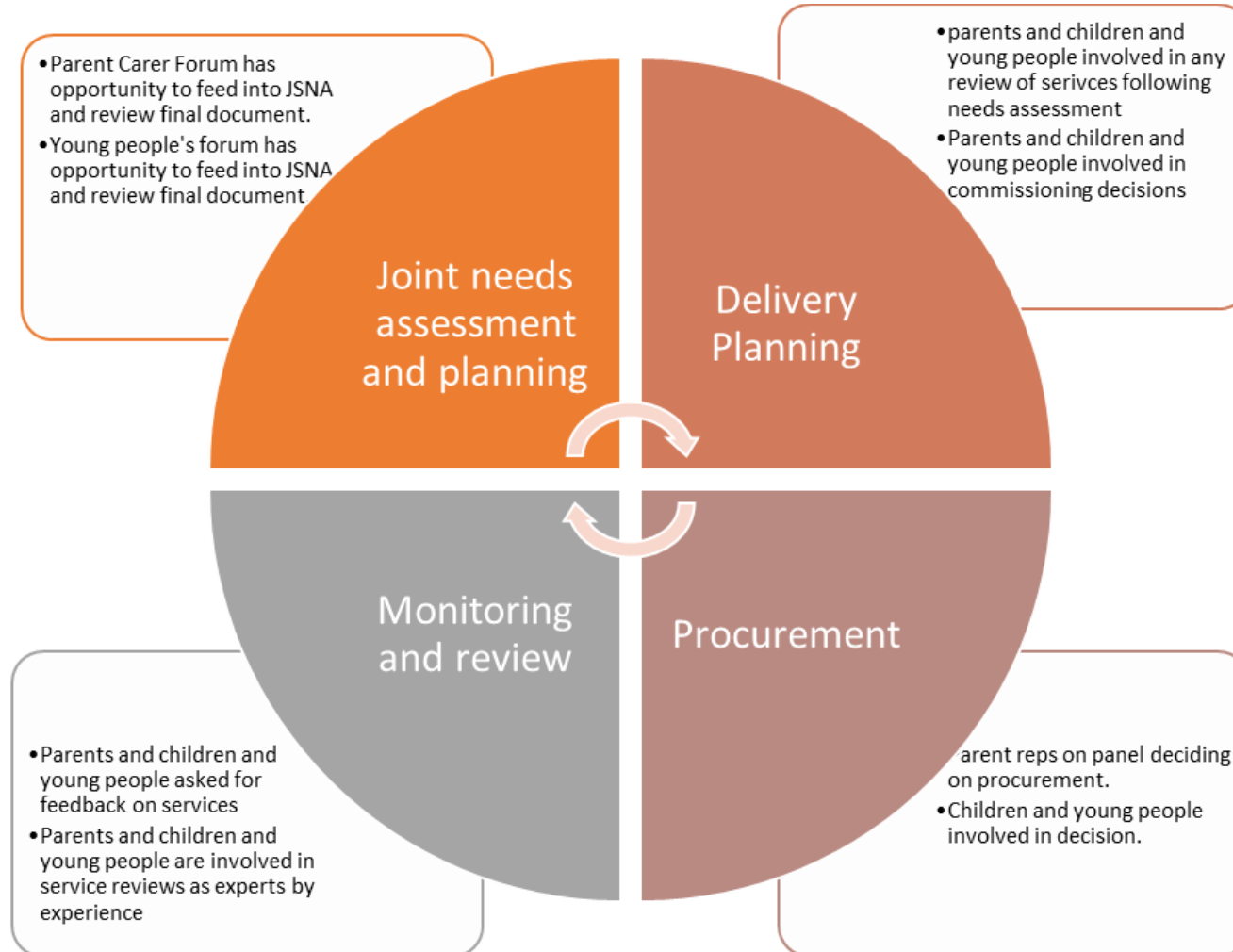
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When developing our plans, we will take account of the Local Government Association paper “Developing and Sustaining an effective SEND System” states the key ingredients of developing an effective approach to joint commissioning include:

- aligning key sources of data and intelligence in the form of a joint dataset on children and young people with SEND (which may underpin the local area’s Joint Strategic Needs Assessment), so that partners can take decisions about joint commissioning based on a broad and shared understanding of current and future needs;
- having an agreed set of outcomes that partners are seeking to achieve together through the services that they commission;
- being clear on the resources required to meet current needs and achieve agreed outcomes, and what each agency will contribute;
- bringing together frontline practice as much as possible, integrating services where possible but also doing simple things like organising joint training for staff across different agencies and ensuring that there is a common language and a consistent approach to support young people with SEND and their families across all agencies; and
- pulling all this together in the form of a genuinely joint strategy, developed by agencies together.

Coproduction, Consultation, Engagement & Participation

The SEND Code of practice recommends that Local areas should be involving parents and children and young people at each stage of the commissioning cycle. We are committed to improving co-production, to ensure that the views of parents and carers, children and young people, providers and workforce are reflected in the planning process and delivery of this strategy, We will continue to use these forums and approaches to continue to offer real opportunities for coproduction and codesign as we deliver the priorities in our action plan.



The Youth Voice Engagement Planning meetings identified mechanisms already in place as:

- Older youth voice – through colleges (Sefton and Mysercough).
- Work with the young advocates to hold focus group sessions
- Work with the youth service for targeted engagement and use social media
- To engage children and young people with non-verbal communication needs to consider using a youth passport/communication passport
- To work with the Special Schools and the Special Schools Youth Council using the youth passport type document (to be developed)
- To engage mainstream schools, work with the SENCO's and Pastoral Care and the Young Advisors, using questionnaire and posters. It was agreed that to enlist the support of schools and SENCO's that information should be shared with primary and secondary school heads.

Young Carers with SEN should be engaged through the Sefton Carers Centre.

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Transitions

The National Preparing for Adulthood Program sets out 4 main areas that young people with SEND say are important to them:

- Employment, Education and Training
- Independent Living
- Community Inclusion
- Health

An EHCP review at Year 9 should detail personalised support in the following areas;

- Identifying suitable post-16 pathways that lead to employment options or higher education
- Training options such as supported internships, apprenticeships and traineeships

- Support to find a job and learn how to do a job (for example, through work experience opportunities or the use of job coaches)
- Support to help the young person develop a lifestyle that is based on their hobbies, leisure activities, access to community facilities, meeting friends and having fun
- Help in understanding any welfare benefits that might be available when in work
- Preparation for independent living, including where the child or young person wants to live in the future, who they want to live with and what support they may need
- Information about personal budgets and direct payments
- Local housing options, including housing benefits and social care support
- Support to help the young person participate in society, including activities, having friends, maintaining relationships and being a part of, and contributing to, the local community and voluntary opportunities
- Information about lifestyle choices based on the young person's interests and personal requests
- Travel advice to enable young people to travel independently
- Advice about continuing health care services so that young people understand which professionals may be supporting them in adulthood. This should include the production of a Health Action Plan and prompts for annual health checks for young people with learning disabilities

As part of our Joint Commissioning Strategy we will review our transition pathways to ensure that they are meeting the needs of our young people. Young people have identified several ways in which they were supported at times of transition and they would like further support in

- travel training
- help with life skills and
- longer taster sessions in college.

Young people have identified several barriers for them gaining employment including

- academic achievement
- health needs and
- the ability to travel independently.

This information has informed our priorities.

Sefton's Commitment to Inclusion

Sefton works hard to foster the ethos of inclusion in all our services and every school has an allocated Inclusion Consultant (IC) who meets with the SENCO on a termly basis.

The Inclusion Service supports schools in the identification of teaching approaches that enable pupils with additional needs make progress and take an active part in their lessons. It is staffed by teachers who have expertise and experience of working with young people with special needs and understand national and local expectations for schools in their delivery of inclusive practice.

Universal Services

There are a range of services that are available to everybody, without the need for any assessment or referral. These are often called 'universal' services and they include a range of support from social activities in the community, Family Wellbeing Centres, Libraries and Leisure Centres and universal Public Health Services to GPs, Dentists, Pharmacists, Opticians and Walk-in centres. Emergency and urgent care is available to everyone through a local A&E or calling 999 as necessary. Universal services can be found on the Sefton Directory, the Local Offer and CVS Directory.

Commissioned/Targeted provision

The Council and CCG commission and deliver many activities and services that support and can be accessed by children and young people with SEND and their families.

Appendix 2 provides a snapshot of local provision that is available and a range of services depending on need.

Our Strategic Priorities

Our analysis of this information on need, demand and experience, coupled with legislative obligations and the need to deliver within a defined budget envelope have led us to identify the following priorities for our system:

- A comprehensive offer of support which is accessible in our local community
- High aspirations for all our children and young people
- The opportunity to provide support at the earliest opportunity

• To work with families and young people to maximise choice and control.

Page 175 We have developed an action plan under these priorities. The action plan will be reviewed on a yearly basis. The SEND CIB and Health and Wellbeing Board will hold us to account on progress and performance of the strategy.



Priority 1 - A comprehensive offer of support accessible in our local community.

The Outcomes we are aiming for	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Date to be achieved by
An accessible Local Offer that meets local need	Review of Local Offer using SEND Needs Assessment, feedback from engagement activities and feedback from reviews.	Families and schools have told us that the current Local Offer is difficult to navigate. Improve our understanding of need and have a more responsive and inclusive offer.	Improved accessibility and navigation of Local Offer. Good quality information is more readily accessible to all on what is available. People are more aware of and access opportunities available to them.	Head of Communities	April 2021
	Encourage universal services to be more inclusive of children and young people with SEND	Encourage a wide range of activities that help address the identified growing need to address social isolation.	Children and Young People with SEND and their families feel included. People will be able to signpost individuals and families to opportunities.	Head of Education Excellence Children and Young People Commissioning Lead	of April 2022

Priority 2 - High aspirations for all our children and young people

The Outcomes we are aiming for	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Date to be achieved by
<p>Good Education, Employment and Training Opportunities are available for 16-25-year olds</p>	<p>Develop an effective Post 16 pathway for young people with SEND.</p> <p>Review best practice nationally.</p> <p>Identify barriers to a more diverse post 16 offer and support to remove those barriers.</p> <p>Develop relationships with employers to promote inclusivity in the workplace.</p>	<p>To make young people and their families more aware of the opportunities available to them.</p> <p>To strengthen our communities by creating opportunities for our young people.</p>	<p>People are more aware of Education, Employment and Training opportunities available to them.</p> <p>The professionals working with our young people will feel confident, empowered and connected to signpost young people to opportunities.</p> <p>More young people will benefit from education, employment and training offer.</p>	<p>Head of Education Excellence</p>	<p>April 2022</p>

Priority 3 - Providing support at the earliest opportunity - Pathway review and establishment in key areas to ensure maximized efficiency and effectiveness of service offer					
The Outcomes we are aiming for	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Date to be achieved by
Support is accessible at the earliest opportunity	To implement neurodevelopmental diagnostic pathway across Sefton which includes NICE compliant diagnostic pathway for ASD	To improve outcomes for children & young people by ensuring they have access to seamless pathways to correctly identify needs.	Improved outcomes for children & young people. Case studies and audits will evidence that practitioners are maximising support to our young people.	Chief Nurse	Implementation Q1 2020 (April to June)
	Review and renew jointly the specifications and performance management frameworks of specialist and targeted support services, priorities are SALT, Paediatric OT and Sensory services.	To maximise the opportunities associated with these specialist and targeted support services. To ensure that provider contracts are aligned to ensure a timely flow of high quality performance data, including impact measures.	Improved outcomes for children & young people. Future commissioning will be informed timely quality data.	Head of Education Excellence Director of Strategy and Outcomes	April 2022

Priority 3 - Providing support at the earliest opportunity - Pathway review and establishment in key areas to ensure maximized efficiency and effectiveness of service offer

The Outcomes we are aiming for	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Date to be achieved by
	Explore opportunities for early help/ brief interventions from universal practitioners and voluntary, community and faith sector to reduce the need/ pressure on specialist services e.g. Health visitor training in Speech, Language and Communication Needs (SCLN)	To secure improved access to services to enable early diagnosis and to implement relevant care plans.	Children and young people accessing services in a timely manner to enable them to reach their outcome goals. The workforce will be trained and designed to meet the needs of children and young people with SEND.	Head of Education Excellence Children and Young People Commissioning Lead	April 2021
	Train and develop the early years workforce for children with SEND.	To improve early identification, provision and support at the early years phase.	To ensure all children with SEND have the right support as early as possible and are school ready.	Head of Education Excellence Chief Nurse	October 2021

Priority 4 - Working with Families and Young People to maximise Choice and Control.

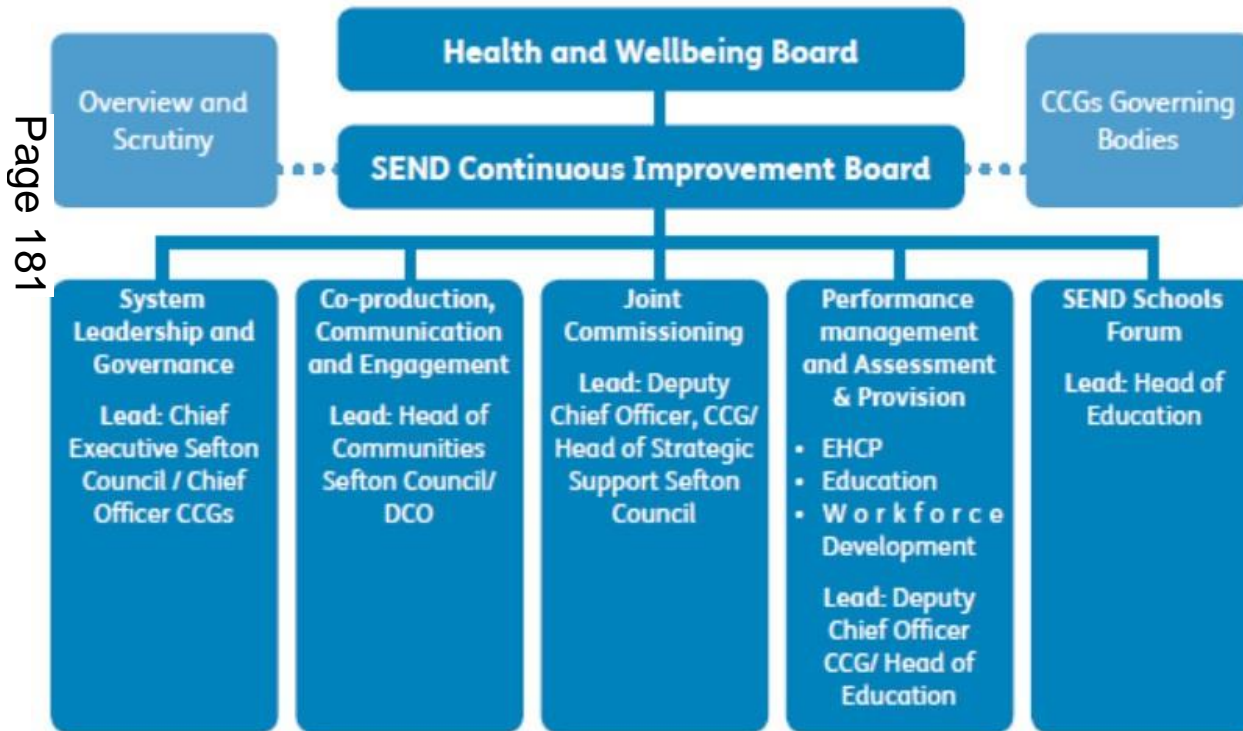
The Outcomes we are aiming for	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Date to be achieved by
To increase the use of Personal Health Budgets (PHB) as part of EHCPs	To develop a campaign to promote the use of PHBs as part of delivery of EHCPs	To provide an opportunity for young people, their families and/or carers to have more control of the commissioning of SEND support bespoke to their health needs.	Increased satisfaction from parents, carers and young people as a personal health budget will increase their control and choice. Improved outcomes for young people.	Head of Education Excellence Chief Nurse	In line with SEND Improvement Plan
Children and young people with SEND are supported at home	Develop and implement of an All Age Assistive Technology strategy. Expand use and resource of assistive technology to support and promote greater independent living.	To provide an opportunity for children and young people with SEND, their families and/or carers to have effective support in the home.	Increased use of adaptations and equipment in the home to improve mobility/safety in the home and support independence.	Head of Education Excellence Director of Strategy and Outcomes	April 2022
An age appropriate short break offer including Aiming High	Implement a review of the current offer involving young people and their parents/carers in redesigning the offer.	To coproduce an age appropriate offer within Aiming High.	Increased satisfaction from parents, carers and young people.	Head of Communities	April 2021

Our Governance Arrangements

A joint SEND Continuous Improvement Board (SENDCIB) has been established and is chaired by the Cabinet Member for Adult Social Care. The SENDCIB is a multi-agency partnership arrangement that includes senior representatives from the Sefton Parent Carer Forum, local authority, CCGs, NHS Providers, along with other key stakeholders such as the Designated Clinical Officer. It is designed to monitor the actions in the focused Improvement plan and ensure the delivery of the required improvements to maximise opportunities and positive outcomes for children and young people with SEND and their families.

Meetings are monthly, oversee the progress and delivery of the plan and report progress to the Health and Wellbeing Board.

SENDCIB operates as a sub group of the Health and Wellbeing Board and has specific task and finish groups established to drive the changes we need. Joint Commissioning is a sub group as part of this structure as demonstrated below, the group has worked with others to develop the strategy.





Our Approach to Early Resolution of disagreements

Disagreement resolution arrangements cover all children and young people with SEN, not just those who are being assessed for or have an EHC plan. They are available to parents and young people to resolve disagreements about any aspect of SEN provision, and health and social care disagreements during the processes related to EHC needs assessment and EHC Plans. Used early in the process of EHC needs assessment and EHCP development they can prevent the need for mediation, once decisions have been taken in that process and appeals to the Tribunal. We will work to jointly commission a service that best meets the needs of service users and achieves the best possible quality and value for money including the exploration of Liverpool City Region opportunities.

The Disagreement Resolution Service is independent of the local authority, NHS, and education providers. The arrangements cover all children and young people with SEN, not just those who are being assessed for or have an EHCP and a range of disagreements. They are available to parents and young people to resolve disagreements about any aspect of SEN provision, and health and social care disagreements during the processes related to EHC needs assessments and EHCPs. They can provide a quick and non-adversarial way of resolving disagreements. Use of the disagreement resolution services is voluntary and has to be with the agreement of both parties.

The disagreement resolution service is to help resolve four types of disagreement or to prevent them from escalating further:

The first is between parents or young people and

- local authorities,
- the governing bodies of maintained schools and maintained nursery schools,
- early years providers,
- further education institutions or the proprietors of academies

about how these authorities, bodies or proprietors are carrying out their education, health and care duties for children and young people with SEN whether they have Education, Health and Care plans or not. These duties include duties on the local authority to keep their education and care provision under review, the



duties to assess and draw up Education, Health and Care plans and the duty on governing bodies and proprietors to use their best endeavours to meet children and young people's SEN.

The second is disagreements between parents or young people and early years providers, schools or post-16 institutions about the special educational provision made for a child or young person, whether they have EHC plans or not

The third is disagreements between parents or young people and Clinical Commissioning Groups or local authorities about health or social care provision during EHC needs assessments, while EHC plans are being drawn up, reviewed or when children or young people are being reassessed. Disagreement resolution services can also be used to resolve disagreements over special educational provision throughout assessments, the drawing up of EHC plans, while waiting for Tribunal appeals and at review or during reassessments

The fourth is disagreements between local authorities and health commissioning bodies during EHC needs assessments or reassessments, the drawing up of EHC plans or reviews of those plans for children and young people with SEN. In relation to EHC plans, this includes the description of the child or young person's education, health and care needs and any education, health and care provision set out in the plan. These disagreements do not involve parents and young people.

Disagreement resolution meetings are confidential and without prejudice to the Tribunal process and the Tribunal will disregard any offers or comments made during the process. Partial agreement achieved by use of disagreement resolution services can help to focus any subsequent appeals to the Tribunal on the remaining areas of disagreement.

Disagreement Resolution in Sefton is provided by Global Mediation.



Our Approach to Appeals

Effective dispute resolution is key to the success of the new procedures. The Local Authority and Health are fully committed to pursuing practical solutions with parents and young people at every stage and to ensure continuous review and reflection to further improve outcomes.

Our Designated Clinical Officer

The Designated Clinical Officer (DCO) role is a key element in supporting health services in the implementation of the Children and Families Act and the scope of the role is very broad. The key responsibilities of the DCO are as follows:

- Oversight – across all health professionals delivering healthcare to individual disabled children, young people and those with special educational needs

• Coordination – in relation to the Local Offer, process for mediation arrangements regarding the health elements of the EHC plan and EHC assessments with other key assessments such as Children & Young People's Continuing Care assessments and Looked After Children Health assessments

- Strategic – contribution to the development of a joint commissioning strategy and participation and engagement strategy.

Our Designated Clinical Officer will support the development and implementation of our Action Plan.

Data Sharing and IT infrastructure

The CCG and Local Authority are part of wider data sharing agreement, Mersey Links. Sefton are also part of the wider Liverpool City region workstream looking to progress shared records initially between authorities and then between Health and Social Care as the second phase.



Appendix 1 Glossary of Terms

Joint understanding:

needs of children and young people with SEN are identified, reviewing services that meet these needs and identify the resources available.

Joint Planning:

identify gaps in services, develop a commissioning strategy which explains the services required and the outcomes we want to achieve with the resources we have.

Joint delivery:

services are procured and contracts put in place to deliver the services.

Joint review:

services are reviewed to see if they have met the outcomes of the specification. This includes feedback from service users and their families to help improve current service delivery and feed into future needs assessment.

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Special Educational Needs and Disability

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Mental Health Services

SALT

Speech and Language Therapy

PRU

Pupil referral unit

PSS

person Shaped Support, a charity designed to find the right solution to support individuals to make their life better.

VENUS

A charity whose vision is to empower, promote and support women, young women and their children in developing their potential, recognising their choices, achieving their goals and challenging injustice.

Appendix 2 A Sample of Provision

A sample of commissioned and universal are listed below:

Services & Activities	Services in place-Description
<p>Local health services - commissioned by CCGs and NHS England.</p>	<p>There are services that support and treat people with certain conditions and normally you will have to be referred to the services by certain professionals or agencies e.g. GPs, schools, etc. These are called ‘targeted’ services. Children, young people with a disability, medical condition and/or a special educational need will probably be supported by one or more of these services through their life. These are listed below:</p> <p>(With very complex medical or health needs it may be necessary for individuals to get some very specialised treatment, medication or therapy which is provided locally. These would be called ‘specialist’ services and access to these will be via the clinical consultant that is managing the care and treatment of that individual. It is not possible to list all these specialised services, but information should be provided directly to the patient and their family when the treatment etc. is being discussed /arranged).</p>
<p>Speech and Language Therapy</p>	<p>Speech and language therapists are the lead professionals in the diagnosis and management of communication and swallowing disorders.</p> <p>The Speech and Language Therapy service work to support all communication difficulties including specific speech and language disorders, stammering, cleft lip and palate, voice difficulties, hearing impairment, Autism, Learning Disabilities and eating, drinking and swallowing difficulties.</p> <p>Speech and language therapists works with children who may need help with:</p> <ul style="list-style-type: none"> ● Listening and following instructions. ● Playing and talking with other children. ● Understanding what people say to them. ● Saying sounds and talking clearly. ● Using words in sentences. ● Eating and drinking. <p>Children learn from parents, teachers, friends and family. Some children learn communication skills quickly and some children may take longer. Speech and Language Therapists recognise the importance of working collaboratively with everyone in the child’s life to get the best outcomes.</p> <p>More information about the service and information on how to help in developing speech and language skills can be found at the Alder Hey Hospital Speech and Language Therapy webpage.</p>

Services & Activities	Services in place- Description
Occupational therapy	<p>The occupational therapy service offers specialist assessment and intervention to enable and maximise the potential for children to engage in their daily living activities.</p> <p>The paediatric occupational therapists will work with the child, family and other key professionals in the child’s life, to identify areas where a child’s function, participation and independence at school, home and the community can be improved.. They also provide advice and support to children requiring equipment to maintain their daily function. Close liaison with Sefton Equipment Stores enables the request and provision of equipment in the community.</p> <p>Occupational therapy services are delivered at Clinics, Workshops, Home and School settings, and at equipment assessment clinics.</p> <p>Educational workshops are held for parents and carers of children with sensory processing problems. Referrals are only accepted directly from parents.</p>
Podiatry	<p>The service aims to prevent, diagnose, treat and rehabilitate conditions affecting the feet and lower limbs.</p> <p>Qualified podiatrists supported by podiatry assistants offer a service to children at community venues and can conduct home visits. The service has podiatrists who provide specialised in diabetes, wound care, rheumatoid arthritis or muscular-skeletal and biomechanical conditions.</p> <p>The podiatry service treats and manages foot complications related to diabetes and other disorders that may affect the feet; arthritic conditions and those that affect circulation, nervous and musculo-skeletal systems.</p>
Continence	<p>The children’s continence service in Sefton is led by a specialist nurse & provides advice & support to those with constipation & soiling, daytime & night time wetting, toileting issues & children with additional & complex needs who may require a continence product.</p> <p>Children & young people from 4-19 years can be referred into the service by their GP, consultant, health visitor, other health professionals, education & voluntary sector.</p> <p>Assessments can be conducted in the home & clinic setting with ongoing support.</p>
ASD & ADHD Nursing	<p>The service is for families requiring advice, support and intervention for children and young people from 0-19 years who have a diagnosis of ADHD/ASD.</p> <p>Initial assessment/reassessment is provided by Specialist Nurses to assist families in understanding the need of their child following diagnosis. Further intervention is delivered from Associate Practitioners to support the child/young person and families with personalised behaviour strategies to improve emotional wellbeing.</p>

Services & Activities	Services in place- Description
<p>Complex Children’s Community Nurse</p>	<p>The Children’s nursing team work with children and young people who have disabilities and complex health needs to provide expert nursing care, support and advice.</p> <p>The Children’s Community Nursing (CCN) Service comprises of five teams of experienced children’s nurses. The team see children and young people aged 0-19 years who have a nursing need across Sefton.</p> <p>The teams provide nursing care for children and young people, with acute and complex health requirements in their home or within a community setting.</p> <p>The Children’s Community Nursing Teams work with children by:</p> <ul style="list-style-type: none"> ● Providing a service that enables children and young people to be nursed at home with their family or guardian. ● Reduce hospital admissions and to shorten the time spend in hospital. ● Work closely with other multi-agency professionals. ● The team also Provide training to nursery staff, school staff , carers and other health professionals to support and maintain children’s care close to home.
<p>Community dietetics</p>	<p>The service provides up-to-date information and guidance about childhood nutritional matters to:</p> <ul style="list-style-type: none"> ● Children who have a nutritional need and their carers. ● Professionals in contact with children so that advice given by them to carers/children is based on best practice and is consistent. <p>Some examples of nutritional issues that the service can support include :</p> <ul style="list-style-type: none"> ● food allergies particularly cow’s milk protein allergy/intolerance, ● selective eating, ● overweight, ● underweight ● Constipation. <p>The service support children and their carers who require a special diet to ensure nutritional needs are met taking into account growth and disease progression. They work closely with other members of the multidisciplinary team to deliver a holistic approach.</p> <p>The service also provides the home delivery service for enteral feeding equipment for all children in Sefton who have complex and additional needs.</p>

Services & Activities	Services in place-Description
<p>Children and adolescence mental health service (CAMHS)</p>	<p>CAMHS offers specialist services to support children and young people in Sefton, up to the age of 18, who are experiencing mental health difficulties. They also provide support to their families or carers.</p> <p>Some of the issues that CAMHS can help with include:</p> <ul style="list-style-type: none"> ● Anxiety ● Attachment Difficulties ● Conduct/Behaviour Problems ● Depression ● Emotional and Behavioural difficulties in children with Learning Disabilities ● Obsessions and Compulsions ● Psychosis ● Post-Traumatic Stress Disorder (PTSD) ● Self-harm ● More complex psychological difficulties <p>CAMHS provide consultation, advice and training to other agencies and accept referrals from a wide range of professionals. The team is multi-disciplinary, which means our clinicians come from a range of clinical and professional backgrounds.</p> <p>The service works with the young people, parents, carers and partner agencies to make sure that the right care is provided to each individual, depending on their needs and circumstances.</p>

Services & Activities	Services in place-Description
<p>Physiotherapy</p>	<p>The service provides assessment, diagnosis, treatment, equipment, practical advice and support to children and young people with a wide range of conditions to promote maximum recovery and independence. The service also provides advice and support to children and young people’s carers and families.</p> <p>Community physiotherapists predominantly see children who have difficulties with their physical abilities due to either an underlying neurological cause or associated with a global developmental delay. We specialise in treating children with neurological conditions, including:</p> <ul style="list-style-type: none"> ● Cerebral Palsy. ● Developmental Delay. ● Developmental Co-ordination Disorder. ● Spina Bifida, Genetic Syndromes. ● Acquired Brain Injuries <p>By ensuring appropriate and timely information, advice, assessment, intervention, review and equipment provision they can reduce the risk of long-term problems for children.</p>
<p>Audiology</p>	<p>The audiology service provides a comprehensive range of services for children with all types of hearing and balance problems. The service is delivered by a team of Audiologists, Consultant Audio vestibular Physicians and a Specialist Nurse Practitioner. The service includes:</p> <ul style="list-style-type: none"> ● Diagnostic follow-up for New Born Hearing Screening Programme. ● School entry hearing screen follow-up. ● Assessment and management of temporary hearing loss such as ‘glue ear’ in children. ● Investigation into the cause of hearing loss and assessment and management of permanent hearing loss in children Children with speech and language delay with suspected hearing loss. ● Hearing assessment of children with social and communication difficulties or learning disabilities and other complex needs. <p>For further information please visit Alder Hey Hospital website via this link</p>

Services & Activities	Services in place- Description
<p>Community Paediatrics</p>	<p>The community paediatric service deliver services for children who may be experiencing;</p> <ul style="list-style-type: none"> ● Children with developmental delay. ● Children with social and communication difficulties. ● Children with complex medical needs. ● ADHD assessment, treatment and monitoring. ● Child protection service covering physical, sexual and emotional abuse. ● Behaviour problems for the under 5s. ● Liaison with other professionals caring for the child. <p>Community Paediatricians deliver services for children where there are concerns about neurodevelopmental delay including assessment for ASD (Autistic Spectrum Disorder) and ADHD (Attention Deficit Hyperactivity Disorder) and associated behaviour problems.</p> <p>For more information you can also visit the Alder hey website</p>
<p>Community equipment</p>	<p>The Community Equipment Service provides health and social care equipment to meet the needs of Sefton children, enabling safe discharge from hospitals and promoting independence and mobility in the home environment. They work closely with the occupational therapy team to ensure children requiring equipment; receive it to maintain their daily functions.</p>
<p>Community diabetes team</p>	<p>Sefton have a Community Diabetes Team and the nurses can be accessed by referral from a GP or consultant.</p> <p>They deliver 'Drop in' clinics, with no appointment needed. The 'drop in' clinics are mainly for problems with meters, insulin pens and for general advice. If a person needs further investigation / advice / changes in medication an appointment will be arranged for them to see a Diabetes Specialist Nurse for a full assessment.</p>
<p>Asperger's team</p>	<p>Sefton Asperger service provides diagnosis and support for people living with Asperger Syndrome from its base at the Hesketh Centre in Southport. Their aim is to provide specialist support for those people who may have previously fallen through the gaps by not being regarded as having a mental health problem or a learning disability.</p> <p>The team utilise creative interventions which help with the social and communication difficulties faced by people with Asperger syndrome, their families and care teams. The team works with other services such as social services and local colleges to help support service users.</p> <p>Anyone aged 18 years and over may self-refer or be referred by another person for example a family member; GP or other mental health professional.</p>

Services & Activities	Services in place- Description
Educational psychology service	Support the learning and wellbeing of children and young people.
Aiming High	
Summerscheme-	Some schools and other locations offer a range of activities during the summer break period
Aiming High - Specialist After-School Club	<p>Some schools and other locations offer sessions that cater for children aged 6 – 11 years with complex needs in a closely supervised, safe environment. Here children can build on skills such as independence, social skills, physical and emotional skills. Different activities are planned on a weekly basis for the young people. They can choose to participate in these activities or just have some free play.</p> <p>All young people must be referred to the Aiming High Team in order to access this session, as correct staffing ratios must be in place as we are governed by Ofsted regulations.</p>
Aiming High - Phoenix Youth Club	<p>This session provides opportunities for disabled young people/young adults aged 11 – 19 to socialise, increase independence and to influence the services available to them whilst in a safe and encouraging environment.</p> <p>All young people must be referred through the Aiming High Team in order to access this session, as correct staffing ratios must be in place as we are governed by Ofsted regulations.</p>
Aiming High - Phoenix Social Club	<p>This session provides opportunities for disabled young people/young adults with Autistic Spectrum Conditions aged 11 - 19 to socialise, increase independence and to influence the services available to them whilst in a safe and encouraging environment.</p> <p>All young people must be referred to the Aiming High Team in order to access this session.</p>
Aiming High - Alchemy	<p>This session provides opportunities for disabled young people/young adults with Autistic Spectrum Conditions aged 11 – 25 to socialise, increase independence and to influence the services available to them whilst in a safe and encouraging environment.</p> <p>All young people must be referred to the Aiming High Team in order to access this session, as correct staffing ratios must be in place as we are governed by Ofsted regulations.</p>
Aiming High - Aiming for the Stars	<p>Aiming for the stars is a musical theatre session aimed at disabled children aged 6-19. The sessions aim is to help to improve confidence, self-esteem and skill set in singing, dancing and acting. We hope to improve development by integrating our young people into Shine's annual showcase, this will involve them planning, coming up with their own ideas and will also include costume design. The young people will get to attend numerous rehearsals with the other performers from Shine to help develop their social skills and also give them an insight into the professional world of performing arts. The young people will get to perform for their families and also showcase their work on a regular basis at our Aiming High Family Fun Days.</p> <p>All are welcome, provided they have been referred into the Aiming High Team and meet criteria.</p> <p>Aiming for the Stars also runs on a Monday, after school at Dunes Leisure Centre, The Promenade, Southport, PR8 1RX.</p>

Services & Activities	Services in place- Description
Aiming High - Nature Group	This session provides an opportunity for young people, aged between 6 and 10 and 11 years plus to gain independence while learning about the Sefton’s coastline, forestland. The programme is in conjunction with the Coast and Countryside Team which brings their skills and knowledge to the sessions. Young people have the opportunity to be outdoors, be a part of nature and develop new friendships in a safe, engaging environment. All young people must be referred into the Aiming High Team in order to access these sessions.
Aiming High - Specialist Saturday Club Primary	This session caters for children aged 6–11 years with complex needs in a closely supervised, safe environment. Here children can build on skills such as independence, social skills, physical and emotional skills. Different activities are planned on a weekly basis for the young people. They can choose to participate in these activities or just have some free play. All young people must be referred to the Aiming High Team in order to access this session, as correct staffing ratios must be in place as we are governed by Ofsted regulations.
Aiming High - Football - Ability Counts	These sessions offer coaching and skills training by fully qualified FA coaches. The young people gain confidence and self-esteem by achieving and gaining success in the multi skill coaching drills, and then finish the session off with a competitive game which helps create team spirit as well as strengthening and widening friendship groups. The team also play regularly in Liverpool County FA Ability Counts Football League. All young people must be referred to the Aiming High Team in order to access this session.
Aiming High - St Joseph’s Youth Club (Junior)	This session provides opportunities for disabled young people/young adults with Autistic Spectrum Conditions aged 10 - 12 to socialise, increase independence and to influence the services available to them whilst in a safe and encouraging environment. All young people must be referred to the Aiming High Team in order to access this session.
Aiming High - The NAC Youth Club	This session provides opportunities for disabled young people/young adults aged 11– 19 to socialise, increase independence and to influence the services available to them whilst in a safe and encouraging environment. All young people must be referred to the Aiming High Team in order to access this session, as correct staffing ratios must be in place as we are governed by Ofsted regulations.
Aiming High - Specialist Saturday Teen Club Secondary	This session caters for children aged 11-19 years with complex needs in a closely supervised, safe environment. Here children can build on skills such as independence, social skills, physical and emotional skills. Different activities are planned on a weekly basis for the young people. They can choose to participate in these activities or just have some free play. All young people must be referred to the Aiming High Team in order to access this session, as correct staffing ratios must be in place as we are governed by Ofsted regulations.

Services & Activities	Services in place-Description
<p>Aiming High - Active & Able</p>	<p>These sessions are for children and young people of all abilities and disabilities to take part in and try various sports including football, basketball, boccia and athletics, followed by a swim. With specialist events often held at the leisure centres across the borough this is a great club to perfect favourite sports and meet new friends.</p> <p>All young people must be referred to the Aiming High Team in order to access this session, as correct staffing ratios must be in place.</p> <p>Active & Able sessions run at: Crosby Leisure Centre (6+ years) Bootle Leisure Centre (6+ years) Dunes Leisure Centre (6+ years)</p>
<p>Aiming High - Southport Junior PHAB Club (Phabkids)</p>	<p>Phab's aim is to promote and encourage people of all abilities to come together on equal terms, to achieve complete inclusion within the wider community through leisure time activities. The age group is for children aged 6+.</p>
<p>Aiming High - Aintree Junior Youth Club</p>	<p>Aintree Junior Youths is one of Aiming High's youth sessions for disabled young people aged 10 - 12 years. It runs every Tuesday during school term at Aintree Village Youth and Community Centre. Whilst there, young people can socialise with their friends in a safe, engaging environment. The club offers a large social area, arts and craft room, an ICT suite and a secure outside area with flower/vegetable beds and plenty of space for outdoor games and sport. It is the perfect space to develop friendships, experience new opportunities to build self-esteem, confidence and to be more independent.</p> <p>The sessions follow the same format as Aiming High's other Youth Sessions. 'Junior Youths' are encouraged to share their 'voices' and identify what they wish to do, helping staff to plan and deliver a range of activities for them. These include sessions that look at youth issues in the world today, equipping disabled young people with the knowledge and skills to help them confidently make the right choices and assist them in later life.</p>
<p>Other Council Provision</p>	

Services & Activities	Services in place-Description
<p>0-19 provision</p>	<p>Offers an integrated universal Public Health Service that delivers Health Visiting, Breastfeeding Support, School Nursing and school aged immunisations. The service is delivered by North West Boroughs Healthcare NHS Foundation Trust and aims to give every child in Sefton the best start in life and help support young people to make healthier choices.</p> <p>Health Visitors are registered nurses or midwives who have a specialised qualification in the care and development of pre-school children. The health visiting team works in accordance with the Healthy Child Programme, which is a national programme aimed at promoting health and wellbeing for all children by:</p> <ul style="list-style-type: none"> ● Keeping children healthy and safe ● Encouraging healthy eating and physical activity ● Preventing disease through immunisation ● Promoting breastfeeding ● Improving readiness for school ● Checking development pre-school and school age ● Addressing risky behaviour <p>Every school in Sefton has a School Nurse who works as part of the integrated 0-19 service to deliver the Healthy Child Programme to children aged 4-19 years within the borough of Sefton. The School Nursing service plays an active role in safeguarding vulnerable children and young people and offers:</p> <ul style="list-style-type: none"> ● Advice, information and support on all aspects of health and wellbeing encompassing both physical and emotional health. ● A health needs assessment which is completed by parents of reception aged children and pupils in years 6, 9 and 11. ● Health screening for all reception aged children which includes height, weight, vision and hearing and height and weight measurement offered to all pupils in Year 6. ● Annual health assessments for looked after children. ● Support for young carers.

Services & Activities	Services in place-Description
<p>Family Wellbeing Centres</p>	<p>Family Wellbeing Centres offer support with:</p> <ul style="list-style-type: none"> ● Parenting - parents to be, new parents, behaviour, speech and language ● Health - midwifery, health visitors, mental health, healthy eating, sexual health ● Employment - including training and apprenticeships ● Education - early learning, attendance, further education, achievements ● Leisure - social opportunities, events, clubs, activities ● Relationships - counselling, loneliness, bereavement ● Welfare - benefits, debt advice, housing <p>To access an activity or intervention from one of the family wellbeing centres please complete the Family Wellbeing Referral Form and send it to the Early Help Front Door (early.help@sefton.gcsx.gov.uk) or local centre,</p>
<p>Libraries</p>	<p>There are 6 libraries in Sefton. What's on offer, how to find your local library, and opening times is available on the Council website. This includes a Home Visit Library Service for Sefton residents who experience difficulties getting to a local branch library by themselves.</p> <p>You can also borrow e-books and e-audiobooks through the Sefton Library Service app. It's free to download and gives readers the flexibility to borrow and reserve multiple titles anywhere in the borough.</p>
<p>Home to school transport</p>	<p>The LA has a statutory duty, and in appropriate circumstances discretionary powers to provide assistance with home to school travel, based on a pupil's individual needs and circumstances.</p> <p>Where appropriate the service seeks to empower young people and their families to become more confident and connected through independent travel. The service will support them in developing sustainable travel skills.</p> <p>This could be through travel passes, Independent Travel Training (ITT) or Personal Travel Budget (PTB). The Council will offer commissioned transport where there is no viable alternative available to the student.</p>
<p>Springbrook</p>	<p>Springbrook's primary role is to provide short residential breaks to disabled young people usually between the ages of 8-17 years who have been identified as needing such a service by a Social Worker assessment.</p> <p>Springbrook can accommodate up to 5 young people at any one time. This, however, is dependent on the assessed care needs of individual people.</p> <p>Springbrook is committed to offering individualised programme of stays for service users in a homely, friendly, fun environment.</p>

Services & Activities	Services in place-Description
<p>Leisure Centres</p>	<p>Leisure Centres offer a whole host of activities to help people achieve a healthier lifestyle. They offer a range of options for children and young people and help young people across Sefton find a sport or activity that they love and want to become a part of for a long time. Whether it's swimming or team sports, short sessions or holiday camps you're looking for, they're sure to offer something for all.</p> <p>Plus, Crosby Lakeside Adventure Centre offers a host of fun-filled water-based adventures for all ages</p>
<p>Be Active</p>	<p>Every school holiday, fully qualified, experienced and enthusiastic Be Active coaches deliver a great range of activities to children aged 3-16 across Sefton. A fantastic way for children to keep active, have fun and make friends in a safe environment, our activities include one to five-day camps, shorter sessions and reduced cost swim and splash sessions.</p>
<p>Natural Alternatives Programme</p>	<p>This is a biodiversity and access programme providing work and training opportunities for local people to manage the coast and countryside areas of Sefton.</p> <p>It provides a safe, secure and challenging work environment for participants providing training, education and work experience for</p> <ul style="list-style-type: none"> ● local disengaged young people ● vulnerable adults ● adults and young people with learning disabilities ● volunteers <p>It is an environment where they can add to their knowledge, improve their work skills, confidence, and self-esteem, and become an integral member of the team.</p> <p>Based at the Ainsdale Discovery Centre Complex people can either work in a specialist woodworking unit or on various other projects including nature trails, access, woodland and nature reserve management and rights of way maintenance.</p> <p>The woodwork unit manufactures countryside timber products for use on coast and countryside in Sefton.</p>
<p>The Targeted Youth Prevention (TYP)</p>	<p>The Targeted Youth Prevention (TYP) Team work with young people to promote young peoples', personal and social development, enable them to be safer, have less opportunity for negative behaviour and enable them to have a role, influence and place in their communities and society.</p> <p>The team seeks to safeguard young people, particularly those who are vulnerable, offering safe places to explore their identity, experience decision making, increase confidence, develop inter-personal skills and think through the consequences of their actions which leads to better informed choices, changes in behaviour, improved outcomes and better life chances.</p>

Services & Activities	Services in place- Description
Community Learning	<p>The Sefton Community Learning Service is committed to inclusion and equal opportunity of learning for all adults regardless of their sexuality, race or ability.</p> <p>The prospectus is updated on a regular basis.</p>
Sefton@Work	<p>Sefton@Work offers a range of free and confidential job-related services to residents aged 16 years and above throughout Sefton.</p>
Voluntary Services	
Sefton CVS	<p>Sefton CVS co-ordinate several Children' and Young Peoples Services that are inclusive to some Children and Young People with SEND. Many would not recognise themselves as doing so or as specialised services as such.</p>
Buddy up scheme	<p>Buddy Up is commissioned by Aiming High Short Breaks services and a part of Sefton's short breaks offer. Buddy Up is a mentoring and befriending project for young people aged between 13 and 18 who have additional needs and are at risk of social isolation. The project support's these young people to engage in fun, age appropriate activities in their local community with the support of peer mentors. This helps to reduce social isolation, increase confidence and self-esteem, improve independence skills and prepare the young person for adulthood.</p> <p>The project works with mainstream schools, colleges, universities and youth groups to identify and recruit peer mentors aged between 13 and 25 who are keen to volunteer within their community and have the relevant skills to fulfil a peer mentor role.</p>
Sefton Carers Centre	<p>Sefton Carers Centre provides free advice and guidance, emotional and practical support, training and a range of holistic therapies for unpaid carers living in Sefton.</p>
Sefton Young Carers Sefton Carers Centre	<p>The Sefton Young Carers Service provides support to children and young people between 5 and 17 years of age who look after someone in their family who could not manage without this help.</p> <p>Sefton Young Carers Service work alongside families, schools and professionals to ensure that the role of young carers are supported and recognised - including by young carers themselves. All young carers are entitled to an assessment of their needs and to receive appropriate personalised support.</p>
Together Trust	<p>The Together Trust is a voluntary organisation providing a wide range of care, special education and community services for children and adults with autism, learning difficulties and/or complex needs.</p>
Home Start - Southport and Formby	<p>A voluntary organisation committed to promoting the welfare of families with at least one child under 5 years of age. Volunteers offer regular support, friendship and practical help to families under stress in their own homes to prevent family crisis and breakdown.</p> <p>SEND support is incorporated into their role in supporting families</p>

Services & Activities	Services in place-Description
Autism Initiatives	<p>Autism Initiatives offers specialist day services, residential, supported living services, and short breaks services to adults with Autistic Spectrum Conditions.</p> <p>They also run Peterhouse School in Southport, support autistic children who are in mainstream education, and facilitate parent support groups.</p>
Sefton Emotional Achievement Service (SEAS)	<p>Undertakes specific Emotional and Wellbeing work with Children with Additional Needs – members are VENUS, PSS, Space (MYA), Parenting 2000 and Sefton CVS. Please see the Sefton Local Offer for further information on these organisations.</p>
Information and Advice	
Sefton’s Information, Advice and Support Service (SENDIASS)	<p>The jointly commissioned SENDIASS service. This is a statutory service that provides confidential and impartial information, advice and support to disabled children and young people, and those with SEN, and their parents (who have children/young people 0-25 yrs). The services are impartial, accessible and free and all staff are independently legally trained.</p>
SENIS - The Special Educational Needs and Inclusion Service	<p>The SENIS Early Years Team provide advice and guidance on including children aged 0-5 years who have, or may have, special educational needs. They work closely with families and early years settings in helping to understand young children’s strengths and needs and finding ways to promote all aspects of their learning and development. Their work includes:</p> <ul style="list-style-type: none"> ● contributing to the assessment of children’s needs e.g. through observations, direct work and discussions with those who know the child best ● helping to plan and review interventions and monitor progress ● working with other agencies including speech and language therapists and community paediatricians ● supporting children’s transitions ● signposting families and settings to other services ● developing and training

Useful Links:

Council website People and Place Information

sefton.gov.uk/your-council/plans-policies/business-intelligence,-insight,-performance/borough-ward-profiles.aspx

Council website Children & Young People's Plan

sefton.gov.uk/media/1633080/children-and-young-peoples-plan-2020-2025.pdf

Council website Sefton Integrated Early Help Strategy for Children, Young People and Families

sefton.gov.uk/media/1630716/Sefton-Early-Help-Strategy-2019-2025-Final-.pdf

CAMHS

freshcamhs.org/contact/

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Speech and Language Services

nhs.uk/services/speech-and-language-therapy/speech-and-language-therapy-sefton

School Transport -

sefton.gov.uk/schools-learning/home-to-school-transport.aspx

Local Offer

seftondirectory.com/kb5/sefton/directory/localoffer.page?localofferchannel=0

SENIS Early Years

seftondirectory.com/kb5/sefton/directory/advice.page?id=VIDvJK2cDjg

SEND Code of Practice

gov.uk/government/publications/send-code-of-practice-0-to-25

SENDIASS

seftondirectory.com/kb5/sefton/directory/service.page?id=wBXaryM_SUo

Sefton Parent Carer Forum

seftonparentcarerforum.co.uk/about/

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SEND – Joint Commissioning Strategy Action Plan 2020 - 2023



Background

This action plan was developed to address the needs and priorities identified in the Joint Commissioning Strategy for SEND 2020 – 2023. This is a partnership plan that will be reviewed on an annual basis. The delivery of the Joint Commissioning Strategy for SEND and progress against delivery of this Action Plan will be overseen by the Children's and Young Peoples Partnership Board.

Our Strategic Priorities

Our analysis of this information on need, demand and experience, coupled with legislative obligations and the need to deliver within a defined budget envelope have led us to identify the following priorities for our system:

- A comprehensive offer of support which is accessible in our local community
- High aspirations for all our children and young people
- The opportunity to provide support at the earliest opportunity
- To work with families and young people to maximise choice and control.

Note this Action Plan should be considered in conjunction with the SEND Joint Commissioning Strategy, Joint Commissioning Strategy and Market Position Statement for Children & Young People and the Looked After Children & Care Leavers Sufficiency Statement.

Our Plan

Priority 1 - A comprehensive offer of support accessible in our local community.					
The Outcomes we are aiming for	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Date to be achieved by
An accessible Local Offer that meets local need	Review of Local Offer using SEND Needs Assessment, feedback from engagement activities and feedback from reviews.	Families and schools have told us that the current Local Offer is difficult to navigate. Improve our understanding of need and have a more responsive and inclusive offer.	Improved accessibility and navigation of Local Offer. Good quality information is more readily accessible to all on what is available. People are more aware of and access opportunities available to them.	Head of Communities	April 2021
	Encourage universal services to be more inclusive of children and young people with SEND	Encourage a wide range of activities that help address the identified growing need to address social isolation.	Children and Young People with SEND and their families feel included. People will be able to signpost individuals and families to opportunities.	Head of Education Excellence Children and Young People Commissioning Lead	April 2022

Priority 2 - High aspirations for all our children and young people

The Outcomes we are aiming for	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Date to be achieved by
<p>Good Education, Employment and Training Opportunities are available for 16-25-year olds</p>	<p>Develop an effective Post 16 pathway for young people with SEND.</p> <p>Review best practice nationally.</p> <p>Identify barriers to a more diverse post 16 offer and support to remove those barriers.</p> <p>Develop relationships with employers to promote inclusivity in the workplace.</p>	<p>To make young people and their families more aware of the opportunities available to them.</p> <p>To strengthen our communities by creating opportunities for our young people.</p>	<p>People are more aware of Education, Employment and Training opportunities available to them.</p> <p>The professionals working with our young people will feel confident, empowered and connected to signpost young people to opportunities.</p> <p>More young people will benefit from education, employment and training offer.</p>	<p>Head of Education Excellence</p>	<p>April 2022</p>

Priority 3 - Providing support at the earliest opportunity - Pathway review and establishment in key areas to ensure maximised efficiency and effectiveness of service offer

The Outcomes we are aiming for	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Date to be achieved by
Support is accessible at the earliest opportunity	To implement neurodevelopmental diagnostic pathway across Sefton which includes NICE compliant diagnostic pathway for ASD	To improve outcomes for children & young people by ensuring they have access to seamless pathways to correctly identify needs.	Improved outcomes for children & young people. Case studies and audits will evidence that practitioners are maximising support to our young people.	Chief Nurse	Implementation Q1 2020 (April to June)
	Review and renew jointly the specifications and performance management frameworks of specialist and targeted support services, priorities are SALT, Paediatric OT and Sensory services.	To maximise the opportunities associated with these specialist and targeted support services. To ensure that provider contracts are aligned to ensure a timely flow of high quality performance data, including impact measures.	Improved outcomes for children & young people. Future commissioning will be informed timely quality data.	Head of Education Excellence Director of Strategy and Outcomes	April 2022

Priority 3 - Providing support at the earliest opportunity - Pathway review and establishment in key areas to ensure maximised efficiency and effectiveness of service offer

The Outcomes we are aiming for	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Date to be achieved by
	Explore opportunities for early help/ brief interventions from universal practitioners and voluntary, community and faith sector to reduce the need/ pressure on specialist services e.g. Health visitor training in Speech, Language and Communication Needs (SCLN)	To secure improved access to services to enable early diagnosis and to implement relevant care plans.	Children and young people accessing services in a timely manner to enable them to reach their outcome goals. The workforce will be trained and designed to meet the needs of children and young people with SEND.	Head of Education Excellence Children and Young People Commissioning Lead	April 2021
	Train and develop the early years workforce for children with SEND.	To improve early identification, provision and support at the early years phase.	To ensure all children with SEND have the right support as early as possible and are school ready.	Head of Education Excellence Chief Nurse	October 2021

Priority 4 - Working with Families and Young People to maximise Choice and Control.

The Outcomes we are aiming for	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Date to be achieved by
To increase the use of Personal Health Budgets (PHB) as part of EHCPs	To develop a campaign to promote the use of PHBs as part of delivery of EHCPs	To provide an opportunity for young people, their families and/or carers to have more control of the commissioning of SEND support bespoke to their health needs.	Increased satisfaction from parents, carers and young people as a personal health budget will increase their control and choice. Improved outcomes for young people.	Head of Education Excellence Chief Nurse	In line with SEND Improvement Plan
Children and young people with SEND are supported at home	Develop and implement of an All Age Assistive Technology strategy. Expand use and resource of assistive technology to support and promote greater independent living.	To provide an opportunity for children and young people with SEND, their families and/or carers to have effective support in the home.	Increased use of adaptations and equipment in the home to improve mobility/safety in the home and support independence.	Head of Education Excellence Director of Strategy and Outcomes	April 2022
An age appropriate short break offer including Aiming High	Implement a review of the current offer involving young people and their parents/carers in redesigning the offer.	To coproduce an age appropriate offer within Aiming High.	Increased satisfaction from parents, carers and young people.	Head of Communities	April 2021

Agenda Item 6

Report to:	Cabinet	Date of Meeting:	28 May 2020
Subject:	Appointment to Liverpool University Hospital NHS Foundation Trust University Hospital Council of Governors		
Report of:	Chief Legal and Democratic Officer	Wards Affected:	(All Wards);
Portfolio:	Regulatory, Compliance and Corporate Services		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

The report seeks to appoint an elected Member as a Governor of the Liverpool University Hospitals NHS Foundation Trust University Hospital Council following the resignation of Councillor Friel from that position.

Recommendation:

That Councillor Tony Carr be appointed as the Sefton Council representative to the Liverpool University Hospitals NHS Foundation Trust University Hospital Council of Governors, with immediate effect, until 2 December 2022.

Reasons for the Recommendation(s):

The Cabinet has delegated powers set out in Chapter 5, Paragraph 40 of the Constitution to appoint the Council's representatives to serve on Outside Bodies.

Alternative Options Considered and Rejected:

None

What will it cost and how will it be financed?

(A) Revenue Costs

None arising from this report.

(B) Capital Costs

None

Implications:

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

Agenda Item 6

Financial
Legal Paragraph 40 of Chapter 5 in the Constitution gives the Cabinet delegated powers to make appointments to Outside Bodies, appropriate.
Human Resources
Equality 1. No Equality Implication <input checked="" type="checkbox"/>
2. Equality Implications identified and mitigated <input type="checkbox"/>
3. Equality Implication identified and risk remains <input type="checkbox"/>

Contribution to the Council's Core Purpose:

Protect the most vulnerable: The appointment of Council representative will ensure that the interests of residents of Sefton are taken into account.
Facilitate confident and resilient communities: As above
Commission, broker and provide core services: As above
Place – leadership and influencer: As above
Drivers of change and reform: As above
Facilitate sustainable economic prosperity: As above
Greater income for social investment: As above
Cleaner Greener: As above

Impact of the Proposals on Service Delivery:

The appointment of Council representative will ensure that the interests of residents of Sefton are taken into account

What consultations have taken place on the proposals and when?

The Executive Director of Corporate Resources and Customer Services (FD6028/20) has been consulted and notes the report indicates no new direct financial implications for the Council.

The Chief Legal and Democratic Officer (LD4211/20) has been consulted and comments have been incorporated into the report

Implementation Date for the Decision

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting

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Background Papers:

There are no background papers available for inspection

1. Introduction/Background

- 1.1 The Cabinet has delegated powers set out in Chapter 5, Paragraph 40 of the Constitution to appoint the Council’s representatives to serve on Outside Bodies.
- 1.2 At its meeting held on 7 November 2020 Cabinet approved the appointment of Councillor Friel to serve as a Governor on the Liverpool University Hospitals NHS Foundation Trust University Hospital Council of Governors. The term of office of the appointment was for the period 2 December 2020 to 2 December 2022.
- 1.3 Councillor Friel resigned from this position on 9 March 2020. Accordingly, there is now a Governor vacancy that Sefton Council is entitled to fill.
- 1.4 Representations have been received from the Labour Group that Councillor Tony Carr be appointed to fill this vacancy; and Cabinet is recommended to approve this request.

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