

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,

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

High Needs funding has only increased by £2.3m (9%).

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.

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.

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.

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,".

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 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

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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

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

- 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

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

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.

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	Performance Target								Commentary	
			Baseline - National Average	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 1/1	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


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

			Performance Target								Commentary	
KPI	Action	Frequency	Baseline	Performance	Direction of Travel	Oct-19	Jan-20	Apr-20	Jul-20	Oct-20		Jun-21
			Q1 2019	Dec-19		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%	 Performance has improved on the previous period, but remains below baseline & target.	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.								
KPI 1/2a	% of New EHCPs commenced 01.01.20 completed within statutory timescales	Quarterly	TBC	NA	 - First month performance is ahead of April 2020 target	-	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%	 Performance remains below baseline & target, but plans in place to action progress	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

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

KPI	Action	Frequency	Baseline Jul-19	Performance Dec-19	Direction of Travel	Performance Target						Commentary
						Oct-19 3 Months	Jan-20 6 Months	Apr-20 9 Months	Jul-20 12 Months	Oct-20 18 Months	Jun-21 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	Baseline Jul-19	Current Performance Dec-19	Direction of Travel	Performance Target						Commentary
						Oct-19 3 Months	Jan-20 6 Months	Apr-20 9 Months	Jul-20 12 Months	Oct-20 18 Months	Jun-21 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.




			Performance Target							Commentary
			Baseline		Direction of Travel	Dec-19	Jun-20	Oct-20	Jun-21	
KPI	Action	Frequency	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


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

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	