



Essex County Council

# Essex Health and Wellbeing Board

<b>10:00</b>	<b>Wednesday, 28 April 2021</b>	<b>Online Meeting</b>
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The meeting will be open to the public via telephone or online. Details about this are on the next page. Please do not attend County Hall as no one connected with this meeting will be present.

**For information about the meeting please ask for:**

Judith Dignum, Democratic Services Officer

**Telephone:** 033301 34579

**Email:** [democratic.services@essex.gov.uk](mailto:democratic.services@essex.gov.uk)

## Essex County Council and Committees Information

All Council and Committee Meetings are held in public unless the business is exempt in accordance with the requirements of the Local Government Act 1972.

In accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020, this meeting will be held via online video conferencing.

Members of the public will be able to view and listen to any items on the agenda unless the Committee has resolved to exclude the press and public from the meeting as a result of the likely disclosure of exempt information as defined by Schedule 12A to the Local Government Act 1972.

### How to take part in/watch the meeting:

**Participants:** (Officers and Members) will have received a personal email with their login details for the meeting. Contact the Democratic Services Officer if you have not received your login.

### Members of the public:

#### Online:

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<https://tinyurl.com/yynr2tpd> where you will be able to watch live or view the meeting at a later date. If you want to ask a question at the meeting, please email [democratic.services@essex.gov.uk](mailto:democratic.services@essex.gov.uk) by 10.30am on the third working day before the

meeting. Please note that your question must be relevant to the business of the Board.

## **Accessing Documents**

If you have a need for documents in, large print, Braille, on disk or in alternative languages and easy read please contact the Democratic Services Officer before the meeting takes place. For further information about how you can access this meeting, contact the Democratic Services Officer.

The agenda is also available on the Essex County Council website, [www.essex.gov.uk](http://www.essex.gov.uk) From the Home Page, click on 'Running the council', then on 'How decisions are made', then 'council meetings calendar'. Finally, select the relevant committee from the calendar of meetings.

Please note that an audio recording may be made of the meeting – at the start of the meeting the Chairman will confirm if all or part of the meeting is being recorded.

		<b>Pages</b>
<b>1</b>	<b>Membership, Apologies, Substitutions and Declarations of Interest</b>	<b>5 - 6</b>
<b>2</b>	<b>Minutes: 17 March 2021</b>	<b>7 - 18</b>
<b>3</b>	<b>Public Questions</b>	
	The Chairman to respond to any questions from members of the public which are relevant to the business of the Board and of which advance notice has been given. Questions must be notified to the Board Secretary at <a href="mailto:democratic.services@essex.gov.uk">democratic.services@essex.gov.uk</a> by 10.30am on the third working day before the meeting (ie Friday 23 April). Questioners are asked to provide their name and address. Further information (including the provision for the Chairman to consider requests for urgent questions received by 5pm on the day before the meeting) may be found on the Council's website <a href="#">here</a>	

**4 Fit for the Future (FP/08/21) - to follow**

10.10-10.55

Following discussion and agreement at the March meeting, a discussion on the creation of a programme of actions. We will be keen to hear what each part of the system intends to do, how we can ensure collaboration and complementarity without bureaucracy and what assistance partners may require from others.

**\* BREAK 10.55-11.00**

**5 Improving the Special Educational Needs and Disabilities (SEND) system in Essex (HWB/07/04/21) 19 - 42**

11.00-11.45

To:

- inform the Board of the progress made against the written statement of action following the SEND Care Quality Commission (CQC)/Ofsted inspection in October 2019, the revised governance arrangements in place for SEND across the local area, the Essex Family Forum's (EFF) survey, the SEND Improvement Board's response and next steps;
- update the Board on SEND tribunals in Essex and proposed next steps;
- facilitate a discussion on the ambitions, challenges and concerns set out in the SEND programme in Essex.

**6 Forward Plan 43 - 44**

11.45am

To discuss the latest Forward Plan and consider requests for additional items.

## **7 Date of next meeting**

To note that the next meeting of the Board will take the form of a private workshop focusing on mental illness. It will take place online via Zoom at **10am on Wednesday 26 May 2021**. The next **formal** meeting of the Board will be held at **10am on Wednesday 21 July 2021** (location to be confirmed).

## **8 Urgent Business**

To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency.

### **Exempt Items**

(During consideration of these items the meeting is not likely to be open to the press and public)

The following items of business have not been published on the grounds that they involve the likely disclosure of exempt information falling within Part I of Schedule 12A of the Local Government Act 1972. Members are asked to consider whether or not the press and public should be excluded during the consideration of these items. If so it will be necessary for the meeting to pass a formal resolution:

**That the press and public are excluded from the meeting during the consideration of the remaining items of business on the grounds that they involve the likely disclosure of exempt information falling within Schedule 12A to the Local Government Act 1972, the specific paragraph(s) of Schedule 12A engaged being set out in the report or appendix relating to that item of business.**

## **9 Urgent Exempt Business**

To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency.

**Committee:** Essex Health and Wellbeing Board (EHWB)

**Enquiries to:** Judith Dignum, Democratic Services Officer  
[Judith.dignum@essex.gov.uk](mailto:Judith.dignum@essex.gov.uk)

## **Membership, Apologies, Substitutions and Declarations of Interest**

### **Recommendations:**

To note:

1. Membership as shown below - there have been no changes since the last meeting.
2. Apologies and substitutions
3. Declarations of interest to be made by Members in accordance with the Members' Code of Conduct

### **Membership**

(Quorum:

One quarter of the membership and will include:

- At least one Essex County Council Elected Member
- At least one Clinical Commissioning Group Representative
- Essex County Council either Director of Adult Social Care, Director of Children's Services or Director for Public Health.

### **Statutory Members**

Councillor John Spence	Chairman, EHWB
Dr Hasan Chowhan	North East Essex CCG
Dr Anna Davey	Mid Essex CCG
Sam Glover	Healthwatch Essex
Dr Rob Gerlis	West Essex CCG (named substitute: Dr Angus Henderson)
Dr Mike Gogarty	Essex County Council Director of Public Health (DPH)
Helen Lincoln	Essex County Council Director of Children's Services (DCS) (named substitute: Clare Kershaw)
Councillor Louise McKinlay	Essex County Council
Councillor John Moran	Essex County Council
Nick Presmeg	Essex County Council Director of Adult Social Care (DASS)
Dr Kashif Siddiqui	Castle Point and Rochford CCG (tbc)
Dr 'Boye Tayo	Basildon and Brentwood CCG*

### **Other Members**

Georgina Blakemore	Borough/City/District Councils (ECEA rep)
Paul Burstow	Independent Chair, Hertfordshire and West Essex STP/ICS

Councillor Graham Butland  
Councillor Mark Cory  
Cllr Peter Davey

Ian Davidson  
Dr Sunil Gupta  
Nick Hulme  
Brid Johnson  
Gavin Jones  
Jemma Mindham  
Clare Panniker  
Will Pope

Paul Scott  
Trevor Smith  
Michael Thorne  
Alison Wilson  
Simon Wood

**Non-voting Members**

Roger Hirst  
Deborah Stuart-Angus

David Archibald

Borough/City/District Councils  
Borough/City/District Councils  
Voluntary Sector - Essex Association of Local  
Councils (EALC)  
Borough/City/District Councils (ECEA Rep)  
Mid and South Essex CCG Joint Committee (tbc)  
Essex Acute Hospital Trusts  
Non-Acute Providers  
Chief Executive, Essex County Council  
Voluntary Sector (Rainbow Services, Harlow)  
Essex Acute Hospital Trusts  
Independent Chair, Suffolk and North East Essex  
STP/ICS  
Essex mental health and non-acute providers  
Essex Acute Hospital Trusts  
Independent Chair, Mid and South Essex STP/ICS  
Voluntary Sector – Mind in West Essex  
NHS Commissioning Board Essex LAT Director

Essex Police, Fire and Crime Commissioner  
Independent Chair of the Essex Safeguarding Adults  
Board  
Independent Chair/Facilitator of the Essex  
Safeguarding Children Board

## Minutes of the meeting of the Essex Health and Wellbeing Board held via Zoom at 10:00am on Wednesday 17 March 2021

### Present:

#### Board Members (Statutory)

Cllr John Spence	Essex County Council ( <b>Chairman</b> )
Dr Hasan Chowhan	North East Essex CCG
Dr Anna Davey	Mid Essex CCG
Dr Rob Gerlis	West Essex CCG
Samantha Glover	Healthwatch Essex
Dr Mike Gogarty	Essex County Council (Director, Wellbeing, Public Health and Communities)
Clare Kershaw	Essex County Council (substitute for Helen Lincoln, Director of Children's Services)
Cllr John Moran	Essex County Council
Nick Presmeg	Essex County Council
Cllr Andrew Sheldon	Essex County Council (substitute for Cllr Louise McKinlay)
Dr Kashif Siddiqui	Castle Point and Rochford CCG
Dr 'Boye Tayo	Basildon and Brentwood CCG

#### Board Members (Other)

Tom Abell	Essex Acute Hospital Trusts (substitute for Clare Panniker)
Paul Burstow	Independent Chair, Hertfordshire and West Essex ICS
Cllr Mark Cory	Borough/City/District Councils
Cllr Peter Davey	Voluntary Sector (Essex Assn of Local Councils)
Ian Davidson	Borough/City/District Councils (ECEA Rep)
Dr Sunil Gupta	Mid and South Essex CCG Joint Committee
Nick Hulme	Essex Acute Hospital Trusts
Jemma Mindham	Voluntary Sector
Professor William Pope	Independent Chair, Suffolk and North East Essex ICS
Professor Mike Thorne	Independent Chair, Mid and South Essex Health and Care Partnership
Sue Waterhouse	Essex Mental Health and Non-Acute Providers (substitute for Paul Scott)
Simon Wood	NHS Commissioning Board Essex LAT Director

#### Co-opted Members

David Archibald	Independent Chair/Facilitator, Essex Safeguarding Adults Board
Roger Hirst	Essex Police, Fire and Crime Commissioner
Deborah Stuart-Angus	Independent Chair, Essex Safeguarding Adults Board

#### Other Attendees

David Akinsanya	Suffolk and North East Essex ICS
Gemma Andrews	Essex County Council
Brian Balmer	Essex Local Medical Committees
Claire Bartoli	Essex County Council
Mark Carroll	Executive Director of Place and Public Health, Essex County Council

Jo Cripps	Mid and South Essex Health and Care Partnership
Tricia D'Orsi	Castle Point and Rochford CCG
Peter Fairley	Director, Strategy, Policy and Integration, Essex County Council
Michelle Grant-Richardson	Suffolk and North East Essex ICS
Dr Jane Halpin	Hertfordshire and West Essex ICS
Cllr Dave Harris	Essex County Council
William Hooper	Senior Strategy Adviser, Essex County Council
Susannah Howard	Suffolk and North East Essex ICS
Gary Hyams	Chair, Healthwatch Essex
Chris Martin	Essex County Council
Dr Rachael Morant	North East Essex CCG
Judith Dignum	Democratic Services Officer, Essex County Council

### 1. Membership, apologies, substitutions and declarations of interest

Apologies for absence were received from Board Members as follows:

Georgina Blakemore	Borough/City/District Councils
Cllr Graham Butland	Borough/City/District Councils
Anthony McKeever	Partnership Executive Lead and Joint Accountable Officer for Mid and South Essex CCGs
Cllr Louise McKinlay	Essex County Council
Clare Panniker	Essex Acute Hospital Trusts (for whom Tom Abell was substituting)
Paul Scott	Essex Mental Health and Non-Acute Providers (for whom Sue Waterhouse was substituting)

The Board noted that Jemma Mindham, CEO of Rainbow Services, Harlow, had replaced Lorraine Jarvis as the Voluntary Services representative. She had attended previous Board meetings as named substitute for Ms Jarvis.

### 2. Minutes and progress report on actions: 17 January 2021

The minutes of the Board meeting held on 17 January 2021 were agreed as a correct record and Members noted that all the actions agreed were complete.

### 3. Public Questions

None received.

### 4. Covid in Essex (HWB/03/21 a and b)

#### Impact of Covid on Public Health and Public Health Services (HWB/03/21a) Covid 19 Vaccination Equalities (HWB/03/21b)

The Board received updates on the latest position with regard to Covid in Essex, including a briefing from the Director of Public Health about the impact on public health and public health services and a report by Susannah Howard (Suffolk and North East Essex ICS) on work currently underway to promote equality and address health inequalities in the vaccination programme.

The following issues arose during consideration of the updates:



- With the easing of lockdown restrictions, it would be important for people to be vaccinated and to continue to observe social distancing. The impact would be carefully monitored. As people began to feel that life was returning to normal, meaningful communications messaging would be needed to encourage them to remain vigilant.
- Availability of Covid testing was to be increased in a national move towards regular testing, particularly for those with school-age children and those in frontline roles. For this to be most effective, disincentives, such as a lack of financial support for those self-isolating, would need to be addressed.
- Members requested action to ensure that vaccine promotion material was shared as widely as possible, for example at testing centres. It was suggested that communications from the Essex Wellbeing Service could be shared via the Essex Coronavirus Action Facebook page.
- Although vaccine take-up rates in Essex were generally good, there was a need to work with those who had not accepted an appointment in order to understand the reasons behind their reluctance and find ways to overcome this if possible. GPs welcomed an offer by Mike Gogarty for assistance from the Essex Wellbeing Service to contact those concerned.
- The Board highlighted mental health and physical activity as key future issues for public health, as well as continued focus on population health management, given the excellent progress being made in this area pre-pandemic. Members also referred to the need for capacity to enable a flexible response to issues which may emerge unexpectedly over the next 12-18 months, possibly associated with the general reluctance to access healthcare services during Covid, or the diversion of resources to delivery of Covid support.

During the course of debate, the Chairman on behalf of the Board recorded his appreciation for the vital and sustained contribution made by volunteers to the successful delivery of the vaccine programme. He expressed sincere thanks to them, and to those across the health, local government and voluntary sectors who had been responsible for their recruitment.

The briefing was **noted**.

### Action

Action	Lead / Comments
1. Ensure that vaccine promotion material is being shared as widely as possible.	Mike Gogarty
2. Liaise with GPs (via CCG Chairs) regarding the potential for the Essex Wellbeing Service to seek out and contact people in hard-to-reach groups who have not yet been vaccinated.	Mike Gogarty

## **5. Integrated Care System (ICS) / Health and Care Partnership (HCP) Verbal Updates**

The Board received and **noted** updates from the ICSs and HCP as set out below, focusing particularly on progress towards recovery from Covid:

- Hertfordshire and West Essex ICS: Dr Jane Halpin
- Mid and South Essex HCP: Jo Cripps and Tom Abell
- Suffolk and North East Essex ICS: Susannah Howard

Referring to recovery from Covid, Professor Mike Thorne highlighted that this may take longer in Mid and South Essex than elsewhere due to the high proportion of total Covid cases in the East of England which had been treated in the HCP's three acute hospitals. He congratulated Tom Abell, HCP staff and those working in social care and the voluntary sector for their hard work in managing the heavy workload.

The Chairman echoed Professor Thorne's comments and expressed thanks to all partners and colleagues for their efforts during the pandemic.

## **6. Southend, Essex and Thurrock Learning Disabilities Mortality Review (LeDeR): Annual Report 2019-20**

The Board received the Southend, Essex and Thurrock Learning Disabilities Mortality Review (LeDeR) Annual Report for 2019-20 upon which Members' comments had been sought in advance of the meeting.

### **Resolved:**

That the Southend, Essex and Thurrock Learning Disabilities Mortality Review (LeDeR) Annual Report for 2019-20 be acknowledged and agreed.

## **7. Update report on action being taken to reduce the rise in suicide rates in Essex (HWB/04/21)**

Gemma Andrews and Claire Bartoli, Essex County Council, were present during consideration of this item.

The Board received a report detailing progress against action proposed at the November 2020 meeting of the Board and presenting a clear ask around the support required from the Board in order to deliver suicide prevention progress.

The following issues arose from consideration of the report:

- Progress regarding Real Time Suicide Surveillance (RTSS) was noted, with a commitment by Essex Police to deliver the initial release by the end of May. Further work would then be carried out on a phased basis to include access to additional data sets, enabling more detailed analysis of the information captured.
- Members highlighted the need for improved data analytic capability to help identify why rates of suicide in Essex were high even when compared with

areas displaying similar economic and demographic characteristics. It was noted that work to provide a greater degree of granularity would be achieved through a task and finish group of the Southend, Essex and Thurrock Suicide Prevention Board, and would be reported to the Board.

It was agreed to circulate the membership and terms of reference of the Task and Finish Group and invite members to contact Gemma Andrews if they were interested in participating.

- It was noted that research had been carried out into initiatives taking place across the country to identify and tackle the contributory factors influencing suicide levels. There had also been engagement with Professor Louis Appleby.
- The need for capacity to act immediately once the influencing factors were understood was highlighted.

The Board agreed to receive a further report sometime before September 2021.

**Resolved:**

1. That the Board support all actions currently being taken, specifically through commitment of ongoing support from Acute (including ambulance first responders), EPUT, Primary Care Commissioning (including GP representation, Essex Police, Coroner and wider key partners to
  - Quarterly representation at the Southend, Essex and Thurrock Suicide Prevention Board (SSPB), in terms of (i) representation and (ii) organisational resource to implement arising actions that contribute to a reduction in suicides in Essex
  - Representation from identified key stakeholders at two coproduction events for the Mid and South East Essex Adults Self-Harm Toolkit (17 March and 13 April 2021, pm), followed by an organisational commitment to provide a co-ordinated strategic response to the May/June 2021 MSE Adults Self-Harm Toolkit consultation.
2. That partners whose engagement and consultation is vital to this agenda, the impact of Covid-19 and/or the Covid-19 recovery period on their capacity to commit to providing appropriate representation to the above be acknowledged, and pragmatic solutions sought to avoid delays.
3. That endorsement continue for the development of Real Time Suicide Surveillance (RTTS) in Essex, co-led by Essex Policy and Essex County Council's Public Health Team, to move towards robust, timely data capture for suspected suicides.
4. That focus continue on initiatives which address both mental health more widely and suicide prevention, including initiatives to reduce socioeconomic pressures and health issues, which may be contributing to suicides in Essex.

**Action**

<b>Action</b>	<b>Lead / Comments</b>
3. Circulate membership and terms of reference/scope of SET Suicide Prevention Board sub-group, established to update the Suicide Prevention Strategy	Mike Gogarty / Gemma Andrews
4. Action Plan to be reported to the Board before September 2021	Mike Gogarty / Gemma Andrews
5. Board Members to advise Gemma Andrews if they are interested in participating in the task and finish group ( <a href="mailto:gemma.andrews@essex.gov.uk">gemma.andrews@essex.gov.uk</a> )	Secretary to advise Board members

**8. New Statutory Duties for Domestic Abuse (HWB/05/21)**

Clare Burrell, Head of Strategic Commissioning and Policy (Essex County Council) was in attendance during this item.

The Board received a report detailing the statutory duties and agency guidance for domestic abuse taking effect from 1 April 2021 and seeking Members' views on how the Board should engage in the issue. A set of presentation slides was provided for circulation to Members after the meeting.

Partner organisations were asked to review the final guidance, based on the following questions:

- Is there an awareness of the new guidance and statutory duties and what they will mean for the organisation, including in its role as an employer?
- Who in the organisation takes the lead on domestic abuse?
- Is the organisation linked into the Southend, Essex and Thurrock Domestic Abuse Partnership Board?
- Is the organisation linked into the ongoing work to prepare for implementation?

Ian Davidson undertook to liaise with Clare Burrell to ensure that all Essex borough, city and district councils were aware of the four questions set out above.

**Resolved**

That partner organisations review the final guidance with reference to the four questions set out above and consider their roles and responsibilities as employers and providers of services for supporting the response to and reduction in domestic abuse and in keeping those who are victims safe.

**Actions**

<b>Action</b>	<b>Lead / Comments</b>
6. Circulate slides to Board members	Secretary

7. Ensure all Essex borough, city and district councils are made aware of the questions directed at Board Members during the meeting

Clare Burrell and Ian Davidson to liaise

## **9. Adjournment of Meeting**

Upon the proposal of the Chairman, the Board agreed to a brief adjournment from 11.30 – 11.35am.

## **10. Population Health Management (HWB/06/21a)**

The Board received an update on the development of Population Health Management across the three Integrated Care Systems in Essex.

Members welcomed Dr Rachael Morant, a GP in Colchester, who spoke of her positive experience of participation in a pilot project targeting falls prevention. The project had been well-received by patients, and the outcome had been a reduction in numbers of falls.

In considering the report, Members noted that the ability to share information effectively was a key factor influencing success.

The Board expressed support for the population health management programme and agreed to assist as required, including by identifying opportunities for support and cross county learning, collaboration and liaison.

## **11. Physical Activity in Essex (HWB/06/21b)**

Jason Fergus, Head of Active Essex, was in attendance for this item.

The Board considered a report explaining and seeking recognition for the increased importance of physical activity in the daily lives of all citizens in Essex. The report sought also to galvanise, enthuse and mobilise support for urgent action to promote physical activity in order to create an upsurge, ensuring people in Essex are fit for the future.

The Chairman indicated that he was seeking the Board's support for a system-wide programme aimed at stimulating physical activity entitled 'Fit for the Future'. The context was that improving both the physical and mental health and wellbeing of the Essex population, particularly during the recovery from Covid, would have a positive impact on maximising the quantity and quality of employment opportunities.

The following issues arose during consultation of the report:

- The Board acknowledged the importance of physical activity in terms of enabling physical and mental wellbeing, as well as delivering social benefits. Members' expressed the view that an innovative approach to encouraging exercise was needed, and that people would require encouragement to undertake organised activities such as Parkrun once they were able to recommence.

- There was a role for employers in supporting staff wellbeing, for example by allowing time for meaningful breaks during the working day and encouraging employees to move away from their desks.
- Developing the habit of exercise from an early age was crucial. Primary schools had an important role to play in this and were able to access government funding for the delivery of PE and sports activities via the PE and sport premium. Essex County Council had made funding available to support clubs facilitating sporting activities for children and young people, recognising that the costs involved may be prohibitive for many families.
- In response to a question, Mr Fergus detailed some of the lessons learned from implementation of the Essex Local Delivery Pilot (LDP) and explained how this knowledge would be fed into the design of Fit for the Future. Further information on the learning was available in the 'People and Places' section of the Local Delivery pages on the Sport England website, and it was agreed to circulate the relevant link Board members following the meeting.
- Members were informed of the recent establishment of a small task and finish group to shape the detail of the Fit for the Future programme, with membership to be drawn from a broad range of bodies and organisations, including the voluntary sector, district and parish councils and GPs. Ian Davidson and Jason Fergus undertook to liaise on this outside the meeting and also to consider the potential involvement of the Essex Strategic Co-ordination Group. Samantha Glover indicated her willingness to be involved and Danielle Frost (EALC) was also proposed as a representative of town and parish councils. Any other members wishing to participate were invited to contact the Secretary.

Referring to the Chairman's earlier statement concerning establishment of a 'Fit for the Future' programme, the Board expressed its unanimous support for the creation of this as a strategic movement to drive up meaningful physical activity and contain within it details of how to ensure suitable urgency over the coming weeks and months.

### **Resolved:**

1. That the urgency of promoting physical activity across the Essex population be recognised and acknowledged.
2. That the Board record its unanimous support for the creation of the 'Fit for the Future' programme as a strategic movement to drive up meaningful physical activity and contain within it details of how to ensure suitable urgency over the coming weeks and months.

### **Actions**

<b>Action</b>	<b>Lead / Comments</b>
8. Circulate Sport England 'People and Places' link to Board members	Jason Fergus/Active Essex

9. Consideration to be given to membership of task and finish group to shape the details around 'Fit for the Future', ensuring broad representation (voluntary sector, district and parish councils, GPs) and potential involvement of the ESCG Jason Fergus and Ian Davidson to liaise

**(NB Sam Glover and Danielle Frost (EALC Health and Wellbeing Officer) already expressed interest/nominated**

Board members to advise if they wish to be involved with the task and finish group or wish to nominate someone. Secretary to remind Board members

10. Report on the outcome of the Task and Finish Group to be considered at the April Board Jason Fergus/  
Secretary: add to FP

## **12. Intergenerational Living**

The Board received a presentation by David Akinsanya (Suffolk and North East Essex ICS) outlining an approach being developed by the ICS for tackling loneliness through the sharing of housing for mutual benefit. The approach worked by matching elderly people with surplus accommodation with young people in need of a home. The person accepting the offer of accommodation was there to provide company for the older person, not to act as their carer.

Chris Martin (Director, Strategic Commissioning and Policy, Essex County Council) updated the Board on 'Shared Lives', a similar approach being taken by the Council, which focused on people with learning disabilities. Placements were currently limited to the long term, but there was potential to broaden the scheme to include fixed-term, task orientated arrangements and possibly also to extend the offer to people leaving hospital following treatment for a mental health condition.

The mutual benefits of both schemes were noted, and the Board acknowledged the importance of addressing loneliness due to the adverse health impacts associated with it. There was, however, a need to fully understand the potential challenges inherent in the schemes and to build the confidence of potential participants. It was suggested that this be progressed via liaison with a group of potential participants (identified through GPs), with a view to raising awareness and considering factors which would make such schemes attractive.

The Chairman asked Board members to provide any additional feedback outside the meeting either to the lead officers direct or to the Board Secretary, Judith Dignum, for forwarding.

## **13. Forward Plan**

Members received the Forward Plan, noting that the content was likely to change in the light of decisions to be taken under the next agenda item (Date of Next Meeting) – minute 14 below refers.

**14. Date of Next Meeting**

Further to a previous email from the Chairman proposing a revised approach to the conduct of Board business during April and May, it was:

**Resolved**

1. That an additional meeting of the Board take place online for a maximum of 90 minutes at 10.00am on Wednesday 28 April. The purpose of the meeting will be to consider:
  - a. actions from previous meetings.
  - b. a follow-up on actions resulting from the Ofsted inspection on Special Educational Needs, incorporating a discussion on the findings of the Annual Family Impact Survey for 2020 conducted by Essex Family Forum
  - c. ideas for the creation of a strategic plan for stimulating physical activity, based on the discussion at this meeting (minute 11 above refers).
2. That a symposium on mental health in Essex, expected to take place online, be held in private at 10.00am on Wednesday 26 May.

**15. Schedule of Meetings for 2022**

The following dates were agreed for meetings of the Board in 2022:

19 January	20 July
16 March	21 September
18 May	16 November

(all Wednesdays at 10am)

The meeting closed at 12.35am

**Councillor John Spence**  
**Chairman**

**28 April 2021**



## ESSEX HEALTH AND WELLBEING BOARD: 28 April 2021

### Progress report on actions arising from previous meetings (as at 20 April 2021)

	Minute	Action By	Action Arising	Deadline	Progress/status (with reasons)
<b>17 March 2021</b>					
1.	4: Covid in Essex	Mike Gogarty	Ensure that vaccine promotion material is being shared as widely as possible	28/04/21	<b>Complete:</b> Mike Gogarty is chairing a system vaccine Phase 2 comms group
2.	"	Mike Gogarty	Liaise with GPs (via CCG Chairs) regarding the potential for the Essex Wellbeing Service to seek out and contact people in hard-to-reach groups who have not yet been vaccinated	28/04/21	<b>Complete:</b> in place
3.	7: report on action being taken to reduce the rise in suicide rates in Essex	Mike Gogarty / Gemma Andrews	Circulate membership and terms of reference/scope of SET Suicide Prevention Board sub-group, established to update the Suicide Prevention Strategy	28/04/21	<b>Complete:</b> will be circulated by 28 April
4.	"	Mike Gogarty / Gemma Andrews	Action Plan to be reported to the Board before September 2021	28/04/21	<b>Complete:</b> added to list of items for July Board meeting
5.	"	Mike Gogarty / Gemma Andrews	Board Members to advise Gemma Andrews if they are interested in participating in the task and finish group	28/04/21	<b>Complete:</b> actions circulated to Board Members on 23 March
6.	8: New Statutory Duties for Domestic Abuse	Board Secretary	Circulate slides to Board members	28/04/21	<b>Complete:</b> circulated 23 March
7.	"	Clare Burrell and Ian Davidson to liaise	Ensure all Essex borough, city and district councils are made aware of the questions directed at Board members during the meeting	28/04/21	<b>Complete:</b> to be raised at Essex Chief Executive's Association meeting on 23 April.

	Minute	Action By	Action Arising	Deadline	Progress/status (with reasons)
8.	11: Physical Activity in Essex	Jason Fergus/Active Essex	Circulate Sport England 'People and Places' link to Board Members	28/04/21	<b>Complete:</b> document circulated 20 April
9.	"	Jason Fergus and Ian Davidson to liaise	Consideration to be given to membership of task and finish group to shape the details around 'Fit for the Future', ensuring broad representation (voluntary sector, district and parish councils, GPs) and potential involvement of the ESCG	28/04/21	<b>Complete:</b> outcome of the Task and Finish group's work to be reported to this meeting (agenda item 7)
10.	"	Jason Fergus / Secretary to add to Forward Plan	Report on the outcome of the Task and Finish Group to be considered at the April Board	28/04/21	<b>Complete:</b> item 7 on the agenda for this meeting

**Agenda item 5**  
**HWB/07/21**

<b>Report title:</b> Improving the Special Educational Needs and Disabilities (SEND) system in Essex	
<b>Report to:</b> Essex Health and Wellbeing Board	
<b>Report author:</b> Clare Kershaw, Director of Education	
<b>Date:</b> 28 <sup>th</sup> April 2021	<b>For:</b> Discussion
<b>Enquiries to:</b> Ralph Holloway, Head of SEND Strategy and Innovation, Ralph.Holloway@essex.gov.uk	

## **1. Purpose of Report**

- 1.1. To inform the Health and Wellbeing Board of the progress made against the written statement of action following the SEND Care Quality Commission (CQC)/Ofsted inspection in October 2019.
- 1.2. To inform the HWB of the revised governance arrangements in place for SEND across the local area.
- 1.3. To inform the HWB of the Essex Family Forum's (EFF) survey (summary of key findings) and the SEND Improvement Board's response and next steps.
- 1.4. To update the HWB on SEND tribunals in Essex and proposed next steps.
- 1.5. To facilitate a discussion on the ambitions, challenges and concerns set out in the SEND programme in Essex.

## **2. Recommendations**

- 2.1. That the Board note and discuss the progress made against the written statement of action.
- 2.2. That the Board notes and discusses the revised governance arrangements in place for SEND across the local area and the relationship with the HWB.
- 2.3. That the Board notes and discusses the content of the Essex Family Forum survey, the response from the SEND Improvement Board and the proposed next steps.
- 2.4. That the Board notes and discusses the increase in volume and outcomes of SEND tribunals in Essex and endorses the proposed next steps to address the current position.

- 2.5. That the Board discuss its ambition for the SEND system in Essex and how the HWB will hold the SEND governance structure to account for progress as well as what support it can provide to address challenges and concerns.

**3. SEND CQC/Ofsted inspection – progress against the written statement of action**

- 3.1 Ofsted and the CQC visited Essex from 30 September to 4 October 2019 to inspect how effectively the local area fulfil their responsibilities for children and young people with SEND.
- 3.2 The inspection report was published on 23<sup>rd</sup> December 2019 and is attached as a background paper.
- 3.3 As a result of the inspection a Written Statement of Action (WSOA) was required because of three significant areas of weakness in the local area's practice. ECC and the area's five clinical commissioning groups were jointly responsible for submitting the written statement to Ofsted.
- 3.4 The local area will be re-inspected in 18 months and the inspection team will wish to see clear evidence of positive impact for children, young people and their families.
- 3.5 The WSOA (attached as a background paper) explains how the local area will tackle the following areas of significant weakness:
- The joint commissioning arrangements between the local authority and the CCGs do not work well enough to provide children and young people with the services that they need:
    - Too much variation between the CCGs leads to inequality, inconsistency and unacceptably long waiting times for services.
    - Joint commissioning is not sufficiently informed by what is already known about the gaps in services for health and education across the 0-25 age range, across the whole local area.
  - The reasons for, and accuracy of, the high proportions of children and young people identified with moderate learning difficulties (MLD) are yet to be resolved. Potential over-identification could mask underlying difficulties in communication and language, and social, emotional and mental health (SEMH) development.
  - Too many Education, Health and Care plans (EHCP) do not include the information needed to secure high-quality outcomes for children and young people.
    - The EHCPs do not consistently secure the right professional advice to meet children's and young people's needs, and do not have specific details of the provision that will be put in place.
    - Strategic oversight is not effective in making sure that EHCPs are fit for purpose.

- 3.6 Three workstreams have been established to address the three areas of significant weakness. Each workstream is representative of the local area across education, health and social care functions. The Essex Family Forum are a key partner in each workstream.

### **Joint commissioning**

- 3.7 The WSoA sets out the local area's approach and the actions required:

:

- Establish a SEND Joint Commissioning Group.
  - Develop a joint 0-25 SEND data set.
  - Undertake mapping of current 0-25 health, education and social care SEND provision/ services across the county.
  - Develop SEND Joint Commissioning Strategy.
  - Implement a robust process/ structure for reviewing the effectiveness of joint commissioning arrangements.
  - Implement a robust process to evaluate the effectiveness of the SEND Joint Commissioning Group.
  - Undertake a thorough review of services Ofsted/ CQC found to need further development, take recommendations to SEND Joint Commissioning Board.
  - Implement annual 'progress and impact report' for integrated services.
  - Implement balanced system for Essex (outcome based integrated approach to service design and delivery), through which we will jointly commissioning services going forwards.
- 3.8 A Joint Commissioning Framework has been developed which demonstrates the commitment of local commissioners in Essex to develop shared commissioning and delivery models to meet the diverse needs of children and young people with special educational needs and/or disabilities in the county.
- 3.9 A SEND Joint Commissioning Group has been established to support progress towards two key objectives:
- Children, young people and their families experience equitable access to a consistent, high quality range of educational support, health services and specialist provision, appropriate to their needs and circumstances.
  - Commissioners share a common, accurate view of need across the county and use this to jointly commission consistently high-quality services, which are accessible across the county.
- 3.10 The phase one timeline has been from September 2020 to March 2021 and the following areas have been covered:
- Therapies – Physiotherapy, Occupational Therapy and Speech and Language Therapy (SALT)

- Neurodevelopmental (this includes ADHD, ASD and behavioural)
  - SEND Information Advice Support Service (SENDIASS)
  - Equipment
  - The Local Offer
- 3.11 A detailed overview of the activity and progress in the joint commissioning (JC) workstream is attached as appendix one.
- 3.12 The success of the JC workstream will be determined by ensuring that the potential for joint commissioning is explored at every point at which decisions are made regarding commissioning. As a consequence of the progress being made the local area will work in a way setting out clear pathways across services for children and young people with SEND and these are understood by parents and carers and that a child or young person needing specialist provision can be access this quickly.
- 3.13 Phase one has been shortened due to Covid-19 but work has progressed at speed with all work streams. Phase Two will be challenging but there are clear plans in place for achievement, monthly progress reports to both the Joint Commissioning Group and the Send Improvement Board.

### **Over-identification of moderate learning difficulties**

- 3.14 The following activity has been under-taken to address the over-identification of MLD in children and young people with SEND in Essex:
- Data analysis to understand the current numbers of CYP identified with MLD.
  - Identification of schools where there is a likely over identification of MLD and under identification of speech, language and communication needs (SLCN) and/or SEMH compared to national averages.
  - Targeted guidance, training and support for schools and settings has been developed to improve identification and assessment of need - with a focus on SLCN and SEMH.
  - Guidance has been developed for schools and settings around recording of needs on the annual SEND census.
  - Data has been gathered down to school level showing identification of need at SEN support and EHCPs and compared to national average.
  - Training delivered on identification of need to the ECC SEND teams working with schools and settings.
  - Quadrant discussions and data analysis which subsequently are informing strategic planning meetings (SPMs) with schools.
  - Outcomes of the SPMs have been shared and discussed at quadrant and county level to inform training needs.

Progress to date

- 3.15 There has been a year-on-year reduction in the number of CYP identified with MLD at SEN Support from 2018 to 2021 (from 7056 in 2018 to 5476 in 2021).
- 3.16 The percentage of the SEN Support population identified with MLD has reduced significantly over the same time period (from 34% to 23% in primary and from 36% to 26% in secondary).
- 3.17 Although the national data is not yet available for 2021 the indications are that the over-identification of MLD in Essex schools is moving much closer to the national average.
- 3.18 The next steps for the workstream will include further support for schools and settings where over-identification continues and a review and update of the current definitions of SEND used by ECC, schools and health.

### **Quality of Education, health and care plans (EHCPs)**

- 3.19 Isos have been commissioned to undertake a comprehensive review of the Essex assessment and planning system. The workstream is focused on:
- Revised operational and strategic governance structures, with clear lines of accountability - meeting structures in place, TOR agreed and meeting forward plans.
  - Complete design of new, multi-agency, effective 0-25 EHC Plans processes.
  - Develop robust processes and systems for multi-agency moderation of plans to strengthen the quality, specificity and co-production of plans consistently across Essex.
  - Develop the Essex Ordinarily Available Offer (setting out what each school should have as its minimum offer for children and young people with SEND).
- 3.20 Good progress has been made in establishing a SEND scheme of delegation for decision making, a quality assurance and moderation framework and an improved model for annual reviews in Essex.

## **4. SEND Governance**

- 4.1 The SEND Improvement Board was established following the local area SEND inspection with an initial remit to produce and sign off the WSoA and then to support and oversee the action plan to deliver the necessary improvements.
- 4.2 A new model for SEND governance was presented to the Improvement Board on 25<sup>th</sup> March 2021 and agreed in principle. All groups are multi-agency (including Education, health and social care, parents and families and provider/school/setting representation).

### SEND Partnership Board:

- Replaces the SEND Improvement Board and the SEND Strategic Governance Group.
- Accountable for the written statement of action in response to the local area inspection, implementation of the SEND transformation programme and ensuring sufficient progress and impact ahead of re-inspection.
- Accountable for overseeing delivery of the Essex SEND Strategy.
- Accountable for oversight of the local area's collective statutory responsibilities for SEND as defined in a joint-outcomes framework;
- Strategic link to other boards including HWB and CYPPB and partners' governance boards.
- Co-production with parents, carers, families, children and young people.
- Support and challenge for the WSOA workstreams and the local (quadrant) SEND groups.
- Reports to the HWB and the CYPPB.

#### SEND Transformation Project Leads Group:

- Time limited for the duration of the WSoA.
- Operational development and delivery of the local area WSoA on behalf of the SEND Partnership Board;
- Monitor and drive ongoing progress of the four WSoA workstream groups (MLD, EHCP, joint commissioning, preparation for re-inspection);
- Ensure effective engagement across all partners to ensure the achievement of the identified actions within agreed time-frames;
- Consider areas of risk and advise on appropriate remedial action.

#### SEND quadrant groups

- Operational delivery of SEND transformation plans (quadrant) and countywide SEND strategy;
- Local ownership and delivery of the improvements identified in the SEND WSoA;
- Quality assurance of quadrant Education, Health and Care plans (EHCPs);
- Monitoring and review of quality assurance, outcomes and impact at quadrant level;
- Development and delivery of quadrant specific strategy based on identified needs specific to the local community.

4.3 The SEND Governance structure is attached as appendix two.

## **5. Essex Family Forum – annual family impact survey**

5.1 The Essex Family Forum presented their annual family impact survey to the SEND Improvement Board in February 2021; the survey is attached as a background paper. The survey was conducted to measure the current levels of parental satisfaction with local services for SEND and to gather data on



their lived experiences. The survey will be reproduced annually to enable a comparison of the baseline data and measure progress.

5.2 The survey responses covered a number of primary concerns for parents and families which are set out in the table below:

<b>Navigation of the SEND system</b>	<i>Parents describe feeling overwhelmed by the “system” itself which can be so complex that families often feel unequipped to navigate alone. At the beginning of their journey and, indeed, at many different points throughout their child/young person’s life, SEND parents find themselves in a world they are unfamiliar with, have received no prior training for and have no colleagues to lean on for support and guidance.</i>
<b>SEN Support</b>	<i>The largest number of individual comments we received were in the SEN Support section and paint a sometimes worrying picture, when the majority of children with SEND do not have the legal protection of an Education Health and Care Plan and need to rely on high quality teaching and arrangements at SEN Support to remove their barriers to learning and plan and achieve high-quality outcomes. Our survey respondents report that schools are sometimes unsure of how, unable or unwilling to support the needs of their children and young people with SEND.</i>
<b>Training/knowledge of teaching and support staff</b>	<i>The majority of families reported that Teaching and Support Staff in schools and settings understood their child’s needs, well or very well and had good or excellent knowledge and training in effectively supporting the child/young person.</i>
<b>One Planning</b>	<ul style="list-style-type: none"> <li>• School not providing support outlined in plan or following external advice</li> <li>• Poor quality of One Plan (outcomes not measurable, provision not specific)</li> <li>• External Professionals not involved.</li> </ul>
<b>Communication with families</b>	<i>At the simplest explanation, communication appears to be the key component which is felt by many families to be currently missing. There is poor communication reported at every level, from between individuals within a school setting, between services, and all the way up to strategic level.</i>
<b>Coproduction with young people and their families</b>	<i>Children and young people were not considered to have participated in reviewing and setting their outcomes.</i>
<b>EHC Needs Assessment Process</b>	<i>It is apparent from the survey figures and comments that parents and carers find the EHC Process an extremely stressful and overwhelming experience, even when they feel supported by Schools/Settings, SEND Inclusion and SEND Operations Teams.</i> <ul style="list-style-type: none"> <li>• Applications for EHC Needs Assessment</li> <li>• Way Forward Meetings (offered to 38%)</li> </ul>

	<ul style="list-style-type: none"> <li><i>Timescales not met</i></li> </ul>
<b>Communication with SEND Operations Teams</b>	<i>Many parents describe frustration at poor communication with the SEND Operations team, lost documentation, difficulty in actually contacting personnel, inaccurate advice being given and a lack of empathetic understanding by staff.</i>
<b>Quality of EHCPs</b>	<i>Majority of parents felt that either all or most of the outcomes were clear, measurable and achievable. Parents stated that provision, support, and outcomes outlined in EHC Plans were not specific and that the language contained within the plans need to be simplified.</i>
<b>Implementation of provision in EHCPs.</b>	<p><i>High number of parents reporting that provision outlined in the plan is not received:</i></p> <ul style="list-style-type: none"> <li><i>therapies not being delivered</i></li> <li><i>failure of school and therapists to work together</i></li> <li><i>provision not being specific in the plan</i></li> <li><i>school's not delivering the provision</i></li> </ul>
<b>Annual Reviews</b>	<ul style="list-style-type: none"> <li><i>Attendance/contribution from professionals (50%)</i></li> <li><i>50% response in 4 weeks from LA</i></li> <li><i>Excessive delays to or non-issuance of revisions/amendments</i></li> </ul>
<b>Local Offer</b>	<p><i>Most common themes running through the comments:</i></p> <ul style="list-style-type: none"> <li><i>that the site needs to be easier to navigate</i></li> <li><i>Some parents would rather speak to a person</i></li> <li><i>There were parents who had no knowledge of any of the support groups or how to contact them.</i></li> </ul>
<b>Home Education</b>	<i>There is clearly a need to gain a better understanding of the challenges faced by parents who decide to home-school their child/young person, as well the reasons that led to that decision, given the high proportion of parents that feel there is no alternative option.</i>
<b>Tutoring at home</b>	<i>A higher proportion of children not receiving the Home Tutoring they have been allocated than those that are receiving tutoring. The situation regarding the home tutoring arrangements not being in place has already been flagged to Essex County Council and needs some further exploration.</i>
<b>Appeals and Tribunals</b>	<p><i>Perception among parents that it is a deliberate test of parental determination by the Local Authority in a bid to save money as many parents will accept the Local Authority's initial decision.</i></p> <p><i>What seems particularly incongruous is the number of tribunal cases that are conceded before the hearing.</i></p> <p><i>As the parent carer forum for Essex, we are concerned about the significant negative impact this must have on the well-being of families that reach this stage of the process.</i></p> <p><i>We would like to explore further how learning from these cases is shared with the SEND services within Essex and how it influences future decisions.</i></p>

5.3 The SEND Improvement Board has committed to provide a written response to the EFF the week commencing 26<sup>th</sup> April; there will be a verbal presentation of the key points at the HWB and a full copy of the response will then be circulated.

5.4 A working party is being established to explore the most effective mechanism for engaging directly with parents and young people to address the concerns set out in the survey.

## 6. SEND tribunals in Essex

6.1 One of the main concerns shared by parents in the annual impact survey is the SEND tribunal system in Essex.

6.2 The table below shows the growth in SEND appeals in Essex from 2015 to 2019 (2019 is the latest nationally published data set):

Local Authority	2015			2019		
	Appeals registered <sup>4</sup>	Total Appealable Decisions <sup>1</sup>	SEND Tribunal Appeal Rate <sup>2</sup>	Appeals registered <sup>4</sup>	Total Appealable Decisions <sup>1</sup>	SEND Tribunal Appeal Rate <sup>2</sup>
Essex	85	7,737	1.1%	315	10,356	3.0%
England Total <sup>4</sup>	3,126	269,565	1.2%	7,385	413,131	1.8%

6.3 As well as a significant increase in the volume of appeals there has also been a growth in the percentage of parents exercising the right to appeal; the growth in the percentage appealing is much higher than the national growth over the same time period.

6.4 The evidence is clear that a growing number of appeals are conceded before hearing and that those that do proceed to hearing are highly likely to be won by the parent.

6.5 As well as causing parental distress and anxiety the current level of tribunals in Essex is having a detrimental impact on both the SEND operational teams and the SEND tribunal team.

6.6 ECC is commissioning a comprehensive review of the tribunal system in Essex understand the drivers for appeals, the effectiveness of the current system and to explore with parents and parental support groups positive ways to work together to address the concerns.

## 7. Issues for consideration

### Financial implications

- 7.1. There are likely to be significant resource implications to consider in order to address the serious weakness regarding joint commissioning across education, health and social care. This does not necessarily mean additional resource but will require the education, social care and health to work in greater alignment when commissioning and to consider where pooled budgets and resources are likely to achieve greater impact and more cost effectiveness.

## **8. Equality and Diversity implications**

- 8.1 The Public Sector Equality Duty applies to the Health and Wellbeing Board when it makes decisions. The duty requires it to have regard to the need to:
- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination *etc.*, on the grounds of a protected characteristic unlawful
  - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
  - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 8.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 8.3 An equality impact assessment will be completed as part of the WSoA to ensure that there is no disproportionately adverse impact on any people with a particular characteristic.

## **9. List of appendices**

- 1 - Joint commissioning – activities and progress;
- 2 - SEND governance structure

## **10. List of background papers**

<https://files.ofsted.gov.uk/v1/file/50141698>  
<http://www.essexlocaloffer.org.uk/wp-content/uploads/2020/04/2020-03-27-Essex-JWSOA-v0.6-AA.pdf>  
<https://essexfamilyforum.org/parent-surveys-and-feedback/>

## **Joint Commissioning – Key Activities and Progress**

### **Background**

The Essex Local Area is currently made up of one Local Authority (Essex County Council) and five CCGs (West, Mid, North East, Basildon & Brentwood, Castle point & Rochford); collectively referred to in this paper as 'Essex'. Each CCG area commissions therapy services for their own local area.

Due to the commissioning landscape of the Essex Local Area and historic practice in the commissioning and provision of services, the type and availability of therapy services for CYP and their families varies significantly across the county. This has resulted in inequity of access and outcomes for CYP, particularly those with SEND whose families often experience challenges in obtaining the support they need.

The WSoA sets out our approach and the actions required, which can be summarised as follows:

- Establish a SEND Joint Commissioning Group.
- Develop a joint 0-25 SEND data set.
- Undertake mapping of current 0-25 health, education and social care SEND provision/ services across the county.
- Develop SEND Joint Commissioning Strategy.
- Implement a robust process/ structure for reviewing the effectiveness of joint commissioning arrangements.
- Implement a robust process to evaluate the effectiveness of the SEND Joint Commissioning Group.
- Undertake a thorough review of services Ofsted/ CQC found to need further development, take recommendations to SEND Joint Commissioning Board.
- Implement annual 'progress and impact report' for integrated services.
- Implement balanced system for Essex (outcome based integrated approach to service design and delivery), through which we will jointly commissioning services going forwards.

A Joint Commissioning Framework has been developed which demonstrates the commitment of local commissioners in Essex to develop shared commissioning and delivery models to meet the diverse needs of children and young people with special educational needs and/or disabilities in the county.

## **Vision**

Our vision is that regardless of age, stage, unique characteristics or circumstances our children and young people with SEND will have an education which provides:

- A positive experience of learning;
- A sense of belonging, value and worth;
- Aspirational outcomes;
- The right support at the right time;
- Information and opportunities to enable informed decision making, choice and control;
- Successful, planned transition at any point of movement, between phases or settings;
- Thoughtful and thorough preparation for their future progression to a fulfilling adult life.

Our vision is for a SEND system which identifies and assesses need at an earlier stage and which provides appropriate and impactful support without such high dependence on Essex County Council's statutory services.

We would like our children, young people and families to have confidence in the type, quality and amount of support received and see year on year impact of the support in their child's life.

*(Developing a strategy for SEND in Essex, Public Consultation March 2019)*

## **Overall Outcomes**

- Increased Parental confidence.
- Early and appropriate identification of need.
- Increased knowledge, capacity, confidence, within Early Years Settings, Schools and Colleges.
- Access to specialist support without the need for an Education Health and Care Plan.
- Services have confidence in the ability of the wider system to support children following intervention
- Improved quantitative data.
- Schools and parents have the confidence in their own ability to meet need when the intervention is complete.

## **Objectives**

The SEND Joint Commissioning Group will support progress towards the two objectives stated in the action plan:-

1. Children, young people and their families experience equitable access to a consistent, high quality range of educational support, health services and specialist provision, appropriate to their needs and circumstances.
2. Commissioners share a common, accurate view of need across the county and use this to jointly commission consistently high-quality services, which are accessible across the county.

## Scope

The key focus of the Joint Commissioning outcomes for SEND is in two parts:-

### For Children, young people and their families:

- The autism and speech, language and communication needs pathways are clear and easily accessible to families.
- A pathway is established that allows re-referrals as necessary without having to start again.
- Waiting times are reduced and consistent across the county, in particular for ASD and Speech and language assessments.
- Children & young people receive a timely & thorough assessment and access to the appropriate level of support.
- Children, young people and families who are in receipt of specialist provision benefit from a coordinated and consistent approach by the service and other professionals, in supporting them to make progress against their outcomes.
- Parental satisfaction regarding access, quality and consistency of specialist provision is increased.
- Parents have access to quality information and resources and are encouraged and supported in their role as primary communicators.
- The Local Offer website provides meaningful information for families and families are utilising the information available to them.

### For professionals:

- A joint data set and provision map for the local area is in place and robust arrangements enable partners to use data and intelligence from across all agencies to form a shared understanding of the needs of the local area.
- Develop of a joint SEND Strategy with outcomes framework will give clear strategic direction.
- Essex has an integrated system for the delivery of specialist services (such as SLT) across the county, eliminating duplication of effort and financial resources between partners.
- Essex has a clear and coherent pathway for the delivery of therapy services (inc. SLT), that clearly identifies roles and responsibilities needed across the system, to support children and young people with identified Therapeutic Needs. Removing duplication and aligning resources. To ensure that the children and young people receive the right support, at the right time, delivered by the right person.
- Therapists have confidence in the ability of the wider workforce to support children following intervention, allowing for timely and appropriate discharge.
- Therapy pathways across Essex are coherent and equitable in order to meet the needs of the Essex population. All professionals working with children and young people are aware of how to access the appropriate support.
- The speech, language and communication needs pathway is clear and easily accessible to professionals

## Joint Commissioning Principles

As part of this work there have been joint commissioning principles developed:-

- Participation & engagement – the child or young person and parent carer's voice is heard and acted upon leading to better engagement and involvement in processes that are child and family centred, and improved confidence in services. Together we

aim to achieve the aspirations, goals and priorities as defined by children, young people and their families and recognise the importance of the voluntary sector and communities in delivering this.

- Co-production & collaboration – together we involve parent carers, children and young people and our partners in developing and reviewing local services in an open, honest and transparent way. We will be clear about how decisions are made, who is accountable and responsible for them, including how disagreements will be resolved. We will also collaborate with those providing the services.
- Evidence based and outcomes focussed – We will share and use a wide range of research, best practice, policy and data to identify the most effective and efficient service models, to ensure that high-quality services are delivered and focus on prevention and early help.
- Transparent – Constraints on public finances mean it's essential to find new ways of working that deliver outcomes while at the same time making efficiency savings. As a first step we intend to be transparent with our budgets so that funding streams for specific areas of activity can be looked at closely in one place
- Effective communication - Information sharing is vital to support an effective assessment and planning process. We will establish local protocols for the effective sharing of information which addresses confidentiality; consent and security of information. Communication will be clear and open, ensuring information is shared and clarity is given over roles and responsibilities.
- Supporting children and young people with SEND and their families is everyone's business. Through local, regional and national development we seek to remain at the forefront of SEND improvements engaging in relevant regional and National networks.

We will jointly ensure all professionals:

- share responsibility for children and young people's outcomes and are familiar with the annual action plan
- work to the vision and principles of this SEND joint commissioning strategy
- have clear expectations and clarity in their roles and responsibilities
- align existing contracts, develop new joint contracts and identify priorities, benefits and risks implement a shared commissioning cycle, including quality assurance reviews as appropriate

### **Engaging with families with our partners Essex Family Forum (EFF)**

In order to support and involve children and young people we agreed we would pay particular attention to:

- The views, wishes and feelings of children and their parent/carers, and young people.
- The importance of these parties participating as fully as possible in decision-making and providing the information and support to enable them to do so.
- Supporting children and young people's development and helping them to achieve the best possible educational and other outcomes.

Planning and securing services and providing advice and information on those services to the local population, will only be effective if children, young people and their families are involved. Where children, young people and parents feel they have participated fully in the process and have a sense of co-ownership, this is often referred to as 'co-production'.



In order to be transparent, we have asked for constructive feedback from Essex Family Forum so that we may learn and progress in our ambitions.

The views, wishes and feelings of children and their parent/carers, and young people are important to us. EFF have submitted an annual survey to the SEND Improvement Board and an on-going Graffiti Wall will be reported to the improvement board quarterly. This will include all areas of SEN and can be filled in by any SEND Parent/carer at any time. An EHC PIN survey is being designed by EFF in co-production with ECC and is planned to be shared with families as they receive their EHCPs. A similar approach for the ND pathways with the CCGs has been suggested. Parent/carer surveys will also be included in part of the Balance System work to be produced in co-production with EFF and a parent working group is to co-produce an Equipment survey.

A large amount of parent/carer feedback has been achieved regarding the areas of improvement for the JC SEND work to respond with actions to address particular issues.

The importance of families and carers participating as fully as possible in decision-making and providing the information and support to enable them to do so is a key part. It is variable across different CCGs and within ECC. Areas around consultation and co-production need to be firmly embedded in order to achieve the aims.

There are always opportunities to engage with parents and carers, children and young people, but it is felt that there is a tendency for a “not ready to share with parents/carers yet” response to be standard to any findings from surveys and engagements and the co-production elements are overlooked in some cases. By being more proactive in publishing responses and feedback from LA and CCGs to parent and carers after surveys or engagement workshops/events would enable EFF to maintain and increase engagement.

Overall, EFF feel that they do have a place on the Board and sub-groups and they are listened to although, as previously stated it, there is work going on behind the sub-groups that they could better be involved with. They would like to be involved in the development of training, business cases and pathways in order that the voice of families is fully embedded in the processes and to support the objectives of the JC SEND work streams.

### **How successful have we been in phase one?**

The phase one timeline has been from September 2020 to March 2021 and through our agreed joint commissioning principles framework we have agreed that the following areas will be covered.

- Therapies – Physiotherapy, Occupational Therapy and Speech and Language Therapy (SALT)
- Neurodevelopmental (this includes ADHD, ASD and behavioural)
- SEND IASS (informed by peer review)
- Equipment
- The Local Offer

At the onset it was agreed that we would work with other partners to develop but would not include

- Securing EHC Plans needs assessments.
- Securing the education, health and care provision specified in EHC plans, and

- Agreeing personal Budgets.

## Therapies

Collectively referred to as ‘therapies’, the three main areas of therapy services for children and young people (CYP) referred to in this document are:

1. **Speech & Language Therapy (SLT)** – treatment and support for CYP who have difficulties with communication, or with eating, drinking and swallowing.
2. **Physiotherapy (PT)** – treatment and support for CYP affected by injury, illness or disability through movement and exercise, manual therapy, education and advice.
3. **Occupational Therapy (OT)** – treatment and support for injured, ill, or disabled CYP through the therapeutic use of everyday activities, helping to develop, recover, improve, and maintain the skills needed for daily living. Includes functional sensory processing.

CCGs are responsible for commissioning all three of the above therapy services for their GP registered population. This encompasses all eligible CYP, including those with SEND. In addition, Local Authorities are responsible for commissioning statutory SLT for CYP with SEND where defined within an individual’s Education, Health & Care Plan (EHCP).

### *What success will look like*

The Balanced System programme of work will enable and facilitate a whole Essex approach to addressing weaknesses in the commissioning of therapy services for children, young people and families, with the following outcomes to be achieved:

- Increased Parental confidence in meeting their child’s needs and the wider system that supports them.
- Early and appropriate identification of need
- Increased knowledge, capacity, confidence, within Early Years Settings, Schools and Colleges to identify and meet need at early stage.
- Access to specialist support without the need for an Education Health and Care Plan – to programme and provide specialist advice.
- Appropriate and consistent access to therapy at the right time in the right setting for the pupil.
- Therapy services have confidence in the ability of the wider system to support children following intervention, allowing for timely and appropriate discharge.
- Schools and parents have the confidence in their own ability to meet need when the intervention is complete.
- A pathway that allows re referrals as necessary without having to start again.

## *Key Activities & Progress*

### *Phase One*

Better Communication CIC have been jointly commissioned to support with the design and development of a service specification using the *Balanced System* approach to ensure the right support is available across the local area, at the right time and that it is delivered by the right people, in sufficient numbers and with the appropriate skills to support the 'step up' and 'step down' of intervention without the need to the statutory recourse of an Education Health and Care Plan wherever possible.

- Mapping & analysis of needs of the Essex population 0-25 years.
- Mapping & analysis of the available services at all tiers.
- Definition of roles & responsibilities across the wider system.
- Stakeholder engagement and workshops.
- Indication of workforce development and capacity requirements.

### *Phase Two*

- Single specification agreed.
- Agreement of a set of Key Performance Indicators to measure the collective success of the system.
- Implementation of the Balance System at Place.

## **Neuro Development**

Using the best practice findings from the NHSE Autism Deep Dive Report to develop guidance on pathway specification, commissioning principles and standardised approach across the diagnosis and support pathway that form the basis of local pathways to meets the needs of children, young people and families, with a specific focus in the following areas:

- Awareness and Training
- Pre-diagnostic support
- Referral
- Assessment and Diagnosis
- Post Assessment support
- Communication
- Coordination
- Family Feedback

### *What success will look like*

Children, young people and their families experience equitable access to a consistent, high quality range of educational support, health services and specialist provision, appropriate to their needs and circumstances.

Commissioners share a common, accurate view of need across the county and use this to jointly commission consistently high-quality services, which are accessible across the county.

### *Our roadmap for success*

- All areas have pathways in place for ASD/ADHD as a minimum
- All areas to have pathways in place for ASD/ADHD that eliminates discrepancies across Essex
- Development of multi-agency work streams in each quadrant
- Development and implementation of the same set of principles used to develop pathways based on NICE Guidance, good practice model's and EFF feedback
- Principles embedded for identification, coordination, on-going family support and timely assessment
- Linkages to relevant and appropriate Neurodevelopmental Pathways
- Improved Pathway outcomes that are linked to the Local Offer, IASS, EFF, Equipment, SaLT

### *Key Activities & Progress*

#### *Phase One*

- Agreed a core set of common activities and good practice commissioning principles across the diagnosis and support pathway that meet the needs of children young people and families at Place, specifically:
  - Workforce Awareness and Training
  - Pre-diagnostic support
  - Referral
  - Assessment and Diagnosis
  - Post Assessment support
  - Communication
  - Coordination
  - Family Feedback
- Baselined waiting times position across all CCG areas as of December 2020 and Recovery Action Plans developed to address waiting list backlogs.
- On going development of Pathways for ASD/ADHD.
- Data set development to provide oversight on waiting times and access to services across the county.
- Development of the Southend Essex Thurrock Family Resource pack to better inform parents, developed by families for families, led by Essex Family Forum.
- Place based business cases completed and agreed in North East Essex and West Essex CCGs. In NEE CCG £300k investment included for pre and post diagnosis support in addition to £120k for waiting list initiatives.
- Established Provider led collaboratives and Alliances at Place.
- Competency Framework in development for professionals.
- Essex Family Forum Annual Impact Survey 2020 used to inform and complement pathway development.

## Phase 2

- Implementation of Place based and Essex wide initiatives as outlined above.

## **SENDIASS**

Essex SEND IASS is the SENDIASS service for Essex. It is a statutory requirement for all local authorities to have a service to provide information, advice and support (IAS) to disabled children and young people (CYP), and those with special educational needs and disabilities (SEND), and their parents/carers. This service must be impartial, accessible and free.

### *What does success look like?*

With additional funding, alongside increased capacity to deliver casework from early intervention up to tribunal work, the service would be in a position to significantly develop our offer to children and young people, offer health professionals and parents/carers training to increase knowledge of SEND law, guidance, local policy, issues and participation and develop our engagement with volunteers. Without these additional posts the service will remain unable to meet the statutory obligations of the service as detailed in the Children and Families Act and SENDIASS Minimum Standards.

- Reduction in requests for health reports for EHC needs assessments as our interventions will support the overall reduction in requests for EHC needs assessments.
- Education providers having a better understanding of how mental health can impact a child/young person's education and the support they should be providing.
- Greater understanding of the process and what an EHC plan should contain making writing reports easier.
- Reduction in frustrated parents/carers asking for extra evidence from health professionals.
- Reduction in health providers being referred to tribunal because information is missing or incorrect.
- Improved understanding about SEN support enabling professionals working with families to provide correct information.
- More children/young people having their needs met in mainstream education could improve difficulties with anxiety and other concerns.
- Support parents and education providers to understand that a diagnosis is not required for support to be put in place and that the legislation focusses on individual need not diagnosis.
- Access to free training for health professionals around SEND and the associated legislation.
- Opportunity to utilise insights gained across services from listening to the experiences of CYP and their parents to develop systems and practice, to improve all of our practice

- Opportunity to utilise in particular the voice and experiences of children and young people, through continued joint participation projects with the Multi Schools Council and SEND IASS Reduction in parents feeling that they desperately need a diagnosis as we would be working with education providers and families to help them understand that a diagnosis is not required to access support.
- Further improve and strengthen the strong working relationship between SENDIASS and the Local Health system

### *Key Activities & Progress*

#### *Phase One*

- Business case for two posts to extend into the next financial year was successful

#### *Phase Two*

The further development of the business case

- Mapping complete to inform new business model that ensures compliance with the SEND Code of Practice, meets the defined minimum standards (in response to the inspection report), improves upon communication and signposting for parents and has the ability to build better connections with the SEND community generally
- Develop a Proposed model/framework that ensures the success criteria is met
- Develop the case for change with clear outcomes for families that includes health, education and social care

### **The Local Offer**

To provide clear, comprehensive, accessible and up-to-date information about the available provision and how to access it.

To make provision more responsive to local needs and aspirations by directly involving disabled children and those with SEN and their parents, and disabled young people and those with SEN, and service providers in its development and review.

The Local Offer needs to help users to find relevant information without knowing exactly what it is they are looking for and thus, needs to have a search function with high precision and high recall. User feedback suggests that our search function is poor and does not help people find what they need.

All services involved with the Local Offer must provide and maintain up-to-date information that can be easily accessed by the user. There needs to be a mechanism to support this (for example, by allocating author permissions to service providers to edit details on their listing or by generating automated reminders every six months to a year to remind the website administrator or the service itself to check their information).

By law, the Local Offer must also be used to inform commissioning of services in the local area. At present, it is difficult to use the Local Offer to be able to identify gaps in services.

### *Our roadmap for success*

- Improve overall user satisfaction – quantitative and qualitative feedback taken before and after redesign will indicate an improvement in satisfaction levels
- Improve awareness of Local Offer – surveys, case studies and testimonials will demonstrate an increased awareness
- Reduce time taken to find service – sample activity completed before and after redesign will show a reduction in time/feedback will demonstrate that users find it easier to find what they need
- Reduce time taken by web administrator to complete tasks to a high standard – feedback and performance reviews will demonstrate that it takes less time to complete tasks
- Ensure value for money

### *Key Activities & Progress*

#### *Phase 1*

- Set up team to develop the new Local Area, Local Offer
- Understand what exists for families of children with SEND to find information and local services
- Understand the views of families and young people
- Understand what is needed going forward to meet the needs of families
- Agreed what the new Local Area Local Offer will include/not include
- Agreed who will produce the new Local Area Local Offer

#### *Phase 2*

- ✓ Focus on design of the Local Offer Platform and implementation commencing in July 2021.

### **Equipment**

Children and young people do not always get the specialist equipment they need in schools in a timely way. Children and young people experience lengthy delays in getting necessary resources.

Where this occurs, schools and families often are forced to step in to provide whatever they can to support the child or young person in their care.

#### *What success looks like*

- Development of model to reduce waiting times for identified equipment
- Reduction in identified equipment waiting list

#### *Our road map for success*

- Develop a guidance document
- Develop waiting list for
- Specialist seating and standing equipment
- Specialist communication aids
- Toilet aids, hoists, slings, freestanding height adjustable changing tables
- Sensory equipment such as radio aids or portable sound field systems and Perkins or electronic braille or Braille notes
- Develop dashboard for new model

- Review areas that waiting times can be reduced
- Develop a model in which this can be achieved
- Implement new model

### *Key Activities & Progress*

#### *Phase 1*

- Map the pathways for current provision per CCG and via education.
- Map current providers.
- Develop a specialist equipment list and to work with providers to identify current waiting lists.
- Enable Service User Views through Essex Family Forum.

#### *Phase 2*

- We will have a streamlined process that ensures that specialist equipment is made available to all identified pupils in a timely way.
- Timescales will be measured and reduced to ensure no delay for children and young people. Process in place by Sept 2020.
- All children and young people will receive any required specialist equipment within 6 weeks of identification

### **Joint Commissioning overall success**

Our success will be determined by ensuring that the potential for joint commissioning is explored at every point at which decisions are made regarding commissioning. That we work in a way that there are clear pathways across services for children and young people with SEND and these are understood by parents and carers and that a child or young person needs specialist provision this can be accessed quickly.

### **Summary Review**

Phase one has been shortened due to CV19 but work has progressed at haste with all work streams remaining a key area of continuance during the covid reset work and the exec group have remained supportive to the work stream leads to enable progression to occur. Phase Two will be challenging but there are clear plans in place for achievement, monthly progress reports to both the Joint Commissioning Group and the Send Improvement Board.



## Documents for review

SEND Governance Structure

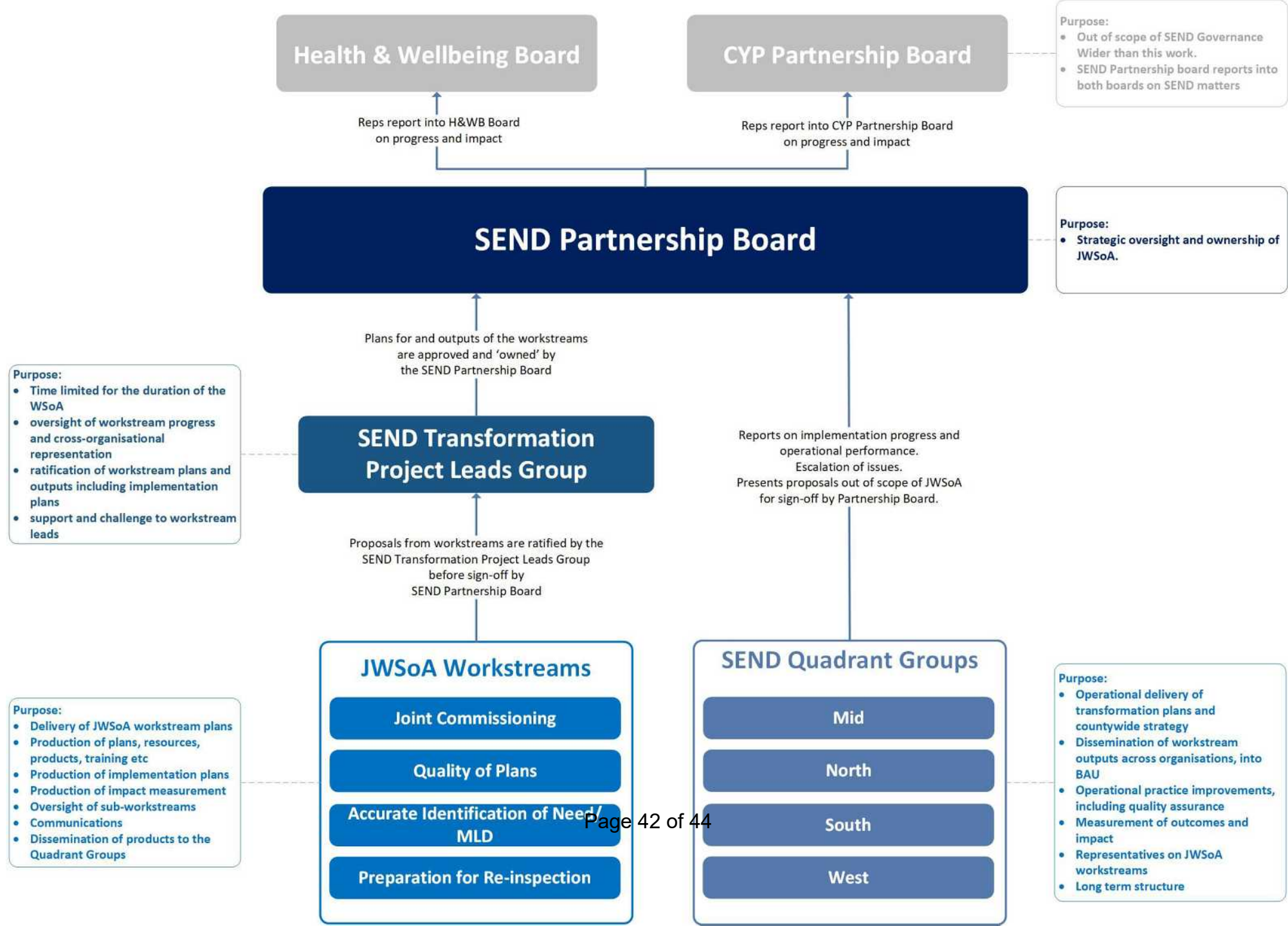


SEND Governance Structure March 21.jpg

TOR for SEND Partnership Board

TOR for SEND Transformation Project Leads Group

TOR for SEND Quadrant Groups



Health and Wellbeing Board Forward Plan 2021

As at 19 April 2021

(NB: the schedule of items for consideration at a particular meeting will be finalised during the agenda-planning process)

May 2021	Item No	Agenda Item	Lead Officer	Summary/Comments
26 May 2021	<b>Workshop focusing on mental illness (private meeting, online)</b>			
	1	Mental Illness workshop session	tbc	The goal will be to achieve shared understanding on needs, priorities and opportunities. Board members are invited to submit suggestions for specific elements, or contributions, during April
July 2021	Item No	Agenda Item	Lead Officer	Summary/Comments
21 July 2021	1	Covid in Essex	Mike Gogarty	Standing Item
	2	<b>ICS/HCP verbal updates</b>		
	2a	West Essex and Hertfordshire ICS	Dr Jane Halpin	
	2b	Mid & South Essex HCP	Anthony McKeever	
	2c	Suffolk and NE Essex ICS	Susannah Howard	
	3	Southend, Essex and Thurrock Learning Disabilities Mortality Review (LeDeR): Annual Report 2020-21	Rebekah Bailie, Commissioning Manager, ECC Krishna Ramkhelawon (Dir of PH, SoS BC)	<b>Must be considered – Board approval needed within timescale</b>
	4	Ambulance Service	tbc	Approved by Chairman, 18/02/21
	5	Action Plan: reducing the rise in suicide in Essex	Mike Gogarty / Gemma Andrews	Action from 17 March Board meeting (minute 7)
Sept 2021	Item No	Agenda Item	Lead Officer	Summary/Comments
15 September 2021	1	Covid in Essex	Mike Gogarty	Standing Item
	2	<b>ICS/HCP verbal updates</b>		
	2a	West Essex and Hertfordshire ICS	Dr Jane Halpin	
	2b	Mid & South Essex HCP	Anthony McKeever	

	<b>2c</b>	Suffolk and NE Essex ICS	Susannah Howard	
<b>Nov 2021</b>	<b>Item No</b>	<b>Agenda Item</b>	<b>Lead Officer</b>	<b>Summary/Comments</b>
<b>17 November 2021</b>	<b>1</b>	Covid in Essex	Mike Gogarty	Standing Item
	<b>2</b>	<b>ICS/HCP verbal updates</b>		
	<b>2a</b>	West Essex and Hertfordshire ICS	Dr Jane Halpin	
	<b>2b</b>	Mid & South Essex HCP	Anthony McKeever	
	<b>2c</b>	Suffolk and NE Essex ICS	Susannah Howard	
	<b>3</b>			
<b>Items awaiting scheduling</b>				
	<b>1</b>	Shared Care Records	Emma Richardson	<b>Deferred from September, November and January</b>
	<b>2</b>	Learning from Local Alliances		<b>Deferred from November 2020 &amp; March 2021</b> To receive a report from each local alliance in turn to learn about how they operate and share best practice
		Falls Prevention	tbc	<b>Deferred from January &amp; March</b> Update following report to January 2020 mtg
		Teenage Pregnancies	Helen Gregory	<b>Deferred from January &amp; March</b> Full report following brief report to November '20 <ul style="list-style-type: none"> <li>• To ensure understanding of the issue and identify hotspots</li> <li>• To inform the Board of current actions</li> <li>• To seek a commitment to action and suggestions as to other potential actions</li> </ul>